

Care service inspection report

Full inspection

12 Dougall Court Care Home Service

12-14 Dougall Court
Mayfield
Dalkeith



HAPPY TO TRANSLATE

Service provided by: LinkLiving Limited

Service provider number: SP2004004684

Care service number: CS2012314351

Inspection Visit Type: Announced (Short Notice)

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The staff team continued, as with previous inspections, to provide consistent, reliable and knowledgeable support to the service users living in the Home. The quality of support was reflected in the relationships the staff had with the service users, who were relaxed and confident in their company.

What the service could do better

At the previous inspection new found there had been a planned approach to improvements, however these had not been sustained and we found that some of the very positive changes to documentation were no longer in place. At this inspection we saw that the service needs to further develop on personal planning and consistency to ensure the documentation put in place is effectively maintained.

Staff supervision and development had also fallen behind as a result of management changes. However we did see plans in place to improve the consistency of this.

We also thought that further development of the service users meetings would be of benefit to link into the overall quality assurance strategy.

Improved communication and consultation about any changes within the service need to be sustained. Should Link Living consider changes to the current registration then service users, relatives and staff must be fully involved in this process. Where service users had no relatives then advocates must be involved to ensure service users' views were taken account of, as much as possible, in this process.

What the service has done since the last inspection

We had received an application to cancel the registration of the service as a Care Home in April 2015. The service was then to be registered as a Housing Support and Care at Home service. However this process was put on hold and the service remains a Care Home. We found that there had been a lack of consultation and poor communication about the proposed changes for staff, service users and relatives. We found changes had been made by the previous manager within the Home without the service users being involved and staff being consulted. However since October 2015 there had been significant improvement in consultation and communication with Link Living's Director and new service delivery manager meeting with relatives, service users and staff.

Conclusion

Although there was still on-going development work within the service we found that, as with previous inspections, the direct support to service users was of a high standard. The home itself provided a safe and comfortable environment for all the people who lived there.

1 About the service we inspected

This service provides care to a maximum of five adults who have learning disabilities. The service was provided by Link Living Ltd. This was the only care home service provided by Link Living Ltd, however they also provided Housing Support and Care at Home services in the Lothian's. There were five service users living in the home at the time of inspection.

The home is situated in a residential area close to Dalkieth, Midlothian. The accommodation is spread over the ground and upper floor. There are five single bedrooms for service users, a staff sleepover room and a separate relaxation room. There are also separate sitting areas, a kitchen, a dining room and a separate utility room. There is a garden and parking area to the front of the home and a large enclosed garden to the rear.

Staffing is provided over twenty-four hours including staff who sleep over in the home overnight and are available on call.

Link Living Ltd states its vision is 'to support people to be healthy, happy and fulfilled. We want to help people manage the challenges of everyday life, to take advantage of opportunities and to be in control.'

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or

orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

The inspector made a short notice announced visit and carried out the inspection on 23 February 2016 between the hours of 9am and 4pm.

In this inspection we gathered evidence from various sources, including:

- Evidence from the service's self assessment
- Observation of the environment and interaction between staff and service users
- Three service user's personal plans
- Financial records and records of medication
- Discussions with the service delivery manager, director, three staff and senior support worker
- Staff training and supervision records
- Service users and staff meetings
- Records of maintenance, accidents and incidents
- Quality assurance documentation
- Conversations with three relatives.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the manager. The manager identified areas they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

On the day of the inspection we met five service users. We saw very good interaction between the service users and staff. As at previous inspections the atmosphere in the home was very positive, very relaxed and showed that staff had built up very good relationships with the people they supported. We found that the staff were very committed to providing a service which reflected service users preferences.

Taking carers' views into account

We talked to three relatives as part of the inspection. All relatives were very happy with the overall quality of the service provided by the staff team. They felt confident in the staff team's knowledge of their relatives needs and felt they had built up very positive relationships with the staff team.

However relatives were very unhappy that they had not been fully consulted about the proposals to change the registration of the service. They felt there was a breakdown in communication and this had led to uncertainty and anxiety for them. However all agreed that more recently, since they had spoken with the

director and service manager, that communication had improved. Relatives were much less anxious and were more confident that should any changes be discussed again that they would be fully involved with these.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service had good opportunities for service users and carers in assessing and improving the quality of care and support.

The methods used to engage service users and relatives and offer opportunities for feedback have continued to be developed upon since the last inspection.

