

## Care service inspection report

# Phoenix Resource Centre

## Support Service Without Care at Home

Townhead

Rothesay

Isle of Bute

PA20 9JH

Telephone: 01700 504 402

Type of inspection: Announced (Short Notice)

Inspection completed on: 24 March 2015



## 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	5	Very Good
Quality of Environment	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service provides the people who use it with a range of activities and a social environment that they would not have if the service was not there.

### What the service could do better

The garden area outside of the centre is not currently accessible for people who have problems with their mobility.

The management team have plans in place to improve this and work is due to begin when the weather improves.

### What the service has done since the last inspection

The service has introduced new quality assurance systems which have been replicated in other learning disability services in Argyle and Bute. The outcome of this is that staff across the area should be working to the same standards so that people who use the service can expect consistency in the services they receive.

### Conclusion

This is a service which is thought highly of by the people who use it and their relatives. The one requirement and all six of the recommendations made at the last inspection have been met by the service.

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very 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](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

- Improvement plan
- Records of stakeholder involvement
- Rare plan file audits
- Staff rota's
- Service's development plan
- Service's quality assurance audits.

### **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.firelawscotland.org](http://www.firelawscotland.org)

### **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.

The Care inspectorate received a completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

It could be improved by including some more details and also making it clear how service user and carers have been involved in completing the assessment.

We acknowledge that the manager had limited time to complete the assessment and return it due to a communication error on the part of the Care Inspectorate.

### **Taking the views of people using the care service into account**

Feedback about the service was largely positive.

Prior to the inspection we sent out 20 care standards questionnaires for the service to distribute amongst people who use the service. Seven were returned.

During the inspection we had the opportunity to speak with five of the 12 people who were using the service.

Due to communication difficulties the responses we received were limited in some cases but everyone we observed appeared to be happy to be in the service.

People who could answer our questions answered that they were happy or very happy with the quality of support the service gives them.

We have included further comments and views from people using the service in the body of the report.

### **Taking carers' views into account**

There were no carers available during this inspection, we did manage to speak with three relatives prior to completing the inspection.

Several of the questionnaires that we received back had been completed by a parent who was helping their child fill in the questionnaire. As above we received seven back out of the 20 that we sent; two of whom strongly agreed that they were "happy with the overall quality of the service provided" and five agreed with this statement.

The service has met this recommendation, with care plans being clearer to understand and follow than they had been previously.

Key workers meet regularly four weekly with their key clients to discuss what they would like to do in the coming weeks.

The service has made contact with a local advocate who attends regular care reviews within the service to support service users to express their views and advocate on their behalf. This meets the second recommendation made under this statement in the last inspection report.

In the Care Standards Questionnaires that were returned to us 100% of people replied that the service regularly checks with them that it is meeting their needs.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

"I'd never been on a computer in my life but since going to college I can write letters using a keyboard"

"I go to different places for different things"

"Sometimes I put words back to front but they help me sort it"

"I meet up with my keyworker every month."

Comments from relatives we received in relation to this statement included;

"He enjoys going to the centre with staff and friends"

"She has really come on since being at the centre."

### **Areas for improvement**

The service has tried to set up a family and carers meeting to encourage participation in assessing and improving the service.

As there was not a large response from people wishing to attend, the management team should continue to try and find ways that people are willing to participate in this process. This may involve different ways for different carers depending on their needs.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

level of detail in them to help guide staff on how best to support the people who use the service.

Comments which relatives and service users made were positive with several people remarking that people had learnt new skills as a result of the support provided by the service.

In last year's report we wrote that the service should try to increase the input that service users receive from speech and language therapists whilst at the centre due to the complex communication needs that some people using the service have.

The service has been able to arrange for more regular input from speech and language therapists as well as training more of the staff team in intensive interaction since the last inspection. (This is a way of communicating with people who have very complex needs.)

The management and staff have met the first recommendation made under this statement in the last inspection report. This asked them to consider how the service could take forward the action points from the keys to life.

One example of how the service has met this is that staff have carried out a local mapping exercise of venues which provide appropriate changing facilities and have since presented this to the local authority.

The management team met the requirement placed under this statement in the previous inspection report around reviewing the needs of service users and linking this to the number of staff employed.

As a result of a review of service user's needs bank staff were employed for the first time and a new development worker and assistant development worker were also employed. As an outcome staff have more time to spend individually with service users.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

"I do cooking here"

"I go to an adult learning class every week"

"They took me a couple of times to college until I knew the route now I go by myself"

"I'd never been on a computer in my life but since going to college I can write letters using a keyboard."

## 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

We found this service was performing to a good standard in the areas covered by this statement. We concluded this after considering the following;

- Discussions with service users
- Interviews with staff
- Our observations on the environment.

As was discussed under Quality Theme 1 - Statement 1 care reviews take place every six months where service users and their families are asked to comment on any aspect of the service they wish.

Service user's art work was on display around the day centre which brightened up the centre.

Since the last inspection the service had tried opening the centre at the weekend to allow service users to use the facility with the assistance of the people who would normally support them over the weekend. This was in recognition that there are limited facilities available on the island particularly when the weather is bad.

This option has not been taken up by many service users, perhaps because of the distance the service is from the town but it was a real strength that the service was willing to try to offer something different at the weekends.

They have carried out a community mapping exercise to highlight how many buildings have appropriate changing facilities in the area, the answer is very few. The exercise has been used to highlight this issue to the local authority.

