

Care service inspection report

Robertson Road Resource Centre

Support Service Without Care at Home

Robertson Road
Fraserburgh
AB43 9BF
Telephone: 01346 515292

Inspected by: Derek Priest

Type of inspection: Announced

Inspection completed on: 20 February 2013



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Service provided by:

Aberdeenshire Council

Service provider number:

SP2003000029

Care service number:

CS2003000294

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

What the service does well

The service has shown over the years to involve the service users, their families and other stakeholders in all aspects of the service. The service has worked well and succeeded to integrate into the local community with various methods of involvement.

What the service could do better

The service needs to record that support plans have been reviewed even when no change was required.

What the service has done since the last inspection

The service has continued to progress and maintain a very good standard of support. As part of the local authority review of the day care services they have participated and involved all interested groups.

Conclusion

This is a very good service which continues to try new ideas, move with the changing needs of the service users and be applicable to the current practices.

Who did this inspection

Derek Priest

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a Recommendation or Requirement.

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

* A Requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a Requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Robertson Road Resource Centre is operated by Aberdeenshire Council as part of their social work services for adults. Based in the coastal town of Fraserburgh it provides a service to a maximum of 80 adults with a range of needs including learning disabilities, mental health problems and physical and sensory impairments. The criteria for access to the service are outlined in the document guidelines for community care services in Aberdeenshire.

The Manager also has responsibility for the "Can-Do Community Recycling" project and the recently developed "Café Connect".

The resource centre includes in its aims to "provide support and care so service users have the opportunity to take part in the life of the local community if they so desire. These opportunities are in the areas of work, education, leisure and therapeutic activities and training".

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 5 - Very 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 or by calling us on 0845 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

We wrote this report after an unannounced inspection which started on 14 February 2013 between 9.00am and 4.00pm. A further visit took place on 20 February 2013 between 9.00am and 5.00pm which included a visit to Café Connect. The inspection was carried out by Derek Priest an Inspector with the Care Inspectorate.

During the visit we gathered evidence from various sources, including written records:

- current self assessment document
- fifteen Care Standard Questionnaires returned by or on behalf of service users
- four service user support plans
- various policies
- maintenance records
- training records

Discussions with various people, including:

- five service users
- the manager
- the assistant manager
- three day centre officers
- one parent
- one advocate

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

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 service provider. We were satisfied with the way the service provider had completed this, and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what 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

Six Care Standards Questionnaires were returned by users of the service. All stated that they agreed or strongly agreed with the statement that they were happy with the quality of care that they received.

Ten service users were spoken with during the visit. They all reported that they enjoyed coming to the service, and they explained the activities that they attended. They also commented on the change to the dining room since the previous inspection.

Taking carers' views into account

Fifteen Care Standards Questionnaires were returned by friends or relatives (12) of service users and by carers (3) on behalf of the service users. All stated that they agreed or strongly agreed with the statement that they were happy with the quality of care that they received. Comments received included:

- We hope that the canteen 3 course lunches will continue to be provided. A substantial meal at midday is a healthier option for everyone.
- The communication between this service, myself and the home care provider ensures nothing is overlooked.
- The service is a constant and stable pair of eyes overseeing my daughter's care in a holistic way - this gives me peace of mind.
- Staff, particularly key-workers, are keen to provide a tailored, supportive progressive care package. Wider staff knowledge of ASD continues to improve.
- As a mother I am really happy with the care of my daughter

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: 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

At this inspection we found the service to be performing at an excellent standard in relation to this statement. The service involved service users, families and other stakeholders in all aspects of the service. The service was integrating with the local community.

The service had a structured Participation Strategy which was called "Working Together". This group involved a number of other groups coming together to form the larger working together group. The group consisted of representatives from the various groups operated from the resource centre, including the can-do and café connect projects, parent support group, advocacy group, IDEA group (a strategy to look at the future role and development of the day care services). This group had developed an overall action plan with tasks identified for each group. An easy read document of the working together strategy explained about the group listening to views, issuing of questionnaires and the various meetings that were taking place.

On visiting café connect, a café situated in the main street of Fraserburgh which provided internet access to the general public, it was found it prepared service users to develop skills to work in a café or catering environment, and also gave opportunities to project members to develop IT skills and produce items such as wedding invitations to members of the public and maintaining the community website. A meeting was taking place to update the information from the staff and project members and to discuss any issues that they wished to raise at the working together group. Project members had the opportunity to attend the working together group and participate in the discussion, present their service's view and in general be actively involved.

