

To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 21 June 2024

Report by: Head of Mental Health, Learning Disability and Alcohol and Drugs Recovery Services

Subject: Inspection of The Anchor Day Service Support Service by the Care Inspectorate

1. Summary

- 1.1 Social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups. Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. The Care Inspectorate inspect, award grades, and help services to improve. The Care Inspectorate also investigate complaints about care services and can take action when standards of care are not met.
- 1.2 Since 1 April 2018, the Health and Social Care Standards have been used across Scotland. They were developed by Scottish Government to describe what people should experience from a wide range of care and support services. They are relevant not just for individual care services, but across local partnerships. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment and in delivering care and support.
- 1.3 This report summarises the findings from the unannounced inspection conducted at The Anchor Day Service in March 2024. A copy of the full report is available within Appendix 1 as attached.
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2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the content of this report.
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3. Background and Context

- 3.1 The Anchor Day Service is a purpose-built centre that is registered to provide a day service to a maximum of 52 people with Learning

Disabilities and complex support needs. At the time of the inspection the service was supporting 32 people. The registered manager is supported by a team leader, 8-day service officers and 16-day service assistants. Registration did include a time-limited condition in relation to providing care at home, this was implemented during the Pandemic due to exceptional circumstances and has since been removed.

- 3.2 The Anchor Day Service adopts a person-centred approach and works with service users to support them to achieve their desired outcomes. The aims of the five key theme areas of the HSCP Strategic Plan 2022-25: shaping our future, are woven into the practice of the Anchor Day Service staff and leadership team and this is evidenced in the findings of the recent Inspection report.
- 3.3 The HSCP Strategic Plan 2022-25, seeks to shape the HSCP's future around each person and has focussed activity on five key areas. These are: Healthier Futures: prevention and early intervention, Connected Futures: community support, Enabled Futures: clinically safe and specialist services and Empowered Futures: choice, control, and flexibility.
- 3.4 The inspection evaluated how the Anchor Day Service supports people's wellbeing and assessed the quality of the leadership. Protecting and safeguarding service users and staff continues to be a key priority for the HSCP.
- 3.5 The Care Inspectorate use a quality framework that sets out the elements that address key questions about the difference care is making to people and the quality and effectiveness of the aspects contributing to those differences.

The quality framework is framed around six key questions:

- How well do we support people's wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care planned?
- What is our overall capacity for improvement?

- 3.6 Under each key question, there are three or four quality indicators, covering specific areas of practice.

Quality indicators are evaluated against a six-point scale:

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|---|--|
| 6 | Excellent - Outstanding or sector leading |
| 5 | Very Good - Major strengths |
| 4 | Good - Important strengths, with some areas for improvement |
| 3 | Adequate - Strengths just outweigh weaknesses. |
| 2 | Weak - Important weaknesses and priority action required. |
| 1 | Unsatisfactory - Major weaknesses and urgent remedial action required. |

3.7 On conclusion of an Inspection, the Care Inspectorate publish a report which details: feedback from families/carers; their observations throughout the Inspection including strengths and areas for improvement; any requirements, recommendations, or enforcement; and an evaluation. In addition, the Care Inspectorate will also consider any areas for improvement identified in previous inspections to the care home.

4. Inspection of the Anchor Day Service

4.1 On 12 and 13 March 2024, the Care Inspectorate began an unannounced inspection of the Anchor Centre.

4.2 The inspection evaluated how the Anchor Day Service support people's wellbeing and assessed the quality of the leadership. The breakdown of the key questions considered during the inspection and the quality indicators are as follows:

How well do we support people's wellbeing? 5 -Very Good.

How good is our leadership? 4 -Good

4.3 In making their evaluation of the service, the inspection was conducted by one inspector who spoke with:

- Two people using the service and 5 of their relatives.
- 19 staff and the management team.
- The inspector also observed practice and daily life, reviewed documents and connected with professionals linked to the service.

4.4 Key messages from the inspection:

- The report was overall very positive and provided some key findings to evidence this. These are noted as follows:
- People received reliable and consistent support from a familiar staff team with whom they have a positive, trusting, and caring relationships. People benefitted from flexible, personalised, and responsive support.
- Staff skilfully used their knowledge of people to manage and minimise risks. Support was provided by a skilled staff team, who received specialised training aligned to the needs of people.
- Family members felt involved, well informed, and satisfied with the care and support. Specialised resources were available to enable people to participate in a range of activities to support them to meet their needs and outcomes. Quality assurance systems should be developed further to ensure the quality of support and practice development.