These included:

- Personal plans were completed in consultation with the service users and relatives.
- Service users were able to speak to the manager on a daily basis. The manager had an "open door" policy for relatives, service users and visitors to the service.
- Discussions were held with regard to choices of daily activities with the service users as well food menus and general day to support.
- Link Living Ltd had a service user involvement strategy in place, giving suggestions for feedback from relatives, service

users and representatives.

- A complaints policy was in place which was given to all service users and relatives.
- Regular contact between the staff team and relatives, including discussion on changes to support, suggestions from relatives and any health or support issues.
- The staff team held service user meetings. We saw a sample of these which were minuted. We saw that decoration for bedrooms, the home, holidays and activities were discussed.
- Each service user also had a service user involvement plan which detailed the type of involvement, who was involved in this and how it would happen. This showed the different ways people could give feedback about their support.

We saw that service users had been involved in putting together information for the newsletter for Midlothian services. This shared event information and stories about achievements. We saw that all staff were encouraged to read and look at how they could ensure involvement met best practice through "The Charter for Involvement." This was a document of good practice to be measured against twelve statements that link to Human Rights. The charter was written by people who get support from different organisations across Scotland. This would be the future foundation of how successful Link Living was in service users, relative and stakeholder involvement and consultation.

Areas for improvement

Questionnaires were sent out once a year to all relatives and service users for all Link Living Ltd services. The questions included thoughts on support, communication and staffing. There was a section for relatives or service users to make any comments about the service. One report was written for all Link Living services , however individual responses were broken down within the report for each service to enable feedback to be given where issues were raise. However in general these were unsuccessful for 12 Dougall Court, with relatives

preferring to speak to staff as needed about any concerns or areas for improvement. At this inspection we could not find the outcomes of the 2015 survey.

We could not see a system in place to give feedback to relatives as an outcome of the quality assurance review of the service. We also discussed that there were possibilities to give further feedback through a newsletter or DVD produced by the service users which could be sent to relatives. This recommendation has been carried forward from the previous inspection. (See recommendation 1)

We found that whilst service users' personal plans had been reviewed in terms of the information within them we could not link any meetings with service users or relatives into the review of the plan. At the last two inspections we said that we found it very difficult to track service user involvement in the reviews of personal plans. Whilst we could see that information in the plan had been reviewed and updated it was not clear that this had been completed, where appropriate, with the service user. The review of the plan gives an opportunity to comment on the support provided and if it met the individual needs of the service users. This recommendation has been carried forward from the previous inspection. (See recommendation 2)

Whilst we saw there was a complaints policy we could not find an easy read summary for service users, we did see that the policy could be translated or printed in larger font but one should be made available in easy to read accessible formats. This recommendation is carried forward from the previous inspection. (See recommendation 3)

As a further area for improvement we suggested that some thought be given to the monthly house meetings. Whilst a service user chaired these more could be done to make the minutes accessible such as pictures, photos, DVD, recording etc as none of the service users would be able to read the written minutes. We will follow this up again at the next inspection.

We also thought that Link Living's website could include information on the service. Whilst we recognise that the service was the only registered Care Home

within Link Living, information should be available on the website under the services the organisation provided.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The outcomes and any actions as a result of the quality assurance survey should be collated and sent out to all relatives and or representatives.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

2. As part of the review of personal plans, there must be evidence that service users were involved in the review, that their comments were listened to and where appropriate put in place.

National Care Standards, Care homes for people with a learning disability - Standard 6 Support arrangements

3. The complaint leaflet should be printed in an easy to read format for service users to access if required.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

Statement 5

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

Service strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview. These are our findings;

We saw that staff were using person centred values that promoted independence and choice for people using the service. This was clear for observing interactions between the staff and people being supported and also by looking at information held within personal plans.

Staff had supported the service users to register with local doctors and other primary care services, such as dentists and opticians. Staff supported people to attend appointments with health professionals. We saw that there were regular meetings with health professionals when needed; this included the Community Learning disability Team. This meant people had good access to services when they needed them. We also saw joint working and care planning with relevant health professional to support individual service users.

Personal plans contained information on communication, health and wellbeing, important routines and any identified risks. Details of relevant health professionals and their involvement were also detailed in the plans. We also saw that outcomes for each person had been identified and recorded as part of the plan. The outcomes were person centred and reflected what the person

wanted to achieve from their support.