Representation also came from the can recycling group (Can-Do). One service user that was spoken with explained his role and that he often raised health and safety issues at the group.

The service had responded positively from a comment raised at the IDEA group to provide more appropriate services for younger service users. The service was currently planning the development of a young persons group; groups were attending the new swimming pool in the town, considering the use of iPads and were in the early days of planning outings to Aberdeen.

The service in association with parents and Fraserburgh Development Trust had been able to obtain funding for the purchase of an Adapted Bicycle which allows a wheelchair to be secured to the front of a bicycle to enable the wheelchair bound person to feel the enjoyment of cycling. This item will be available to members of the public to hire.

A variety of questionnaires have been issued to the service users, their families and other stakeholders of the service. This included questionnaires which were related to the participation events organised as part of the IDEA group. The service issued a detailed newsletter three times per year providing information of planned events that were coming up.

Service users at Robertson Road were consulted about the new decoration of the "snug" area of the day centre. Colour swatches were provided to the service users who then identified their preference on a flip chart. Service users were also supported to meet with the management of public transport service providers to discuss their concerns about the changes to the bus timetables and routes.

During the inspection of the service an advocate was meeting with a service user. On discussion with the advocate it was stated that the advocacy service had very good links with the service. The service contacted the advocacy service if any service user required support. The advocacy service was also involved in groups at the service. The advocate represented some service users in their review meetings. Reviews were held regularly at the service to discuss and amend the support provided to the service users as necessary. The service also attended reviews where they were not the main service provider.

Areas for improvement

The service should continue to maintain their excellent level of involvement of service users, their families and other stakeholders to ensure that their views are sought. The service should also continue the work that they are doing in integrating the service as part of the local community.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

At this inspection the service was found to be performing at a very good level for this statement. The service met the needs of the service users effectively. Information detailing the support provided to the service users was recorded in their individual support plans.

Each service user had a support plan which provided a good level of detail including:

- * the service user's personal details including
 - family contact details
 - guardianship details
 - personal profile
 - medical history
- * various preferences
- * timetable at the service
 - written, symbolised or pictorial as appropriate for the service user
- * support plans including
 - personal care
 - reactive strategies for identified behavioural issues being clearly explained
 - appropriate risk assessment
 - other assessments regarding mobility, dietary
 - photos to demonstrate the appropriate positioning of the service user
 - medication
- * activity groups
 - risk assessments for the various activities
 - transport arrangements
- * guidelines provided from other professionals such as Physiotherapists, Speech and Language Therapists and Psychologists
- * minutes from previous reviews

The service provided a wide range of activities to meet the needs of the service users. These activities included being work based, developing social skills and promotion of a healthy lifestyle with walking, swimming groups and dance classes under the title of artsability. Appropriate individual and environmental risk assessments had been developed.

Rather than attending the centre at the start of the day the service users were going directly to their group, such as swimming if this was held outwith the centre.

A small number of service users received medication during their time at the day service. On discussion with staff and viewing medication records it was clear that safe medication practices were taking place. This complied with the medication policy that had been developed and the audit system that had been developed.

The catering staff were aware of the dietary needs of the service users including those who received a pureed meal. Parents had been consulted about this matter and information was recorded in their support plan as part of their food preferences.

Regular reviews took place with healthcare professionals about the on going support that was required for the service users.

Areas for improvement

Although there were appropriate support plans in place for each service user and these had been reviewed on a regular basis, there were some areas where information should be reviewed.

In some instances there were support plans which appeared to have been developed some years ago. As there was no review date on the plan it appeared that the same plan had been in operation for a number of years. It is thought that the plans had been reviewed and the existing level of support remained appropriate. However it was recommended that the support plans should be reviewed on a six monthly basis as part of the regular review process and that information to demonstrate that the plan has been amended or remained the same should be available. (See Recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that support plans should be reviewed on a regular basis and when no change has been made, information to show this should also be recorded.

National Care Standards, Support Services, Standard 4, Support Arrangements

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was very good in relation to this statement. The premises used by the service were found to be safe areas for providing this type of service. The service complied with the requirements of other regulators.

Maintenance was carried out by the council or their subcontractors. All requests were documented with the log being completed on completion of the repair.

A programme of checks was in place for the prevention of legionella. Records show that appropriate checks had taken place and recordings were complete. Checks had recently commenced to monitor the hot water temperatures at these outlets. Thermostatic control valves were also in place throughout the service. Appropriate records were being maintained.