- 4.5 The report noted significant strengths in the aspects of the care provided, and how these supported positive outcomes for people.
- 4.6 The report acknowledged that support was provided from a core group of staff who knew people well and were familiar with their needs, choices, and preferences. This enabled a flexible person-centred support to enhance people's quality of life.
- 4.7 Staff showed kindness and consideration towards the people they supported, and interactions observed were warm, caring, and natural. A service user shared, "I love coming here. I had a great time out shopping for onions and potatoes for the garden, and I went to meditation".
- 4.8 The report noted that people were supported to get involved in a wide range of activities, both within the service and in the community. These included interactive creative movement, sensory storytelling, and drumming.
- 4.9 The report suggested that it would be good to explore if there are other opportunities for people to engage with. There was a focus on staff developing an understanding of people's sensory needs and linking this closely with the activities supported. Staff encouraged choice, participation, and engagement.
- 4.10 The service has a hydro pool located within the building, which unfortunately has been under repair for some time and therefore, not useable. Staff and other professionals have shared that this is a big loss to people using the Service. They are keen to have repairs carried out and the pool functioning again.
- 4.11 Champion roles have been introduced for key areas across the service, so that learning and knowledge can be shared amongst the staff team. The report acknowledged that this was a great opportunity for staff to get more involved in particular areas of support delivery and development.
- 4.12 The report indicated that the content of the care plans was variable. Some contained good person centred and strengths-based information, however, it was not always clear how support should be provided. The report highlighted the importance of having a link between the support plan (with measurable outcomes set), risk assessment, review and updating of the care plan.
- 4.13 The report noted that systems were in place to ensure that medication was being managed safely and effectively, with clear guidance in relation to supporting with 'as required' medication.
- 4.14 People benefitted from their support being provided from a knowledgeable and skilled team. Where a specific need was identified, training was provided to a small group. The report

indicated that it would be helpful to widen these learning opportunities to ensure that all staff are trained to deliver safe and consistent practice. It was acknowledged that there is a culture of continuous learning with high levels of training compliance.

- 4.15 The report suggested that the management team demonstrated their knowledge of the service, and a clear understanding of areas for development and improvement. They were very responsive to feedback throughout the inspection.
- 4.16 The report noted that there is no current service development plan in place, but that management were planning to investigate this over the coming months, involving staff in the process. The report suggested that it would be good to explore creative ways of capturing feedback from service users, in ways that are meaningful to them.
- 4.17 The report acknowledged that there had been systems in place to check the quality of the service, however, observed that this had not been as regular and robust as it could be. It highlighted the importance of having routine audits in key areas such as: care planning, medication, the environment and to ensure there is a consistent quality standard across the service.
- 4.18 The manager requires to have clear overview of the health and safety of the building and equipment used. Cleaning schedules and an up-to-date log of the equipment with review dates noted. It was suggested that a quality assurance framework be devised informing what key activities require to be carried out when and by who. The report noted that the service had a small number of incidents and forms were completed online by staff. Staff were provided with effective debriefing and feedback on further actions required.
- 4.19 Staff noted improvements in supervision, but some had not had supervision for some time. Supervision records demonstrated a good balance between discussion around workload, reflective practice, and personal development. Regular team meetings were in place and staff appreciated having the opportunity to come together.

5. Requirements and Recommendations

- 5.1 To further the improvement journey and build on the good work already progressed it was suggested that the Anchor Day Service continue to embed their quality assurance system. This could be achieved through identifying short, medium and long-term priorities. The plan should include contributions from staff, service users and families.
 - 5.2 It was recommended that the manager have a greater oversight of the service, and on-going key activities including information relating to people supported, audits, training and health and safety.
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- 5.3 It was suggested that systems should be in place for delivering and monitoring of practice such as supervision and appraisal to ensure on-going practice development in accordance with operational procedures.
- 5.4 It was acknowledged that progress had been made since the previous inspection and that there was evidence of improvement. Supervision was noted to have been increasing. There was a greater overview of when supervision was taking place, tasks set, and things achieved.
- 5.5 Staff development was being prioritised and senior staff have undertaken leadership and management qualifications to develop their knowledge and skills.
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Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Strategic Plan and Community Planning** – None
 4. **Wider Strategic Alignment** – None
 5. **Legal** – None
 6. **Property/Assets** – None
 7. **Information Technology** – None
 8. **Equality & Human Rights** – None
 9. **Fairer Duty Scotland** – None
 10. **Health & Safety** – None
 11. **Procurement** – None
 12. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers
 13. **Privacy Impact** – None
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List of Background Papers – None