We saw that service users actively used local community facilities and were encouraged to make their own decisions about what they wanted to do. Service users were actively encouraged to spend time with their family and this included weekend stays with them. We saw at the inspection that service users were treated respectfully and their choices were listened to.

We saw that the Keys to life strategy had been discussed at a team meeting and a copy was available for staff to read. Staff had received relevant training to enable them support individuals with specific areas of support, including epilepsy and autism.

Link Living Ltd had a range of policies and procedures in place which underpinned the values of their services. These included whistle blowing, adult support and protection, safe recruitment procedures for staff, equality and diversity.

Risk assessments were in place where issues had been identified for individual service users. We saw that all accidents and incidents were recorded and then followed up appropriately by the manager.

We sampled medication and financial records for service users. We found all records to be accurate, legible and reflect Link Livings policies and procedures. This showed that staff were following the providers policies for the best interests and safety of the people supported.

The staff team had supported the service users over a number of years. This was extremely beneficial for the service users as all staff had built up positive, trusting relationships with them. Feedback from relatives we spoke with was that they were happy in the knowledge the staff team provided support that they knew met the needs and preferences of the people supported.

In summary on we could see that and the recommendations in the Scottish Government strategy "Keys to Life - improving quality of life for people with learning disabilities" was part of the day to day support for the people who

used the service. We saw that each person human rights had been taken account of and the staff team promoted independence and inclusion.

Areas for improvement

Since the last inspection the format of personal plans had been changed by the previous manager. Whilst we saw that the information within them was detailed, we found the format was not as person centred as the previous plans. However we were told that all support plans would be moving to an I.T system. We looked at this system and saw that photos and relevant documents could be uploaded as part of the plan. Whilst this was in the early stages, we discussed that the service users must be able to be involved in the review and content of the plan. One of the issues discussed was the lack of wi-fi available in the home out with the office. This issue needs to be resolved if the I.T system was to sustain service user involvement in the development of their own personal plans.

Whilst risk assessments were in place they did not show clear evidence of review. We discussed that as the format had been changed for personal plans, risk assessments were now part of the information under each section of support. However these were not signed or dated. We also discussed that should a risk change the whole section of the plan would need to be updated because of the format used. (See recommendation 1)

We discussed with the staff and manager at previous inspections that we found it very difficult from written records to track outcomes for people where goals had been identified. At the last inspection new found improvement in this, however again at this inspection the improvements noted had not been continued. This was because the format for plans had been changed and there was now no link to the review of outcomes within the personal plans. At the last inspection we suggested that keyworker meetings should be recorded with a structure that included feedback on activities, changes to support and monitoring of goals/outcomes. We have made a recommendation about this again. (See recommendation 2)

We discussed that two service users who lacked capacity to make decisions surrounding health did not have an Adults with Incapacity treatment plan in place. As good practice this should be discussed with the relevant GP. We will

follow this up at the next inspection.

We also looked at finances and how these were audited within the service. We asked that where bank statements were available that these be cross referenced to entries in the finance books as good practice. We also discussed that should any relative have financial or welfare guardianship that copies of the information from the Office of the Public Guardian be held on file.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. . Risk assessments should include on-going reviews to ensure the agreed action to be taken remained up to date and relevant. These should be signed and dated.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

2. . Risk assessments should include on-going reviews to ensure the agreed action to be taken remained up to date and relevant. These should be signed and dated.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service had good opportunities for service users and carers in assessing and improving the quality of the environment. Service users were given the opportunity to be involved in any new purchases for the service. Service users were also asked through the monthly meetings and individually about anything they would want to buy for their home and for any ideas for the future.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

At the last inspection we were told that sometimes when items were requested by them as needing replaced that these were purchased by the provider and give to the service rather than finances being available for the service users to choose these .Whilst we recognise that it was communal purchases such as cutlery or kitchen utensils, the service users should as good practice be involved in purchases for the home. At this inspection we were told that changes had been made without consultation of service users or family. This included a change from a sensory room to a small living space. We could not see the benefit of this. However the manager who had made the changes had since left the service and we were unable to discuss this with them. Discussion had been initiated by staff and family members about some of the changes made with the new service delivery manager and director. We will follow this up at the next inspection.

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

We found that the environment allows service users to have as positive a quality of life as possible.

The service was evidenced as having policies in place to ensure the protection of service users. These included the following policies, health and safety, whistle blowing, adult support and protection, incident and accidents, medication and service user finance policy. All staff were trained on all policies and procedures. All staff had received training in infection control, food hygiene and fire safety.

