

Care service inspection report

Full inspection

Lifecare - St. Bernard's Club Support Service

2 Cheyne Street
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Lifecare (Edinburgh) Ltd

Service provider number: SP2003002785

Care service number: CS2004086340

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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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	6	Excellent
Quality of environment	5	Very Good
Quality of staffing	6	Excellent
Quality of management and leadership		N/A

What the service does well

The service provides a person centred approach to care and support for service users in a warm and welcoming environment .

The small nature of this service and the consistency of staffing assisted staff to get to know service users well and enabled them to develop the service according to know choices and preferences of those attending.

Systems were in place to support staff training and development to assist them to keep up to date with best practice guidance and to attain qualifications to meet the requirements to register with SSSC.

What the service could do better

The development of care and support plans should continue including transferring these to the new format as people join the service and or at the time of review.

The service should continue to provide the high quality of service user care and

support which we saw and which was reported to us by service users and their relatives/carers.

What the service has done since the last inspection

A new care and support plan and review format had been introduced although not all of the current documentation had been changed to this new format.

The service has continued to develop a calendar of activities and social events for service users and relatives/carers to celebrate landmark events such as Lifecare 75th Anniversary.

Conclusion

The outcomes of, and comments in pre inspection questionnaires indicated that service users and relatives/carers were happy with the quality of care/support provided by The St Bernard Club.

From inspection we saw service users enjoying attending the centre and the range of activities provided. This was confirmed in our discussions with service users.

The dedicated, enthusiastic and skilled staff team and their motivation to provide a high quality of care/support to service users was an asset to this service.

1 About the service we inspected

The St Bernard Club is a support service which provides day care and support for older people with dementia. The service is open Monday to Friday between 9:30 and 14:30. Service users attend on specified days agreed in advance at the time of accepting a referral.

The service is provided within Stockbridge House the Lifecare head office building where there is another registered support service, a day centre, managed by Lifecare, a café open to service users and the public, and staff offices. Lifecare also manage another support service, a day centre for older people in Edinburgh, and a Care at Home Service.

There is a named Manager for this service who also manages the other support services provided by Lifecare in Edinburgh. There is also a Senior Worker allocated to this and the other support services who manage the day to day service provision and who report to the Manager.

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 6 - Excellent

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 6 - Excellent

Quality of management and leadership - N/A

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

We compiled this report following an unannounced inspection. The inspection was carried out by an Inspector from Social Care and Social Work Improvement Scotland on 20 and 21 April 2016 where we spent time in each of the two day centres in Stockbridge House.

As part of this inspection we also looked at a selection of staff recruitment files and training records held at their head office. Feedback on this and the other day care services managed by Lifecare was discussed with the manager on conclusion of the inspections of all three of Lifecare services on 21 April 2016.

During this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documentation including evidence from:

- The Certificate of Registration.
- The staffing schedule.
- The insurance certificate.
- Observation of support staff practice with service users and with each other.
- Examination of staff training records.
- Examination of a sample of staff recruitment files.

- Content of 10 (of 15 sent) service pre inspection questionnaires.
- Consideration service users comments in pre inspection questionnaires and during the inspection.
- Consideration of the National Care Standards, Support Services.

Discussion with various people including:

- Service users attending the service.
- The Manager.
- The Senior Worker.
- Support staff on duty.
- The chef.
- The chief executive.

The above information was taken into account during the inspection process.

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 service Manager which was submitted promptly.

The self assessment included information under each statement to describe the service's strengths. The Manager identified areas they thought they did well, some areas for development and any changes they planned.

The manager's assessment of the quality of the service generally corresponded with our findings at this inspection visit.

Taking the views of people using the care service into account

Service users we met with were extremely complimentary and praising of the care and support they received whilst attending this day centre. This view was also reflected in pre inspection questionnaires completed by service users or relatives/carers on their behalf.

"Very happy with the service provided by staff. I know my mother is well looked after and safe. I also feel that the service is beneficial for my mother's wellbeing. Keep up the good work. Would highly recommend this service."

"My mother really looks forward to going to her club and all the staff are very nice and look after her well. Overall I am very happy with the service provided."

