Alexander Anderson Day Centre
Support Service Without Care at Home
18 East Thornlea Street
Thornlea Park
Wishaw
ML2 8BB
Telephone: 01698 372003

Inspected by: Ann Marie Hawthorne
Michael Ford
Type of inspection: Unannounced
Inspection completed on: 16 May 2013
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Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Care service number:
CS2003015512

Contact details for the inspector who inspected this service:
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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 providing this service know the people they support well. This enables them to meet needs which are often complex and challenging. They work closely with a range of health professionals to ensure that people are supported to receive good care. The resource offers people an environment and routines that are familiar to them.

What the service could do better

The service model is traditional and subsequently limits the potential for people to experience outcomes based on their individual need. The provider is aware of this and they have been working with service users and their families to redesign the service toward a more enabling and individualised model.

What the service has done since the last inspection

The service has continued to develop to meet the needs of those who attend within the limits of the present environment. The staff have remained positive and have continued to provide people with the support they need. We saw evidence that service have taken steps to increase opportunities to involve service users and carers in recruitment.
**Conclusion**

This staff continue to meet many of the needs of the people who attend the resource. While aspects of the environment and the service model limit opportunities for people, the staff are committed to developing the service toward a more person centred individualised resource. The service works well with a range of health professionals and they have continued to develop the way in which they communicate with families and carers.

**Who did this inspection**

Ann Marie Hawthorne
Michael Ford
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.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, 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

* A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (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.

The Alexander Anderson Centre is situated in the town of Wishaw and is managed by Capability Scotland. It operates Monday to Friday and provides a support service for up to 34 adults who have physical disabilities and associated learning disabilities.

There are currently 22 service users accessing the service on either a full or part time basis. On the day of inspection there were 19 people attending. The Centre is open 48 weeks of the year and is operational Monday to Thursday from 8.30 am to 4.30 pm and on a Friday from 8.30 am to 3.30 pm and people who use the service attend between 9.30 am and 3 pm. The centre also acts as a resource for other organisations who wish to make use of the hydrotherapy pool which is available.

The aims of the service are:

to provide a quality service and a safe, secure environment,
empower service users to chose their lifestyles by enabling them to explore and exercise their individual choices and rights,
to monitor, review and evaluate all systems and partnership with service users, carers, families, staff and external agencies and resources,
ensure the support being offered and provided is tailored to meet the needs, wishes, preferences and aspiration of each person using the service.
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 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 following an unannounced inspection. This was carried out by Inspectors, Ann Marie Hawthorne and Michael Ford. The inspection took place on Friday, 10 May 2013 between 9.15 am and 4.45 pm, continuing on Wednesday, 15 May 2013 from 10.20 am until 3.00 pm. We gave feedback to the manager and the senior day centre officer on Thursday, 16 May 2013 between 12.30 and 2.40 pm.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent ten care standards questionnaires to the manager to distribute to people who use the service; of these, five questionnaires were completed and returned to us.

We also asked the manager to give out ten questionnaires to staff and we received eight completed questionnaires in return.

During the inspection process we gathered evidence from various sources, including the following:
we spoke with residents, we spoke with relatives by telephone and we met with a range of staff including the senior carers and the manager.

We looked at a range of information about the way in which the service aim to involve people in making decisions about how the service is provided including have your say forms, minutes of user committees, completed questionnaires.

We looked at a range of documents which form personal plans, including daily diaries.

We reviewed systems in place to record medicine administration.

We looked at review documentation and information from visiting professionals used to guide staff when supporting people.

We observed the way people were supported in a range of situations, we observed the lunchtime experience.
We looked at documents which the service use to record how they keep the environment safe; these include risk assessments, accident and incident reports, safety checks of the building including the pool, water system checks, safety checks on equipment used to move and assist people, cleaning schedules. We also looked at documents that were in place to evidence that the transport is risk assessed and vehicles are maintained. We also carried out visual checks of the environment throughout the service.

We looked at staff files and minutes of staff meetings and we also looked at the documentation that the service use to record the way in which they review how they provide the service. This helps us to look at how the service decide on and take action to improve the service.

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

The service had started to improve the way in which they sought the views of the service users and their families in relation to recruitment, induction and appraisal of staff.

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 from this service which included evidence that people who use the service and their carers had been involved in this process.

Taking the views of people using the care service into account

People have told us that they enjoy going to the Alexander Anderson Centre, we observed people taking part in activities and the atmosphere was good, people seemed happy and when asked if they liked the centre they said yes. We saw people move around the service in a way that indicated that they were safe and familiar with their surroundings. People seemed to be comfortable to do what they wanted to do.