New staff whom had commenced employment in the service were members of the PVG scheme Scottish Social Services Council. The service delivery manager and senior support worker were registered with the Scottish Social Services council.

Personal plans contained individual risk assessments for service users with regard to the environment. We also saw that strategies for the management of behaviour had been written and put in place to support service users. All staff were trained on the strategies and planned training for CALM, crisis limitation and aggression management, had been discussed with staff.

Fire reports had been completed by Lothian and Borders Fire service following visits to the service and actions from these had been put in place.

At the last inspection we made a requirement about staffing. This was to ensure an assessment was completed monthly to show that staff in met the needs of the service users. We saw that staffing had been assessed as part of the rota to show that it met the support needs of the service users.

The senior support workers were based in the service and therefore observation of staff practice happened as part of the day to day service.

Maintenance checks were evidenced as having been completed. PAT testing for electrical equipment was completed every two years. Reports had been completed by Lothian and Borders Fire service and Environmental Health following visits to the service and actions from these had been put in place.

The communal environment was spacious. There was a kitchen and lounge area. Service users had access to a fully enclosed garden. All bedrooms had locks on the doors for privacy. Any specific equipment to meet service users' needs was in place.

At the last inspection we made a requirement about one service user's bedroom. We were pleased to see that a successful way of supporting the service user identified clean their room to ensure it does not pose any health and safety risk was being sustained by the staff team. Whilst we saw this was a work in progress we could also see the improvement from the last inspection.

We sampled incident and accident records and found these were well recorded with outcomes and any identified actions to be taken.

A financial system was in place should any service user require support with their finances.

Areas for improvement

We saw that some areas of the Home were beginning to be in need of some repair. This included stained carpets, paint chipped on walls and woodwork, and sink units in service user's bedrooms needing replaced or removed. We also discussed that the current practice of the washing machine being locked in the downstairs show room should cease. This meant that people could not access the shower or toilet when the washing machine was on due to the health and safety risk. Whilst there was a second toilet downstairs this was not good practice. We discussed this with the service delivery manager and will follow this up at the next inspection along with repairs to the general décor of the Home.

Staff told us that on several occasions they were now up during the night on their sleep over shift due to the changing needs of the service users. We were

told that funding was being sought for a waking night shift in the Home. This should be put in place as soon as is feasible to do so, in consultation with the Local authority funding the service.

We discussed as good practice that service users should have "hospital passports" should they ever have to be admitted to hospital. These are recommended by NHS Lothian as good practice and give easy to read information about the person. This includes health information, support information and likes and dislikes. We will follow this up at the next inspection.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.”

Service strengths

The service had good opportunities for service users and carers in assessing and improving the quality of staffing.

The staff team had built up good relationships with all relatives and regularly spoke to them. This gave the opportunity to give any feedback or raise any issues they had.

Because the senior support workers were based in the home, they observed work practice on a daily basis and also spoke with service users every day. This enabled them to feedback to the manager to gain an insight into how staff supported each person and if any further support was needed.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

At the present point in time there was little link in staff supervision about feedback from service users in relation to staff practice. As good practice for future development there should be evidence that feedback from service user's has a direct link to staff supervision, competencies and appraisal. This recommendation was made at the previous inspection and has been carried forward. (See recommendation 1)

See under theme 1, statement 1.1 for areas of improvement which are also relevant to this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should demonstrate how it uses the information received from the service users to link into feedback for staff.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service strengths

We found that everyone working in the service had an ethos of respect towards service users and each other.

All staff agree to adhere to the SSSC Codes of Practice. Staff are expected to work in a professional manner and to ensure they are respectful to all service users and colleagues. This was monitored through observation and supervision. We saw that the team members able to challenge work practice in a positive way and support the development of skills as part of this. As part of the inspection we spoke with four staff members. Staff told us that they felt they worked together as a team very well and that they respected each other's ideas and listened to these.

We saw that the values for Link Living included treating people with dignity and respect. It was very clear that staff had built up very positive relationships with the people they supported based on respect and trust.

Link Living Ltd had a range had a range of policies and procedures in place to support staff and practice. These included adult support and protection, confidentiality, equality and diversity, and whistleblowing. Policies were discussed in team meetings and one to one supervision meetings when necessary.

Staff we spoke with came across as professional, motivated and respectful of service users. We saw that information written by staff was respectful of the people they supported. We saw that staff interaction with service users was professional and respectful.