"I am happy with the care my wife receives on the day's she attends the club."

"As the guardian of a client who uses this service I have total faith in the staff to provide the best service and care for their clients. They are always friendly, patient and professional. It is reassuring to know that my relative can attend this facility on a regular basis."

"I have used the service for four years and very happy with the service."

"St Bernard's Club where my mum visits is a great respite for my mum. The staff are very caring and fun. My mother really enjoys her two days a week at the club."

"My husband has Alzheimer's and therefore cannot remember the names of the staff but he talks fondly of them all. He is completely happy and confident at Lifecare and very much looks forward to his time there. From my point of view the atmosphere is always positive and the staff are caring, cheerful and kind."

"The care staff both within the centre and those who collect my mother by minibus are wonderful. Even when she has decided that she should be doing something else that day (named members of staff) et al, chaff her and within seconds she's laughing and more than happy to with them. On her return from the centre my mother always calls in to tell us what a lovely day she has had - praise Indeed!"

"It's a good atmosphere here I enjoy the lunch and staff are always happy and kind."

"I like the company, the lunch and the activities. We are never short of some laughs."

"It's a good place for me I've made good friends and you will see that we have lots of fun."

"I'm treated like an adult here, it gets me out of the house and I like the company."

"It's a great place to come to, we have a laugh, staff are great and having transport the difference."

Taking carers' views into account

We did not meet relatives/carers at this inspection. However the comments of some are included in the views of service users where relative/carers completed these on behalf others.

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: 6 - Excellent

Statement 3

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

Service Strengths

The service demonstrated the following strengths in the areas covered by this Quality Statement.

We saw that each service user had a care/support plan which outlined their care/support needs and how these needs were to be met while attending the day centre. (also see quality theme 1 statement 5).

Care/support plans had been informed by consultation with service users and, or, their relative/carers and took into account outcomes of risk assessments and any management plans to reduce perceived risks, for example, those relating to mobility and eating and drinking.

The sample of care/support plans we looked at included contact details of health care professionals such as the GP, and other people, for example social workers and family contacts involved in the service users' care.

Overall we saw that the care plans were person centred and recorded individual needs including health care needs and how these needs were to be met.

Systems were in place for care and support plans to be reviewed at least once

every six months. This not only gave service users and relatives/carers the opportunity to discuss the quality of care but gave them the opportunity to discuss other aspects of the service which may help with service development. For example the quality of staffing.

In addition service user/carer exit surveys were undertaken to determine any reasons for ceasing using the service and improvements which could be made to develop the service to meet service users needs.

From the evaluation of exit surveys over the last year we saw that the main reason for leaving the service was due to increased care needs and moving to long-term care arrangements. The outcomes of these also indicated that the reason for leaving the service was not related to the service not meeting service users' care needs.

In the pre inspection questionnaires returned to us (10) service user responded as follows:

- Nine strongly agreed or agreed that "My needs and preferences have been detailed in the personal plan." One responded "don't know".
- Nine strongly agreed or agreed that "The service check with me regularly that they are meeting my needs. One responded "don't know".
- Ten strongly agreed or agreed that "I feel safe when I am in this service."
- Nine strongly agreed or agreed that " The service has the equipment it needs to meet my care" needs. One responded "don't know".
- Ten strongly agreed or agreed that " I am confident that staff have the skills to support me."
- Ten strongly agreed or agreed that " staff treat me with respect."
- Ten strongly agreed that "Overall I am happy with the quality of care and support this service gives me."

There was a choice of meals at lunchtime for service users each day and all service users we spoke with were very complimentary about the quality and choice of meals. They also told us that they enjoyed the other drinks and snacks provided.

The service catering had achieved a Healthy Living Award which was reflected in the reduced salt and sugar content of meals and the use of fresh produce and choice of vegetarian meals. Special diets were also catered for. The attention to healthy eating and menus to meet service users needs may also contribute to their general wellbeing.

We also saw that the range of activities provided included physical, cognitive, and social interests which with the companionship this service offers may assist service users to maintain their personal skills and abilities.

In conclusion we saw we saw that there were systems and practices in place to support service users' in relation to their general health and wellbeing.