Taking carers’ views into account

Within the care questionnaires that were returned to us, and in discussion with carers we have been told that they are very happy with the service being provided. We also saw statements within the six monthly reviews that indicated that families and carers were happy with the service. We have used some of the comments provided to us throughout the body of this report.
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

We have considered the way in which the service engages in participation across the four quality themes of care and support, environment, staffing and leadership and management within this quality statement. Taking into account the evidence presented and discussions with those who used the service, relatives and staff, we have given the service a grade of good in relation to participation.

We observed good interaction between the staff and the people who use this service. We saw a range of information which provided evidence of consultation with service users, relatives and carers in relation to day to day choices and issues. These included the use of customer feedback forms, coffee afternoons and user committee meetings. We saw ‘have your say’ documents completed to reflect the views of people who use the service, their families and carers in relation to recruitment, staffing, feedback from audits and questionnaires.

We saw that the service consult with service users and carers in relation to menu choices and activities, we saw good examples of changes that had been influenced within the service based on the views of people who attend or their families, these include day to day changes, for example a request to do more baking being accommodated within the range of activities offered, to more major projects such as the recent purchase of new computing equipment for the use the people who attend the service.

We also saw evidence of consultation in relation to longer term plans for the service. We saw that the service had started to provide self directed services for some people, this meant that people were being supported to make choices about what they
wanted to do within the wider community and that systems were being established
to make this happen for them resulting in better outcomes for those involved.

The service were also involving people who use the service and their families in the
process of self assessment for the care inspectorate.

Reviews were taking place regularly and the service were working hard to ensure that
the review process was inclusive and involved all those who were involved in
supporting the person.

The provider issues a Capability Scotland newsletter quarterly which provides useful
information to people who use the service, their families and carers.

**Areas for improvement**
The service should continue to provide a range of opportunities for the people who
use the service, their families and carers to influence and be actively involved in all
aspects of the service.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

**Statement 3**
We ensure that service users’ health and wellbeing needs are met.

**Service strengths**
Taking into account the evidence presented and discussions with those who used the
service, relatives and staff, we have given the service a grade of good for this quality
statement.

The support plans that were in place within this service were good. Information
contained within them clearly details the physical, social and emotional needs of the
person using the service. There was good information within the plans to indicate
that the service seeks input from a range of multi agency professionals including
physiotherapist, dietitians, speech and language therapists and social work services.
There are examples of very good plans in place to guide staff to support people
who have, for example, epilepsy, eating and drinking difficulties, or those who may at
times present challenging behaviour.

We saw that food and drink is provided for people within the service at regular
intervals throughout the day, this includes a cooked lunch from a varied menu plan
which offers a choice, there is a range of adapted crockery and cutlery available for
people to use.
People are also supported to have personal care at regular intervals, there is a system to record this for each individual and this goes between the service and the family / carer to assist with good communication.

There are a range of activities for people to be involved in. We saw people being supported by the care staff to do passive exercises following guidance from the physiotherapists. We saw people being supported to use the hydrotherapy pool, this resource is valued by many people who use the service and is used regularly to support people to experience gentle exercise in the water. Staff can support people to use this resource however the physiotherapist also supports people and provides advice and guidance to staff on the use of hydrotherapy. We also saw people involved in baking, arts, nail care and music.

Personal plans are written in a way that is dignified and respectful, there is evidence that the professional guidance within them is being followed. We also observed that interaction between staff and residents was positive and the atmosphere within the service was good.

In the questionnaires that were returned from the families and carers of those who use this service, all respondents either agreed or strongly agreed that overall they were happy with the quality of care the service provided. We spoke to two social work care managers who also told us that their contact with the service had been "really positive", and that they offered a “fantastic service”. One of the care manager’s told us that “the service provides a good range of activities for [name of person], there are really good outcomes for her and they seek advice from me if there are any issues”. The parents we spoke to also provided good comments in relation to the care and support provided, one parent said “I can’t say a bad thing about the centre, and I can’t think what I would have done without them”. Another parent said of her son’s attendance, “it has been very good for him, he comes home happy”.

**Areas for improvement**

There are a number of people who use this service who may lack capacity as defined in the Adults with Incapacity Act (Scotland) 2000, however we did not see that the service had section 47 certificates and treatment plans in place, we were informed that this is an area which is being addressed at present and that work is ongoing to develop this, we will look at this at the next inspection.

People are supported to have prescribed medicine administered during the time that they attend the service, we saw that the systems that were in place in relation to the receipt, storage and the recording of medicine were not clear. We saw medicines which were not stored securely, medicine was being recorded as given at times which were not accurate and with no reference to dosage. The medicine administration record was being used to record both receipt and administration of medicine which could lead to error (requirement 1).
While some personal plans contained very good information, we did see that for some people, needs had been identified with no evidence of a support plan to meet the needs, examples of this included skin care, positioning and pain management. While overall, reviews were taking place, we saw that some support plans had not been updated for some time, the service are working to review all support plans and make sure they are regularly reviewed. We will look at this at the next inspection.