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Anchor Centre Support Service

51-53 Stock Street
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Telephone: 01416 186 536

Type of inspection:
Unannounced

Completed on:
14 March 2024

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2003001244

About the service

The Anchor Centre is registered to provide a day service to a maximum of 52 people with autism and complex support needs .

The service is based in and operates from a purpose built centre which is situated close to Paisley town centre. People using the service benefit from a range of specialist resources enabling increased meaningful activity and community connections.

Registration included a time limited condition in relation to providing care at home, which is currently being removed.

At the time of the inspection, the service was supporting 32 people. The registered manager was supported by a team leader, eight day service officers, and 16 day service assistants.

About the inspection

This was an unannounced inspection which took place on 12 and 13 March 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service and five of their relatives
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents
- connected with professionals linked to the service.

Key messages

- People received reliable and consistent support from a familiar staff team with whom they had positive, trusting and caring relationships.
- People benefitted from flexible, personalised and responsive support.
- Staff skilfully used their knowledge of people to manage and minimise risks.
- Support was provided by a skilled staff team, who received specialised training particular to the needs of people.
- Family members felt involved and well informed, telling us they were very satisfied with care and support provided.
- Specialised resources within the centre enable people to participate in a range of sensory, physical, and meaningful activity to improve their quality of life.
- Quality assurance systems should be developed to ensure quality of support and ongoing development of practice.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided, and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Support was provided from a core group of staff who knew people well. They were very familiar with the needs of individuals, their choices and preferences. This enabled flexible person centred support to be provided to enhance people's quality of life. A relative told us, "Staff know x well and adapt support and activities based on how she is feeling."

Staff demonstrated a very good knowledge of people's likes, dislikes and what was important to them, even if people were not able to verbally express this. This person-centred approach supported a recognition that people are the experts on their own experiences, needs and wishes.

Staff showed consideration and kindness towards the people they supported. Observed interactions were caring, warm and natural. This enabled effective support when people were upset, anxious, or needed reassurance and encouragement. A person supported shared with us, "I love coming here. I had a great time out shopping for onions and potatoes for the garden, and I went to meditation."

People were supported to get involved in a wide range of activities, both within the service and in the community. Within the service, there was a range of specialised spaces and resources available to support and stimulate people. We observed interactive creative movement, sensory storytelling and drumming groups, which were very effective in engaging people really well. Some people were involved in meaningful therapeutic activities. It would be good to explore if there are other opportunities available for people to engage with. A relative said, "X requires attention most of the time. She is well stimulated at the centre and is occupied throughout the day. She actually gets upset when she comes home sometimes."

There was a focus on developing staff understanding of people's sensory needs and linking this closely to the activities supported. Staff utilised their knowledge and understanding of people to build confidence and skills. We observed staff encouraging people to be involved in activities of their choosing, and promoting engagement and participation. The language used by staff when interacting with people was positive and encouraging, which was reinforcing the positive message.

The service has a hydro pool located within the building, which unfortunately has been under repair for sometime and therefore, not usable. Staff and other professionals have shared that this is a big loss to people using the centre and are keen for the repairs to be carried out and to have the pool functioning again. The centre has made creative use of the space available enabling a number of sensory spaces to be created, large multi-purpose rooms, as well as smaller group or one to one rooms.

Champion roles have been introduced for key areas across the service, with the aim of the knowledge and information gained being passed along to other staff. This was a great opportunity for staff to get more involved in particular areas of support, delivery and development of the service that they have an interest in.

Staff had a very good awareness of how best to support people's health needs. We saw clear communication between the service and families in relation to people's health and wellbeing needs, with concerns being quickly picked up and passed on. Families told us that they were confident that staff have a good understanding of their loved ones health and wellbeing needs, and how this impacts on them day-to-day. A relative said, "There was concerns regarding x's peg feed recently, staff were good at feeding back their observations and actions they had taken throughout the day." Staff sought advice and support from healthcare professionals when there were changes in people's health.