The National care standards, support service Standard 3 - Your legal rights, Standard 4 - Support arrangements, Standard 7 - Using the support service, Standard 10 - Feeling safe and secure, Standard 11 - Exercising your rights and Standard 15 - Eating well were met at this inspection.

Areas for improvement

A new care and support plan format was being introduced and current plans transferred to this as care and support reviews took place. However, the newer care plan format was used where new service users joined the club.

The service should continue to develop support plans to evidence that the service is responding to and providing the service in accordance with the assessed needs of the service users.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 5

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

Service Strengths

The service demonstrated the following strengths in the areas covered by this Quality Statement.

To make our assessment we spoke with service users, observed staff practice and their interactions with service users and took account of the outcomes of pre inspection questionnaires some of which included comments from relatives/carers.

In the questionnaires service users told us that staff were respectful and this was also the view of service users we spoke with. We saw lots of humour and laughter in interactions between staff and service users said this was always appropriate and they "enjoyed the fun."

Observation of staff practice and interactions with service users showed that staff knew them well and were responsive to individual needs and preferences in their attendance at the St Bernard Club. This was also evident in how staff encouraged and supported service users to participate in the activities. This may assist service users to be reassured that staff will respect their choices and preferences in how care/support was to be provided.

The care/support plan followed the same format however, the information was person centred and included their preferences of activities and interests. We saw that although there were group activities staff knew of a service users' past interest in art and painting materials were provided for this individual activity while some other service users joined in a game.

During our inspection staff spoke with and about service users in a respectful manner. This was also reflected in the written records such as care/support plans we looked at. We also saw that staff were considerate and adept at assisting and redirecting a service user who became agitated and distressed.

This was done in a manner which quickly diffused the situation and maintained the dignity of the individual. We concluded that this responsive, professional and considerate approach would be of benefit to service users to know that staff were confident to manage situations which may be challenging and distressing for service users.

Overall we saw care/support provided which evidenced a person centred approach to supporting service users. Also see views of service users.

Areas for improvement

The service should continue to respond to service users needs and evidence that these needs are provided in a person centred manner.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service Strengths

We did not look at all aspects of this quality statement but looked at progress made with the implementation of recommendations made at the last inspection on 10 December 2013.

We made a recommendation that all accident and incident reports included any follow-up actions, the conclusions and where any information was recorded if not on the report. We also recommended that the accident and incident reports were signed by the manager to confirm awareness of the event and to confirm that all actions had been concluded.

At this inspection information was provided to us and we saw that accident and incident report formats had been changed. These now include details of any follow-up actions and any preventative measures which could be put in place. The forms also include a section for the manager to sign off as all actions having been completed.

This recommendation had been implemented.

We made a recommendation that safety checks on wheelchairs were recorded to include what checks were to be made. Frequency of checks any actions where any deficits were noted and that these records were signed and dated to confirm the check had taken place. At this inspection we saw that a checklist was used which reflected these actions. This recommendation had been implemented.

Areas for improvement

The service should continue to monitor the health and safety arrangements including any safety checks to ensure that the environment is safe for service users, visitors and staff.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

We looked at a selection of staff recruitment files for staff who were the most recently employed in the service.

We found that systems were in place to ensure safe recruitment practices were followed. We saw that these systems followed best practice guidance from The Scottish Executive "Safer recruitment through better recruitment" and the service provider's recruitment policy and procedures.

New staff were subject of a period of probation and we saw that all staff employed in the service were provided with a staff handbook which gave them information about the service and some of the policies and procedures.

These included:

- Equal opportunities.
- Support and supervision.
- Rehabilitation of offenders.
- About Lifecare.
- Employee development.

In the recruitment files we looked at we saw that these contained the following:

- An application.
- Interview checklist.

- Request and receipt of two references.
- Health check.
- PVG check (Protecting Vulnerable Groups).

The application form and interview included asking about skills knowledge and experience relating to the job for which the applicant had applied.

The references asked about the applicant's quality of work and their suitability to work in the role for which they have applied.

A criminal record check and health check were requested. The outcomes of these checks and interview and references were considered prior to a decision to employ and offer the post to the applicant.

