

# Inspection report

## Falcon Day Centre Support Service

1 Falcon Crescent  
Ferguslie Park  
PAISLEY PA3 1NS

**Inspected by:** Daphne Ndlovu  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 15 May 2008

**Service Number**

CS2003017647

**Service name**

Falcon Day Centre

**Service address**1 Falcon Crescent  
Ferguslie Park  
PAISLEY PA3 1NS**Provider Number**

SP2003003388

**Provider Name**

Renfrewshire Council

**Inspected By**Daphne Ndlovu  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

15 May 2008

**Period since last inspection**

6 Months

**Local Office Address**4th Floor  
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## **Introduction**

Falcon Centre registered with the Care Commission in April 2002 to provide a day care service to a maximum of 60 older people. There were currently 172 older people accessing the service each day of the week. On the day of the inspection there were 52 service users in the service. Falcon Day Centre is owned and managed by Renfrewshire Council.

This purpose built centre comprising of several lounges, an activity room, hair dressing room, quiet room, laundry room, bathroom, toilets, kitchen and dining room, operates daily.

The centre aims to "help maintain people in their home and within their community for as long as this is possible and safe."

Based on the findings of this inspection the 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 4– Good

Quality of Management and Leadership - Grade 4 -Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

### **Before the Inspection**

The report was written following an announced inspection which took place on the 15th May 2008 between 9:30 and 16:00

### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission.

### **The Self-Assessment Form**

The service submitted a self-assessment form as requested by the Care Commission

### **Views of service users**

Fourteen service users were spoken with during the inspection. Further comments on the views of service users are detailed in this report.

### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations

and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection The inspection was carried out by two Care Commission Officers, Julia Bowditch and Daphne Ndlovu.

Evidence of the inspection was gathered from the manager, a senior day care officer and two day care officers on duty on the day of the inspection visit.

Evidence

During inspection, evidence was gathered from a number of sources including: discussion with service users and carers, a review of a range of policies, procedures, records and other documentation, including the following; supporting evidence from the up to date self assessment

Registration Certificate

Service user's personal plans

Staff rotas

Minutes of supervision

Individual development Plans

Infection control policy

Whistle Blowing policy

Staff training records

Training Plan

Records of accidents and Incidents

Complaints records

Staff meeting minutes

Minutes of Carers meetings

Audit reports

Operational Plan

Service specific Participation Pro forma

Observations were made of staff practices and interactions with service users. An examination of the environment and equipment in use was also carried out.

All of the above information was taken into account during the inspection process and is reported on.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

The inspection was based on the Quality Assessment Framework. This report reflects four Quality Themes appropriate to a Support Service:

- Quality of Care and Support
- Quality of the Environment
- Quality of Staffing
- Quality of Management and Leadership

Inspection Focus Area:

Notifications

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

### Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### Action taken on requirements since last Inspection

There were no requirements arising from the last inspection

### Comments on Self Assessment

A fully completed self assessment document was submitted by the service. It was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Quality Statements. The service identified its strengths and some areas for future development and gave evidence of service user involvement and how they planned to implement change. This information was sampled and used during the inspection process.

### View of Service Users

Service users were observed to be relaxed and at ease within the environment. When asked if they were happy at the centre, all gave a positive response. Comments made by a service user included the following:

'Staff are absolutely lovely and they are always eager to help.'

'We get asked what we like. We had small cards with simple questions asking us about what we liked and did not like in the centre'

'Staff are very helpful'

'I really look forward to coming to the centre; we get to do so many different things. Today we had a ti chi class.'

'It's magic'

'The centre is great, I would miss it if I stopped coming'

'If you don't like something, you tell them and they try and rectify it or else it goes to the committee.'

'It's excellent, I would give it 5 star, it's better than the Hilton'

'You couldn't get humans to do any better than what the staff here do'

'We get discussions in the centre where we talk about things we would like to do'

'Staff are very approachable'

'It would be good to see staff in uniform; I think people employed in a certain trade should have an identity.'

'We can put our suggestion forward through the focus group'

### **View of Carers**

While some of the carers were spoken with at the service during the inspection, others were contacted by phone. Comments made were:

'Staff will stick up for my dad at review meetings they will express his views where he may find it difficult to express them himself.'

'Staff are friendly, approachable and always very accommodating.'

'This place is a wee life line for my dad; if he didn't come here he wouldn't go out at all.'

'I don't think there is anything I would want to change in this place, my husband is so happy here.'

'My father can't speak highly enough of the place'

'If I were to give the place marks out of 10, I would give Falcon Centre 10 out of 10, it's absolutely perfect.'

'Nothing but the best is being done for him here, he has no complaints whatsoever.'

## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 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**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a very good performance by the service in relation to this statement.