The service had an appropriate health and safety policy which was reviewed in this

current financial year. This policy also included information related to driving and infection control issues. The health and safety adviser carried out regular checks to the building and completed a comprehensive risk assessment for the resource centre.

When speaking with a service user from the Can-Do project he appeared to be very aware of health and safety procedures. He explained what he would do if he saw another service user or staff member doing anything that put them at risk

Risk assessments were carried out for all the premises that were used by the service users. A recent example was that the service had requested that the physiotherapists carry out a risk assessment in relation to the use of the new community swimming pool in the town. Some suggestions in relation to the moving and handling of service users were made.

A regular servicing and maintenance contract was in place for the equipment used at the centre including hoists, central heating and kitchen equipment. Records were viewed and these were satisfactory.

Areas for improvement

The service should continue to monitor the health and safety issues at the main and subsidiary premises used by the service. The recently commenced recording of hot water temperatures should continue and become a regular maintenance issue.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

At this inspection, we found the performance of the service was very good for this statement. The service operated safe recruitment procedures in accordance with the local authority recruitment policy. Staff records were kept at the local authority personnel department. We discussed training with the manager and staff members, viewed training records and training plans.

All staff at the service received a comprehensive induction to the service. This also applied for a group of work experience students. This also included appropriate risk assessments to safeguard them and the service users. These students received an orientation induction and general health and safety issues were identified. An evaluation of the work experience was received from each of the students.

Staff members received core training which included:

* CALM - which was updated on an annual basis

- * Health & Safety
- * Moving & Handling - this was specific to the service and the needs of the service users
- * Infection Control - this was available as part of the induction and on-line
- * Epilepsy - including rescue medication and life support
- * First Aid - update every 3 years
- * Food Hygiene - was available on-line if required
- * Adult Support & Protection

Adult Support and Protection training had been provided to all staff some years ago. The manager had arranged for a training session to update staff members. This was due to take place in March 2013.

Training needs were discussed at supervision and annual appraisal sessions. Staff members were responsible for booking and updating their individual training record. They could book training from the council training plan or request ad hoc training events as they became available.

The training plan for one staff member was viewed. All core training events had been attended and updated as necessary. The staff member had previously requested training in relation to the condition, Huntingtons. She was available to attend training although some time after the initial request. The staff member advised that following this training she had changed how she approached the management of this condition.

The manager was registered with the Scottish Social Services Council. She maintained a record of her post registration training which included a reflective account of changes to practice following the training events.

The manager submitted an annual training needs analysis for the service to enable the local authority training department to develop and prepare a training programme which met the needs of staff members throughout the local authority area.

Areas for improvement

The service should continue to maintain their very good level of training that was provided. They should continue to identify, request and attend training that is relevant to their specialist areas. Staff should also be encouraged to reflect on the training that is provided and to evaluate the effectiveness of the training.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

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

At this inspection, we found the service to be performing at a very good level for this statement. The service had very good records to show that the service had been regularly evaluated and that regular processes continued to be carried out on time.

A quality assurance plan was available to ensure that regular activities took place at the appropriate time. This included a number of audits and the regular maintenance of equipment. Regular audits included:

* Finance Audits - although the service did not hold money for the service users they ensured that receipts were provided for service user meals and any other purchases. These monies were checked on a routine basis.

* Medication Audit - the service administered medication to a small number of residents. This included storage of some medications. Appropriate records were maintained and viewed which accurately recorded medication that was received from and returned to the service user.

- * Health and Safety Audits - as included and reported in Statement 2 of the Environment theme. Audits of the vehicles for transporting service users were also available.
- * Support Plan Audit - Support plans were discussed during supervision sessions between the day centre officers and the manager.
- * Questionnaires - these were issued during the past year as part of the IDEA project.
- * Care Reviews - all service users received regular reviews at the service which involved families and other care providers.
- * Accident/Incident Audit - the local authority database was used to record these which also identified any trends. Examples of incidents and how they were responded to were discussed.

The plan also included regular meeting dates to ensure that these took place despite the possible absence of senior staff members.

External evaluation of the service was also carried out by independent groups. The most recent was carried out in 2011 which looked at how the team were performing.

Throughout these processes there was involvement of service users and other stakeholders. This included the working together group and sub groups which included service users and other stakeholders. These groups developed and reviewed the aims and objectives. A detailed plan identified the objectives and the progress in meeting these.

Areas for improvement

The service should continue the regular programme of events and audits to evaluate the service. The involvement of service users and other stakeholders should also continue.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
3 Nov 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
2 Nov 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
5 Jun 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good

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

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