Team meeting minutes evidenced that practice issues, staff issues and organisational policy were discussed. These were held every month. Because the senior support workers were based in the home, discussions about practice

happened as part of the day to day management of the service.

At the last inspection and at this one because all staff had worked in the service over a number of years they felt that there was on-going informal supervision on a day to day basis. Staff spoken with felt there was very good team working in the service and this promoted safe, positive and consistent working practices which benefited the service users.

Areas for improvement

At this inspection we saw that one to one supervisions had not been completed consistently. Although staff confirmed they had received one or two supervisions from April 2015 to October 2015 we could find no records of supervision. There should be the opportunity for formal one to one meetings to link supervision to practice and goals for appraisal and development.(See recommendation 1)

The staff we spoke with discussed that they felt they were not involved in any part of the consultation process in the proposal to change the registration of the service. Relatives also confirmed they had not been consulted as part of process. They said decisions were made by the previous manager without any discussion and this had led to poor communication and low morale. Staff said they had felt a lack of respect in pursuing the changes without the full involvement of the staff team. However since the director of link living became aware of the issues staff felt this has improved. The director and service delivery manager had met with the staff group and discussed any changes fully with them. There was a greater understanding of the proposals and the staff team were happier that communication had improved. We discussed that staff , service users and relatives should all be fully involved in any future plans for the service. We felt that communication over the last three months had improved and that staff and relatives/service user's opinions had been listened to and respected, this has been reflected in the grade of 4 good, given the issues discussed with us at inspection.

Grade

4 - Good

Number of requirements - 0

Recommendations**Number of recommendations - 1**

1. All staff should have the opportunity for one to one meetings to link practice to appraisal and development. There should be full written records of the meetings and the frequency of these should reflect the policy on Staff training and development.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

The service had good opportunities for service users and carers in assessing and improving the quality of management and leadership.

See under theme 1, statement 1 and theme 3 statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

See theme 1, statement 1 and theme 3 statement 1 for areas of improvement which are also relevant to this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service strengths

We found that leadership values were promoted throughout the service. All staff practice was subject to a yearly appraisal and follow up of any identified actions. The content of the appraisal included discussions about work practice and where appropriate included objectives for the staff member.

The service expects support workers to undertake training and gain Scottish Vocational Qualifications. All staff were now registered with the SSSC. The two senior support workers had completed SVQ 3 and undertaken training to support them to supervise staff. This showed an investment in staff to develop skills and practice.

Staff were expected and encouraged to take on individual responsibility on a day to day basis, for example in their keyworking role. All staff we spoke with said they were well supported and were encouraged to look at training to further develop their skills.

New members of staff would shadow more experienced ones until they were confident in supporting the service users and the induction process included mandatory training, an introduction to the service and on-going support by the staff team.

Link Living had a leadership and development programme for managers. We also saw that the two senior support workers were undertaking further supervisory training to enable them to supervise members of the staff team confidently.

We saw that Link living had a strategic plan with objectives that linked into staff development through appraisals. This meant that all staff were clear on the expectations from the organisation. This also linked into the competency framework for staff which was based on the strategic plan. Competency was

measured against set criteria and helped support staff development.

A corporate newsletter was sent to all staff and service users. This would give information on organisational achievements, feedback on inspections and feedback on and shared good practice.

Team meetings were held monthly. The minutes showed a range of topics were discussed including policy and procedures. Staff could raise issues at the meetings. Team meetings could also be used to support training and development.

Areas for improvement

We discussed the learning disability strategy "Keys to Life" (improving the quality of life for people with a learning disability). Whilst we saw that all staff had been given a copy of this there was no organisational approach to evidence how the recommendations would be met. Although we could see in a day to day basis these had been met, as good practice Link Living Ltd should have a written plan to how the recommendations were to be met, what this means for service users and staff and how this would be evidenced.

We felt that it would be of benefit for the organisation to look at "step into leadership" training as highlighted on the SSSC website as best practice for staff. The service delivery manager said they had started to look at this and could see the benefit of it for staff.

As good practice each member of staff should be encouraged to keep their own continuous professional development folder. This would contain training, reflective accounts and how they would put the training into practice. This is a requirement of registration with the Scottish Social Services council.