The manager had developed a draft service specific participation proforma. One of it's aims was to continue to promote levels of participation by service users, cares and outside agencies via tried and tested methods like annual surveys, mini surveys, meetings, reviews and informal discussions.

The service had a client focus group. This was a structured group whose aim was to represent the views and opinions of the people who attend the centre. Members of the focus group were easily identifiable by badges. News of the formation of the focus group was publicised in the newsletter. Service users spoken with knew who the focus group representatives where. Some of the comments from service users spoken with were, ' We can put our suggestions forward through the focus group', 'We get discussions in the centre where we talk about things we would like to do', 'If you don't like something, you tell them and they try and rectify it or else it goes to the committee.'

Centre Activity meetings took place. These included both staff and service user representatives. Suggestions made by service users regarding activities were put forward to the activities planning group. Service users confirmed that things that had been discussed at meetings were always acted upon.

The service had carried out a carer's survey. Results of this survey were analysed and published. As a direct result of this survey, a carers group had been set up. Carers meetings were held on a regular basis.

Reviews involving the service user and their carers, took place annually. From the minutes of the review meetings that were sampled, it was clear that service users and their carers had an input in the individual's plan of care and support.

A keyworker system was in place. Service users spoken with knew who their keyworker was. Within supervision minutes that were sampled, there was evidence that keyworkers advocated for service users on different aspects of their care. One of the carers spoken with also confirmed this by saying, "At review meetings, staff stick up for my dad."

From reviewing the care plans, it was evident that staff used a person centred approach to support the individual service users for example, identifying the individual's likes and dislikes and also what is important to the individual

Information on advocacy services was displayed on the notice board.

#### **Areas for Development**

Although there was evidence of elements of service user participation, and the service had developed its own draft policy, the organisation did not have a participation strategy.

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

Quality Statement 1.1 5 - Very Good

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use a range of communication methods to ensure we meet the needs of service users.**

### **Service Strengths**

An examination of relevant documents and feedback from service users, service manager and staff spoken with, indicated a very good performance by the service in relation to this statement.

Individual's had personal plans. Communication needs were outlined within the personal plans. In some of the personal plans looked at, a care plan to address these needs was in place

Staff had undertaken dementia training, which included communication. Practice observed confirmed that staff knew the service users well and were aware of individual's communication needs.

The service had several notice boards where information on various issues pertaining to the organisation, the service, the community and other relevant bodies, was displayed. Examples of these were, the Service User Charter, the service's operating times, advisory services, notification of the inspection, and the current Care Commission report.

The service brochure was crystal marked for plain English. The keyworker system that operated within the service helped to improve and maintain communication.

Current service users at the Falcon Centre were fluent English speakers. The manager was aware of where she could access an interpretation service should the need arise.

### **Areas for Development**

Although the assessment form asked about the individual's communication needs, a care plan to address these needs was not always in place. The manager has agreed to ensure this is addressed so that the plan of care follows through the communication needs that have

been identified.

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

Quality Statement 1.4 5- Very Good

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading: 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**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a very good performance by the service in relation to this statement.

See Section 1.1 for further evidence to support this statement

Service users were consulted regarding their views on the environment. For example a question asked on the review monitoring form was, "do you find your surroundings clean, comfortable and well furnished?" Minutes of service user meetings showed that issues around the environment were discussed at the meeting. At one such meeting, service users put forward a suggestion that having a microphone in the service would be of some benefit. It was noted that a microphone had now been purchased and is being used.

The service uses the complaints system to highlight areas of improvement. Questionnaires returned from service users and from relatives are analysed and the results are published on the notice board.

### **Areas for Development**

The manager has agreed to further develop ways to promote carer/service user participation with regards to the environment

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

Quality Statement 2.1 5 - Very Good

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: The environment allows service users to have as positive a quality of life as possible.**

### **Service Strengths**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a very good performance by the service in relation to this statement.

The centre was purpose built and was suitable for disabled user. All rooms were on one level. These included sitting rooms, a large dining area, a sensory room and a reminiscing room. A hairdressing, bathing and chiropody service was also available within the centre. There was also a small shop where service users could purchase some basic requisites. Service users had been consulted about what they would like stocked in the shop.

The decoration around the centre was fresh and of a good standard. The centre was clean. Health and safety checks were undertaken regularly and records of these were kept. One of the service users spoken with made this comment, ' It's excellent, I would give it 5 star, it's better than the Hilton'

An infection control policy was in place. An examination of the staff training records confirmed that staff had undertaken training in infection control.

Risk assessments for the environment and individual risk assessments were in place. Service users/carers signed the risk assessments demonstrating that they had been involved in drawing it up.

### **Areas for Development**

Service users had commented about a draught coming through the main door especially noticeable while sitting in the dining area. The manager was aware of this and was currently looking at ways how to address it.

