

# Inspection report

## 12 Dougall Court Care Home Service

12 Dougall Court  
Mayfield EH22 5PU

**Inspected by:** Jan Ferguson  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 29 February 2008

**Service Number**

CS2003011004

**Service name**

12 Dougall Court

**Service address**12 Dougall Court  
Mayfield EH22 5PU**Provider Number**

SP2003002580

**Provider Name**

The Link Group Ltd

**Inspected By**Jan Ferguson  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

29 February 2008

**Period since last inspection**

Nine months

**Local Office Address**Stuart House,  
Eskmills,  
Musselburgh,  
EH21 7PB  
Tel No: 0845 600 8335

## **Introduction**

Dougall Court is situated in the residential area of Mayfield. The Home provides support for five adults with learning disabilities and has been registered with the Care Commission since 1 April 2002.

The service provider is Link Living whose mission statement states: "Link Living is a listening, responsive organisation. We work in partnership with people providing a range of support services. We value people's strengths and capabilities helping them build the lives they want."

## **Basis of Report**

This report was written following an unannounced inspection which took place on 29 February and an announced feedback session with the manager on 20 March 2008.

This inspection was conducted as part of a small number of pilot inspections using the Quality Assessment Framework (QAF) as developed by the Care Commission. The Care Commission is using these pilot inspections to develop and improve the inspection process. Some pilot inspections may also be reported in a pilot report format. These developments form part of the Care Commission's Regulating for Improvement project and the Care Commission is grateful to this service for agreeing to take part in a pilot inspection.

### **The Annual Return**

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

### **The Self-Evaluation Form**

In respect of this pilot inspection the service submitted detailed QAF paperwork (self assessment) as requested by the Care Commission prior to the inspection.

### **Regulation Support Assessment**

This service was inspected 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 as a result. The inspection was then based upon the relevant Inspection Focus Areas and follow up of any recommendations and requirements from previous inspections, complaints or other regulatory activity.

### **During the inspection process**

#### **Staff at inspection**

Two Care Commission Officers

Staff on duty

The manager

#### **Evidence**

During the inspection the Care Commission Officers spoke with:

The manager  
Four members of staff  
Four service users.

The Care Commission Officers also looked at a range of policies, procedures and records including the following:

Staff training records  
Service users personal/support plans  
Risk assessments  
Incident records.

A tour of the environment was also carried out.

Inspection Focus Areas and associated National Care Standards for 2007/08.

In respect of this being a QAF inspection the following Quality Themes were looked at during the visit:

Quality of Life  
Quality of Environment  
Quality of Management and Staffing  
Quality of Management and Leadership.

Each quality theme has associated quality statements not all statements were inspected upon to reflect a low intensity inspection. The statements which were inspected upon are found within each quality theme in the body of the report. All quality statements relate directly to the National Care Standards.

The IFA's for this care home service were inspected at the previous announced visit and therefore were followed up at this inspection. They were protecting people, child protection (in adult services) and staff training plans.

The National Care Standards for Adults with Learning Disabilities were also taken into account in conjunction with the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

#### 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 in last Inspection Report**

There were no requirements identified in the last inspection.

#### **Comments on Self-Evaluation**

The service carried out a self assessment which detailed areas of strengths and developments for the service.

**View of Service Users**

Due to the communication difficulties of the service users it was difficult to ascertain their views on the service they were receiving. They were observed to be relaxed in their environment and interacting in a positive way with the staff.

**View of Carers**

As this inspection was unannounced there were no carers present on the day of the inspection who could speak with the Care Commission Officers.

## **Regulations / Principles**

**Regulation :**

**Strengths**

**Areas for Development**

## **National Care Standards**

### **National Care Standard Number 1: QAF Care Homes for people with Learning Disability - Quality of Care and Support**

**Strengths**

This report does not include comments on all statements in this theme. The statements inspected upon were:

- 1.1. We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.
- 1.3. We ensure that service user's health and well-being needs are met.

The service is run on the values of person centred working. Two staff have attended a course to become facilitators in training for person centred values which forms part of the induction process for staff.

There was evidence in the support plans that service users were offered choices. There was observation of staff offering a choice for breakfast.

A representative from Link Living facilitates a new "tenants association" which has been set up to engage service users in making decisions to improve the service.