Some service users who were interested have been supported to take on tasks to do with the environment such as hygiene champion. We spoke to the hygiene champion who said she really enjoyed her role which was to check the environment daily to



## Statement 2

We make sure that the environment is safe and service users are protected.

### Service strengths

We assessed that the service was good at ensuring that the environment was safe and that service users were protected. We arrived at this conclusion after considering the following information;

- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate.

All staff are given health and safety training and safety at work as part of their induction. One of the staff that we spoke with had been given the role of infection control champion. It was her role to check on a weekly basis to check that the health and safety checklists (for example food temperature checks and cleaning records) were being kept up to date and accurate. We saw these during the inspection.

The provider operates safer recruitment practices with all staff requiring to undergo an enhanced disclosure check with newer staff having to undergo a Protection of Vulnerable Groups (PVG) check.

The service has developed more contacts within the community which it uses for activities rather than people spending all their time based in the centre. This is good practice as it help people to integrate in the community and gives them the opportunity to develop new skills.

Parents that we spoke with commented that as a result of the community outings they had noted that their children were more relaxed and patient when they took them out in the community.

The service has modern toilets and changing facilities at the back of the building.

Since the last inspection the service has purchased new toilet roll dispensers which reduce the risk of infection control which we mentioned in the last inspection report.

The service regularly maintains; electrical equipment, fire alarms and water temperatures we viewed the records which were kept in the centre.

The centre has plenty of space for people to move around safely.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

The service was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Discussions with service users and their relatives
- Minutes from care reviews
- Interviews with staff.

Review records showed that people who used the service could give their views about the quality of staff at review meetings. Service users are able to request different key workers if they wish.

The key workers meet weekly meetings their key clients to discuss any issues that are important to them. There is also an expectation that the key worker will complete a monthly summary along with the person they support to look at how their month has been and to discuss what the person they support would like to set as their goals for the coming months.

These meetings are on top of the statutory six monthly care reviews which take place in the centre. These procedures were put in place around the time of the last inspection and from viewing service user's folders and talking to service users these meetings are a standard part of practice within the service.

There was some evidence that staff will be given training to meet individual's needs as situations arise. For example three staff were trained in Calms when there were plans to support someone who may have benefitted from staff being trained behavioural support techniques.

## Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

We found the service's performance in the areas covered by this statement was very good. We concluded this after considering the following:

- Interviews with management and staff
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of very good quality in that they encouraged staff to reflect on their practice and identify areas for development.

Staff told us that they felt supported within their work and that it was a good team to work in. Staff were particularly positive about the changes which have been brought in over the last year. By different staff we were told; "The more senior workers are big on participation." The manager "has such an open door policy." "We've had quite a bit of training and have really stuck our teeth into the new paperwork."

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised. We spoke with one fairly new worker who stated he felt like he had had a lot of training and had spent a lot of time shadowing a senior member of staff.

Most people who work in the service have already been supported to gain a relevant qualification in social care; the provider has a rolling programme so that any staff still to achieve a relevant qualification will be put forward for one.

The questionnaires which Argyle and Bute Council sent out to a variety of people regarding learning disability services came back with a very positive response, in relation to this statement 96% of respondents agreed that staff are sensitive to their needs. 100% of the people who returned Care Standards Questionnaires to the Care Inspectorate agreed or strongly agreed with the statements that "staff have the skills to support me," and "staff treat me with respect."

The management team have introduced learning and development time into the rota each week. Staff told us that they were encouraged to use this time to read up-to-

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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 was very good at ensuring that service users and carers participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Discussions with relatives
- Interviews with management and staff
- Minutes of the learning disability locality forum
- Returned care standards questionnaires
- Care plan audits.

Service user meetings discuss issues including service management at their residents meetings, any issues are fed back to the Project Manager and this will be acted on.

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service checks with them regularly that it is meeting their needs.'

100% relatives who returned care standard questionnaires replied that they agreed or strongly agreed with the statement: "The service has involved me in developing the service, for example asking for ideas and feedback."

The manager who has been with the service just over a year has introduced formal processes for communication and quality assurance which have not only been adopted within this service but have been taken on by the provider to be passed out to other services in the area.

This gives service users, their families and staff a clearer picture on what they can expect from the service and what is expected from them.

One relative commented; "Since the manager took over it's been running like a well-oiled machine."

## 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 service has very good quality assurance procedures in place which involve service users, carers and staff. We arrived at this conclusion after reviewing relevant documentation:

- Improvement plan
- Compliments records
- Record of stakeholder involvement
- Care plan file audits
- Public Liability Insurance certificate
- Registration Certificate
- Staff rota's.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that the manager discusses audits, supervision, training and action plans during these meetings.

Supervision planned regularly; as part of supervision staff have to bring their key clients files to supervision with them so that their supervisors can check that they are keeping records up to date.

There are care plan audit tools in place in the front of each service users care plan which evidenced to us that managers have read the records that staff are keeping and identifying where work is required.

Following the last inspection the provider placed a social worker within the service for a few weeks to assist the management team bring all service user's records up to date on the computer system which is used across Argyle and Bute. This is good practice.

The manager has introduced an internal quality evaluation tool as a way of assuring the quality of the service.

We were shown this during the inspection and it asks managers to provide evidence whenever they tick that they have met a certain standard.

The management have also introduced an action plan for 2015 which considers how the service can develop in a number of different areas.

### 4 Other information

#### Complaints

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

#### Enforcements

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

#### Additional Information

No additional information recorded.

#### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## Inspection report continued

18 Nov 2009	Announced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
27 Aug 2008	Announced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.