Whilst we saw staff appraisals had been completed for some staff these had not been completed to the expectations of the organisation. Parts were missing and the goals were not written in a way they could be measured. This meant it was difficult to see if goals could be met as there were also no timescales for these. We were also concerned that given the lack of consistency with planned one to one supervision we could not see how goals were linked into appraisals. After speaking with the service delivery manager we were confident that during

2016 both one to one supervision and appraisal would be consistently achieved as per expectations from Link Living so we have not made a recommendation about this.

At the last inspection we said that the manager reported monthly to their line manager and produced a quarterly report. We discussed as good practice staff could complete a keywork report on review dates, personal plan updates, achievement of goals, discussions with service users and relatives, any issues re medication and finance audits etc. This would link into the manager's audit, development meetings with staff and an overall audit of the service on a regular basis which would have attached action plans. This could then link into staff development days to look at how to improve the service. However at this inspection we could see any audits undertaken. We have carried forward the previous recommendation made. (See recommendation 1)

A staff survey had taken place in 2015. However the survey was for the whole of Link and it was debatable the usefulness of this for supported living services. The survey focused on the introduction of the intranet for Link. Thought should be given for a separate local survey for staff.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The system for audits within the service should be further developed. This would include clear guidance for staff on timescales for audits and the content of these.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. A full re assessment of staffing levels must be undertaken and forwarded to the Care Inspectorate. The assessment must show that staffing meets the assessed needs of the service users. The assessment must be carried out on a monthly basis as per guidance from the Care Inspectorate "Registered records that a care service must keep".

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of users and Regulation 15(a) Staffing. Consideration must also be given to the National Care Standards, care homes for people with a learning disability Standard 5 Management and staffing arrangements.

Time scale: to commence on receipt of this report and be completed within 4 weeks.

This requirement was made on 09 July 2014

This is discussed under theme 2, statement 3. We saw a staffing assessment was now in place and this reflected the needs of the people supported.

Met - Within Timescales

2. The staff team must find a successful way of supporting the service user identified clean and then maintain their own room to ensure it does not pose any health and safety risk.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4(1) Consideration must also be given to the National Care Standards, care homes for people with a learning disability Standard 5 Management and staffing arrangements.

Time scale: to commence on receipt of this report and be completed within two weeks.

This requirement was made on 09 July 2014

This is discussed under theme 2, statement 3.

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The outcomes and any actions as a result of the quality assurance survey should be collated and sent out to all relatives and or representatives.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 1, statement 1 and has been carried forward in the body of this report.

2. As part of the review of personal plans, there must be evidence that service users were involved in the review, that their comments were listened to and where appropriate put in place.

National Care Standards, Care homes for people with a learning disability - Standard 6 Support arrangements

This recommendation was made on 09 July 2014

This is discussed under theme 1, statement 1 and has been carried forward in the body of this report.

3. Minutes from reviews of support must be available in the service for inspection purposes and to allow the manager to have an overview of any identified actions.

The National Care Standards, Care homes for people with a learning disability - Standard 6 Support arrangements .

This recommendation was made on 09 July 2014

We found that yearly reviews of support from care managers/social work no longer happen and therefore this recommendation was no longer relevant.

4. The system for audits within the service should be further developed. This would include clear guidance for staff on timescales for audits and the content of these.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 4, statement 3 and has been carried forward in the body of this report.

5. The complaint leaflet should be printed in an easy to read format for service users to access if required.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 1, statement 1 and has been carried forward in the body of this report.

6. Risk assessments completed should give detailed information on the risk, action taken to minimise it and any subsequent action to be taken should the risk happen frequently. This would include on-going reviews to ensure the agreed action to be taken remained up to date and relevant.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 1, statement 5 where a revised recommendation has been made.

7. A review of Active Support Planning should be undertaken and further development of keyworker meetings and documentation surrounding achievement of personal outcomes should be considered.

National Care Standards, care homes for people with a learning disability - Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

Active support planning was no longer used within the service therefore this recommendation was no longer relevant.

8. The service should demonstrate how it uses the information received from the service users to link into feedback for staff.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 3, statement 1 and has been carried forward in the body of this report.

9. All staff should have the opportunity for one to one meetings to link practice to appraisal and development. There should be full written records of the meetings and the frequency of these should reflect the policy on Staff training and development.

National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 09 July 2014

This is discussed under theme 3, statement 4 and has been carried forward in the body of this report.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
9 Jun 2014	Announced (Short Notice)	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
23 Jul 2013	Announced (Short Notice)	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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