The content of care plans was variable. Some contained good person centred and strengths based information, however, it was not always clear how support should be provided. It is important there is a link between the support plan (with measurable outcomes set), risk assessment, review and updating of the care plan. This has the potential to impact on the consistency of support and people's outcomes.

There were systems in place to ensure that medication was being managed safely and effectively, with clear guidance in relation to supporting with 'as required' medication. We were confident that medication was being supported safely.

People benefitted from their support being provided from a knowledgeable and skilled team. Where a specific need has been identified, training was provided to a small group of staff, however, it would be helpful to ensure that all staff are trained to ensure safe and consistent practice. There was a culture of continuous learning with high levels of training compliance.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The management team demonstrated their knowledge of the service, and a clear understanding of areas for development and improvement. They were very responsive to feedback throughout the inspection.

There is no current service development plan in place. We heard that the management were planning to re-institute this over the coming months, involving staff in the process. It would be good to explore creative ways of capturing feedback from service users, in ways that are meaningful to them.

Staff shared that they feel the current management team is approachable, and they are encouraged to share their ideas and give feedback on the service and this will be heard and acted upon.

There had been systems in place to check the quality of the service, however, from what we have observed, this has not been as regular and robust as it could be. It is important that there is audits in place for key areas such as care planning, medication, the environment, to ensure there is a consistent quality standard across the service. The manager requires to have a clear overview of the health and safety of the building and equipment used. Cleaning schedules and an up-to-date log of the equipment with service dates should be in place. It may be helpful to devise a quality assurance framework that details what key activities should be carried out, when, and by who. **(See area for improvement 1)**

We heard that currently the management team are exploring formats for staff competency checks which will be implemented across the service, giving assurance regarding staff practice.

Staff shared with us that although there has been improvements in supervision over the past few months, a number of staff haven't had supervision for sometime. Supervision records demonstrated good balance between discussion around workload, reflective practice and professional development.

Regular team meetings were in place, which staff appreciate having the opportunity to get together with their colleagues. It was good to hear of the upcoming developments, to use the sessions as meaningfully as possible.

The service has a small number of incidents. We saw that incident forms are completed online by staff, with debriefing and further actions required, then completed to prompt learning.

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include, but not be limited to:-

- a) development of a service improvement plan, identifying short, medium and long term service priorities. The plan should include contributions from staff, people supported and families, influence improvement actions and be reviewed regularly;
- b) the registered manager having complete oversight of the service, and ongoing key activities including information relating to people supported, audits, training, and health and safety of the service;
- c) quality audits and action plans including environmental, care planning and medication must be completed regularly and lead to the necessary action to achieve improvements; and
- d) systems for the delivering and monitoring of practice such as supervision and appraisal, and practice development are implemented in accordance with organisational policies.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support the personal and professional development of staff, the manager should ensure that supervisions and appraisals are being undertaken as per the organisation's policy. They should also ensure that support is given to supervisors to ensure that a consistently good standard of recording is maintained.

National Care Standards: Support Services - Standard 2 - Management and staffing arrangements.

This area for improvement was made on 2 February 2024.

Action taken since then

Supervision across the service has been increasing over recent months, however, due to changes in the management team, this has yet to be rolled out across all staff. Supervision that has been carried out, demonstrates a good balance between discussion about workload, personal and professional development.

An overview has been put in place to track supervision sessions planned and carried out, giving the registered manager a clear understanding of what has been done and when.

Senior staff have undertaken leadership and management qualifications to develop their skills in relation to leading and developing staff.

At this time, this area for improvement has not been met and will be incorporated into Area for Improvement 1, Key Question 2 "How good is our leadership."

Previous area for improvement 2

The manager should ensure that there are regular quality monitoring tasks undertaken to continually assess and review the standard of service being provided, and compliance with legislation and best practice guidance.

National Care Standards: Support Services - Care Standard 2- Management and staffing arrangements.

This area for improvement was made on 2 February 2017.

Action taken since then

There has been a number of changes to the management team over the past year. This has had an impact on the quality assurance activities that have been undertaken. Whilst the current management team have an awareness of what should be in place, there is a number of areas where this should be developed to ensure the quality of care and support is maintained, and the manager has a clear oversight of all of the key areas across the service.

This area for improvement has not been met, and will be incorporated into Area for Improvement 1, Key Question 2 "How good is our leadership."

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

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