

CARE INSPECTORATE –LEARNING DISABILITY (LD) DAY SERVICES

1. SUMMARY

1.1 This report updates on the progress of ASIST LD Day Service, Dunoon since the Care Inspection last May and also that of the more recent inspection of Phoenix LD Day Service, Rothesay in January 2013.

2 RECOMMENDATIONS

2.1 The committee is asked to note that continued progress is being made in improvement plans and a more robust management overview is being established of Registered Manager and service action plans at area and senior management levels.

3 DETAIL The inspection in May 2012 of **ASIST** LD day services resulted in a report that included several requirements and recommendations for the service.

The manager was required to improve administration in a number of areas which meant Environment was scored weak, due to needing to ensure; health and safety records and council policies were updated and made readily available to staff, any restraint or medication actions to be recorded in individual's care plans, staff training and induction plans implemented, and service user involvement in the service self assessment, as required annually by the inspectorate. These recommendations were dealt within the immediate weeks of the report. The Registered Manager is aware of the responsibilities and actions to be reported and this is monitored by the Area Manager. The Council estates management now include ASIST within their template to ensure buildings and equipment maintenance records are updated. The Registered manager monitors this is met.

Policies on managing Restraint and Medication were updated and staff awareness and training sessions completed. The Professional Lead for Learning Disability also visited in February 2013 to audit that the policies and care plans and to ensure compliance.

Staff induction and appraisal plans are implemented and monitored by the Area Manager at managerial supervision.

These administration and management issues, accompanied by the non submission of the service self assessment (*which therefore had no service user involvement in measuring quality and areas for improvement*) led to a unsatisfactory score for Management and Leadership. Non or late submission will always lead to an unsatisfactory score on its own.

The new Area Manager has instigated much closer supervision of the service and supports the manager meet an improvement plan to ensure this is not repeated in the future. Further, the manager will adopt the new process for registered services agreed at the Departmental Management Team.

The full report for ASIST Day Service can be found at http://www.scswis.com/index.php?option=com_content&task=view&id=24&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2004057455

ASIST LD Day Service inspection history:

Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
25 May 2012	4 - Good	2 - Weak	3 - Adequate	1 - Unsatisfactory
20 April 2010	4 - Good	Not Assessed	Not Assessed	4 - Good
27 April 2009	4 - Good	4 - Good	4 - Good	4 - Good
14 May 2008	3 - Adequate	3 - Adequate	3 - Adequate	3 - Adequate

- 3.2 The inspection in January 2013 of **Phoenix** LD day services resulted in weaknesses being identified in all four inspection areas. Immediate actions were taken to deal with the priority areas of requirements and recommendations for remedial action. The ensuing action plan satisfied the local stakeholders and the Care Inspector that the service was being managed appropriately and was supported at all levels of the organisation. An improvement plan has been established for ongoing monitoring. A new interim manager is now in post for 9 months who will lead on progressing and sustaining improvements and will report progress to the Area Manager and through the agreed mechanisms.

The full report for Phoenix LD Day Service can be found at http://www.scswis.com/index.php?option=com_content&task=view&id=24&Itemid=489&bereNextPageId=ReportDataDetails_action.php&action=displayReport&repId=CS2003017600

Phoenix Day Service inspection history:

Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
29 Jan 2013	2 - Weak	2 - Weak	2 - Weak	2 - Weak
27 Oct 2010	5 - Very Good	5 - Very Good	5 - Very Good	Not Assessed
18 Nov 2009	4 - Good	3 - Adequate	4 - Good	4 - Good
20 Aug 2008	3 - Adequate	3 - Adequate	3 - Adequate	3 - Adequate

The Adult Care management team were aware at all levels of some of the improvement needs of the Phoenix day service; these were being addressed but were not managed prior to the unannounced inspection. However, there were some areas that had not come to light earlier and had to have immediate remedial steps put in place to react to the inspector's findings. Specifically these were; an absence of support and risk management plans for individual service users, poor induction procedures for new staff, mandatory staff training needs unmet and administrative reporting requirements to the inspectorate unmet.