The service has links with local healthcare services including G.P's, community nursing, psychology, psychiatry, dietician, and podiatry.

All permanent staff have had food hygiene training and a staff member is a qualified chef.

Menus are assessed using the "Hungry for Success" guidelines and service users were given choice at mealtimes.

**Areas for Development**

Management advised that the service would develop the recording of communication with service users and the outcomes. This will be reviewed at the next inspection visit.

Staff training records cannot easily be accessed on an individual basis. This was discussed

with the manager who had identified that individual records would be progressed.

The service does not provide a policy and procedure with regard to Nutrition. See Recommendation 1.

The planned provision of bereavement training for staff should be completed. This issue will be reviewed at the next inspection visit.

## **National Care Standard Number 2: QAF Care Homes for people with Learning Disability - Quality of Environment**

### **Strengths**

This report does not include comments on all the statements in this theme as not all statements were inspected upon at this visit. The statements inspected upon were:  
2.1. We ensure that service users and carers participate in assessing and improving the quality of the environment within this service.

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

Service users have participated in decisions to improve the environment of the home in recent renovations to the service.

The service provider has a wide range of policies and procedures including health and safety. The organisation has a designated Health and Safety Officer.

All service users have an occupancy agreement with words and pictures which outlines what can be expected from the service provider.

The service links with the community learning disability team and a psychologist to manage and reduce incidents involving challenging behaviour. Guidelines were observed to be in place.

Staff spoken with considered staffing levels to be adequate which was confirmed by the manager.

Service users have access to external advocacy if required.

### **Areas for Development**

Management advised that a feasibility study was being undertaken to look at replacing Dougall Court with a purpose built facility. Management advised that service users would be involved in any future developments.

Management identified that risk assessments of the building should include recorded risks for service users

There is currently no audit of incidents undertaken by the service provider. See Recommendation 2.

## **National Care Standard Number 3: QAF Care Homes for people with Learning Disability - Quality of Staffing**

### **Strengths**

This report does not include comments on all the statements in this theme as not all the statements were inspected upon at this visit. The statements inspected upon were:

3.1. We ensure that service users and carers participation in assessing and improving quality of staffing in the service.

3.4. We ensure that everyone working in the service has an ethos of respect towards service users and each other.

The service provider maintains adequate staffing levels to respond to the needs of the service users. This includes extra staff hours being provided during the summer to enable service users to have outdoor activities in the evenings.

Daily issues are recorded in a diary for communication purposes.

The service has a confidentiality policy

Link Living has a "service user involvement Officer"

The manager advised that the ethos of the home is to strive for a "family atmosphere." The atmosphere in the home was observed by the CCO's to be relaxed.

### **Areas for Development**

There is limited space for confidential discussions and the room adjacent to the front door was unable to function as it was observed to be full of equipment.

## **National Care Standard Number 4: QAF Care Homes for people with Learning Disability - Quality of Management and Leadership**

### **Strengths**

This report does not include comments on all of the statements in this theme as not all the statements were inspected upon at this visit. The statements inspected upon were:

4.1. We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

4.4. We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Link Living as an organisation has an Investors in People Award.

Service user involvement was part of the Service Provider's business plan and annual review.

Staff have the opportunity to provide a 360 degree feedback on the manager and service manager.

The manager has appropriate qualifications to register with the Scottish Social Services

Council.

### **Areas for Development**

Management advised that there would be further development in service users involvement in improving the quality of management and leadership. A review was recently undertaken of the support provided but only one service user agreed to become involved.

Management advised that the service would be looking for approved quality assurance models to evaluate the service. This will be reviewed at the next inspection visit.

**Enforcement**

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

**Other Information**

The following was a recommendation in the previous inspection report:

" It is recommended that there is a system in place to record that all staff have read and are aware of any new policies and procedures that are provided by the service."

This has been met.

**Requirements**

There were no requirements identified at this inspection.

**Recommendations**

1. It is recommended that the service develops a policy on food, fluid and nutrition. National Care Standards for People with Learning Disabilities. Standard 13.1.-13.4, 13.9,13.10.
2. It is recommended that the service implements a system for auditing accidents/incidents. National Care Standards for People with Learning Disabilities. Standard 4.2.

**Jan Ferguson**

**Care Commission Officer**