Systems were also in place for re checking criminal records every three years and annually staff were required to update their health declaration.

The selection of files staff recruitment files we looked at had been fully completed.

Staff were not able to be employed until all aspects of the recruitment selection process had been completed. These processes assisted the service to satisfy themselves of the applicants' suitability before the offer of employment and an introduction to service users.

Induction training was in place for all new staff and a checklist used to note progress with this. Thereafter, supervision and appraisal systems and refresher training were in place to monitor and improve staff practice.

The Manager and senior staff were appropriately registered with NMC (Nurses and Midwifery Council) and SSSC (Scottish Social Services Council).

In the terms and conditions of appointment new staff were also made aware of the need to register with SSSC when the dates for this are made known.

We concluded that the recruitment practices showed that the service provider had robust procedures to assist them to make sure appropriate staff were

employed. This also contributed to safe guarding service users and their relatives/carers.

Areas for improvement

Lifecare should continue to use robust staff recruitment and induction practices to ensure appropriate staff are employed and which assists the service to safe guard service users and their relatives/carers.

Grade

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

During our inspection we observed staff practice and spoke with staff about their work including the support and direction they were given in their day to day duties, training opportunities and arrangements for staff development. We also spoke with service users to gain their views on the overall quality of staffing.

We have assessed that the service was performing at an excellent level for this statement.

All staff we spoke with were able to tell us about their work and were knowledgeable and confident in their interactions with service users. Staff impressed as being enthusiastic about the work they did to support service users. They also spoke of being keen to develop and improve the service taking account of comments and feedback from service users.

We saw a lively, fun and inclusive approach to the range of activities provided and it was also noticeable that staff took an active part in the activities as well

as facilitating these which service users thoroughly enjoyed.

Staff told us that they felt supported in their work and that supervision and appraisal helped them to maintain and develop good practices. Staff also confirmed that they received enough training to assist them in their work and felt that additional training would be provided if necessary to help them to support a service users' assessed needs. For example management of diabetes and management of epilepsy.

We saw that staff spoke with, and, about service users in a respectful manner and service users were treated with dignity and respect. This was confirmed by service users we spoke with and who also told us that they were confident that staff had the skills to support them. Also see views of service users.

We saw several excellent examples of staff practice in the duties they were undertaking and in their interactions with service users. Staff were also supportive of each other and worked in a collaborative way in providing care and support to service users.

Staff were assisted in their work by a range of policies and procedures, team meetings, supervision and appraisal. These arrangements gave staff opportunities to discuss their practice, standards of care and support and any training needs. Staff also told us that supervision gave them the opportunity to reflect on their personal practice and any training needs.

We saw that staff training included but was not limited to:

- Adult support and protection.
- Moving and handling.
- First aid.
- Patient assistance (to support service users using transport to and from the day centre).
- Dementia awareness.
- Food hygiene.
- Loss and grief.
- Stress management.
- Mental health awareness.

Service users spoke highly of the all staff and no one had any concerns about staff practice. Staff were described as kind, welcoming and professional.

We concluded that the highly motivated, skilled and professional approach to service user support in this service showed what other services should aspire to.

Areas for improvement

The service should continue to support staff in the provision of training to assist them to develop their practice to continue to meet the needs of the service user group.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The Manager should ensure that all incident and accident report include:
 - a) Any follow up to the event, the conclusion of any actions and where this information is recorded if not on the accident report.
 - b) The conclusion of the accident report should also be signed by the Manager to confirm awareness of the event and to confirm that all actions have been concluded.

This recommendation was made on 10 December 2013

This recommendation had been implemented.

More information is noted under Quality Theme 2 Statement 2.

2. The Manager should ensure that all safety checks on the wheelchair are recorded this should include:

- a) What checks are to be made.
- b) The frequency of checks.
- c) The actions expected where any deficits are noted.
- d) Signing and dating the safety check record to confirm the check has taken place.

This recommendation was made on 10 December 2013

This recommendation had been implemented. More information is noted under Quality Theme 2 Statement 2.

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
10 Dec 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good

		Management and Leadership	5 - Very Good
29 Apr 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good Not Assessed
28 Apr 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 2 - Weak 4 - Good
18 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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