- 3.4 **The Care Inspectorate process** requires an annual return and self assessment from each registered service to be submitted electronically by the Registered Manager, which must demonstrate the involvement of service users in the self assessment process. Immediately after an inspection a draft report is sent to the Registered Manager and they have 2 weeks in which to respond electronically with an Error Response Form (for correction of any factual errors) and an Action Plan identifying the plans to be put in place and timescales to meet any "Requirements" or "Recommendations" within the report. The progress is then monitored at the next inspection.
- 3.5 **Organisational learning** from these episodes has led Adult Care, Social Work to review and adopt a more robust monitoring system of the quality improvement cycle for registered services and reporting for Registered Managers. This will insure better internal scrutiny of such registered services by agreeing self evaluation, action and improvement planning, with scrutiny and review both at a local level with stakeholder involvement and throughout the organisation.

The process to be utilised is a simple methodology, if adopted consistently across registered services, it should provide a level of confidence to the management team that internal monitoring of the quality cycle for improvement is secure and will simultaneously meet and probably surpass the requirements of the Care Inspectorate for future inspections.

- 3.6 **The Adult Care Management process** to be adopted will require the following cycle to be followed;

Self evaluation:

- Developed with service users, carers and staff, and utilising an informed "critical friend" role from a manager from another registered service within the authority to reflect on the actions and progress.
- Reported to and further informed by the Locality Forum (or equivalent stakeholder fora)
- Submitted annually as required to Care Inspectorate.

When a full term of the cycle is completed this will be a stronger evidence base of both service user involvement and ongoing improvement.

Action Plan:

All action plans should be electronically submitted in response to the draft Inspector's Report, using an enhanced template to the Care Inspectorate's

eform, ensuring that the outcomes as well as the actions taken are identified and that timescales and persons responsible are specific.

Service Improvement Plan:

Service improvement plans should become a live document, populated from any submitted action plan and any other identified improvements. This should be developed and reported at least twice yearly through the locality forum or equivalent. All new plans should be in this format and registered managers will be asked to transfer earlier action plans into this format within the next 3 months in preparation for their next inspections.

Reporting & Monitoring

Registered Managers will ensure Self-Assessment and Service Improvement Plans are updated and agreed with Area Manager and Service Manager after each review and prior to submission to the Care Inspectorate annually.

Registered Managers will update Service Improvement Plans at least 6 monthly in accordance with feedback from service users, carers, staff, "critical friend", wider stakeholder group and management team.

The Council's Commissioning Team conduct an annual Service User Satisfaction Feedback Survey and the results are presented to the service and management team. These results should be taken cognisance of by the Registered Manager and incorporated into the feedback and progress of the Service Improvement Plan

The Area Manager will report progress on Service Improvement Plans at least 6 monthly for scrutiny to the Adult Care Management, and further the Service Manager to the Social Work Management Team and Departmental Management Team at least annually. Feedback and minutes will be provided to the Registered Manager to ensure the quality cycle is completed.

4. CONCLUSION

4.1 The reports of the Care Inspectorate inspection of ASIST and Phoenix Day Services identified several areas for improvement. Both now have plans in place that meets the Care Inspectorate requirement and those of the Council and will be monitored closely to ensure improvements progress accordingly.

4.2 The learning achieved from having identified the gaps in closer monitoring of individual registered services has led to a quality improvement cycle being clarified, that will evidence internal ongoing evaluation and monitoring of services and highlight at an early stage any failures in progress prior to external inspection. This cycle will be adopted across all registered services within Adult Care.

5. IMPLICATIONS

<i>Policy:</i>	More robust service monitoring and review adopted.
<i>Financial:</i>	None
<i>Legal:</i>	None
<i>Personnel:</i>	None
<i>Equal Opportunities:</i>	None

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