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

Quality Statement 2.3 5 - Very Good

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 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**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a good performance by the service in relation to this statement.

See Section 1.1 for further evidence to support this statement

All service users and carers spoken with were very complimentary of the service and the staff. They expressed confidence in them. Comments made included; ' Staff are absolutely lovely and they are always eager to help', 'Staff are approachable', ' You couldn't get humans to do any better than what the staff here do.'

Carer's views on staffing had been sought through carer surveys with questions such as, "Do you find staff supportive?"

From observations, it was clear that staff treated service users with dignity and respect. Staff spoken with demonstrated an understanding regarding service user involvement and their role in promoting it.

A recruitment policy was in place. Through the newsletter and service user/carer meetings, service users were informed of any staff vacancies. Through surveys, service users had recently been asked if they would be interested in getting involved in staff recruitment.

There were very positive comments about staff from students who had been on placement in the centre and also from a social worker who had clients in the centre. These included, " Staff knowledge and experience is impressive. They provide a holistic service to the service users." "Falcon Centre is an excellent resource for client care to allow older people to live in their own homes for as long as possible."

### **Areas for Development**

The Manager was considering ways in which the existing systems of quality assurance could be enhanced to further evidence service user and carer participation in the quality of staffing.

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

Quality Statement 3.1 4 - Good

### **CCO Grading**

4 - Good

### **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**

An examination of relevant documents and feedback from service users, service manager and staff spoken with, indicated a good performance by the service in relation to this statement.

Staff training records showed that 75% of the staff had attained a Scottish Vocational Qualification. Staff spoken with spoke of a supportive management and a service culture that is conducive to learning. Individual Development Plans were in place. Senior staff had Continuous Professional Development Plans in place.

Staff had received mandatory training and some service user needs led training such as dementia care, deaf awareness and visual awareness.

Staff were recruited following safer recruitment guidelines. Within the service, there was a very low turnover of staff. Staffing levels agreed with the staffing schedule agreed with the Care Commission

Staff spoken with stated that they felt valued and very much part of the team. Staff received supervision on a regular basis. Individual staff had received the Scottish Social Services Council Codes of Practice booklet. Staff were aware of their responsibility as far as the codes dictated.

Staff had access to, and were guided by Policies and Procedures and best practice guidance. Policies viewed including Whistle blowing, Protection of Vulnerable Adults and Child Protection.

### **Areas for Development**

The service should secure training for all staff in Protection of Vulnerable Adults (Recommendation 1)

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

Quality Statement 3.3 4 - Good.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

## Number of Recommendations

1

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 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**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a good performance by the service in relation to this statement.

See section 1.1 for further evidence to support this statement

The manager was committed to increasing service user/carer involvement within the life of the service. At one of their meetings, the senior team had discussed innovative ways of encouraging more involvement in service delivery from both service users and carers. A draft service Specific Participation pro forma had been developed to show this commitment. Regular consultation with service users and carers took place.

The service had been awarded Charter Mark

Through discussions with the manager, it was evident that she was aware of issues that were notifiable to both SSSC and Care Commission

Service users had been involved in the Best Value review which influences the strategic development of the service.

### **Areas for Development**

Although service users confirmed they had been informed about the inspection process and the gradings, there was no evidence to suggest they had been involved in the self assessment. The manager has agreed to ensure that service users and carers are involved in this process and in assessing and improving the quality of management and leadership of the service.

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

Quality Statement 4.1 4 - Good

### **CCO Grading**

4 - Good

### **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**

An examination of relevant documents and feedback from service users, carers, service manager and staff spoken with, indicated a good performance by the service in relation to this statement.

A range of Quality Assurance systems were place. Audits of systems within the service were carried out on a regular basis. The service was also involved in the organisation"s Best Value review in which representatives from the service where present.

The manager was aware of her responsibilities around notifications to the SSSC and to the Care Commission.

A robust complaints procedure was in place. Information advising on the Care Commission"s complaints procedure was displayed on the notice board

An Annual Report detailing what had been achieved in the previous year and what the service hoped to achieve in the current year had been produced by the unit manager

A statement of aims and objectives and a corporate plan of the organisation were in place

### **Areas for Development**

Although it was evident that staff advocated for service users, it was noted that, service users had no access to independent advocacy services.

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

Quality Statement 4.4: 4 - Good

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

**Enforcement**

There has been no enforcement action against this service since the last inspection.

**Other Information**

None

**Requirements****Recommendations**

The service should ensure that all staff are trained in the 'Protection of Vulnerable Adults.' National Care Standards for Support Services, Standard 2: Management and Staffing Arrangements.

**Daphne Ndlovu**  
**Care Commission Officer**