We discussed the review forms and the way these are written with the manager of the service. We identified that the goals recorded are often about the systems and processes being followed by the service and are not goals that have been identified as outcomes for individuals. This had been identified by the manager and the senior team. They were working to address this through reviews with staff, we will look at how this is addressed at the next inspection.

We looked at they way in which the service is provided on a day to day basis for people and identified that some people arrive in the morning and have activities, including lunch and snacks, nail care, arts and crafts presented to them in one area. We suggested that people may benefit from using a range of different areas for different purposes, areas could be more clearly defined and people could be supported to move around the environment for different activities, this would provide people with visual cues to help them differentiate between activities and potentially improve how they engage in different activities (recommendation 1).

We also identified that the service is primarily provided within the building and there is limited opportunity for people to be supported to participate in activities outwith the centre, we are aware that this is an ongoing issue for the service and that steps are being taken to resolve this. However, we would expect to see evidence that people are being supported to engage in a more broad range of activity outwith the service at the next inspection.

We identified that information, for example menus, are not displayed in a way that would make them accessible for some of the people who use this service as the four week menu plan is printed on one A4 sheet of paper and displayed on a pinboard (recommendation 2)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 2

**Requirements**

1. The provider must review the process of medicine management within the service. They must develop a system that enables clear identification and recording of medicines the individual is being supported to take, ensuring that they record the
name of the medicine, the dose, the date and time of administration. They must also review systems to ensure that there is clear accountability for the security of medicines.

This is in order to comply with SSI 2011/210 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users

**Timescale:** Within two weeks of receipt of this report

**Recommendations**

1. The service should review the layout of the service and take steps to de-clutter and define areas for particular activities, this would provide people with clear visual cues about the activity that is taking place and would increase potential for people to move around the environment throughout the day.

   National care standards: 5 Support Services - Your Environment
   You can be confident that the building is accessible and designed so that it provides a safe, open and pleasant environment which strikes a balance between private, group and public space.

2. The service should review the way in which information is presented to people who use the service and ensure that this is accessible and maximises potential for people to understand the choices that are available to them, for example providing menu’s in a range of formats or presenting people with a choice of plated food that they can see.

   National care Standards: 8 Support Services - Making Choices
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
Please see quality theme 1, statement 1, for information about participation within this service.

Areas for improvement
Please see quality theme 1, statement 1, for information about participation within this service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Requirements
1. The provider must introduce systems to improve standards of infection control within this service. This is in order to comply with SSI 2011/210 Regulation 4 (1) (d) A Provider must, where necessary, have appropriate procedures for the prevention and control of infection.

Timescale: Within 4 weeks of the receipt of this report
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
Please see quality theme 1, statement 1, for information about participation within this service.

Areas for improvement
Please see quality theme 1, statement 1, for information about participation within this service.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
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
Please see quality theme 1, statement 1, for information about participation within this service.

Areas for improvement
Please see quality theme 1, statement 1, for information about participation within this service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Recommendations
1. The service should review the notification guidance issued by the Care Inspectorate and ensure that they comply with this guidance and notify appropriately. The guidance, Records that all registered care services (except childminding) must keep and guidance on notification reporting V.2 Publication code: OPS-0212-119 is available from the care inspectorate. National Care Standards : 2 Support Services - Management and Staffing Arrangements.
4 Other information

Complaints
There has been one complaint upheld about this service since the last inspection. You can find information about complaints that we have upheld or partially upheld on our website www.careinspectorate.com

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 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).
5 Summary of grades

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<tr>
<th>Quality of Care and Support - 4 - Good</th>
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<td>Statement 1</td>
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6 Inspection and grading history

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<th>Date</th>
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<tr>
<td>24 May 2010</td>
<td>Announced</td>
<td>Care and support 5 - Very Good</td>
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<td>Environment Not Assessed</td>
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<td></td>
<td></td>
<td>Staffing 4 - Good</td>
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<td></td>
<td>Management and Leadership Not Assessed</td>
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<tr>
<td>9 Sep 2009</td>
<td>Announced</td>
<td>Care and support 5 - Very Good</td>
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<td></td>
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<td>Environment 4 - Good</td>
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<td>Staffing 4 - Good</td>
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<td></td>
<td>Management and Leadership 5 - Very Good</td>
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<td>9 Jun 2008</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
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<td>Management and Leadership 4 - Good</td>
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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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