

Kalisgarth Day Centre Support Service

Kalisgarth Care Centre
Pierowall
Westray
Orkney
KW17 2DG

Telephone: 01856 871 134

Type of inspection:
Unannounced

Completed on:
22 October 2024

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2007154807

About the service

Kalisgarth Day Centre operates from a purpose-built care centre. Other parts of the service include six self-contained flats and accommodation for one respite stay. Two additional bungalows are located to the rear of the core building.

The service is located in the village of Pierowall on Westray, a northern Orkney island. Individuals living in the flats/bungalows or attending for respite can attend the day service where they have opportunities to socialise with people from the wider community.

Kalisgarth focuses mainly on providing care for older people, but it also addresses the needs of the whole community, providing support for people with a physical or learning disability.

The aims of the service are to meet the assessed, social care needs of service users and tenants in a professional, courteous and confidential manner. Staff will work with service users to maintain their independence and will respect their dignity and privacy at all times.

The service supported elderly and vulnerable people to sustain and develop their independence, by the provision of a range of services.

The day service operated on a Monday and Wednesday, six people were being supported at the time of inspection. Two people attended the day centre during the inspection.

About the inspection

This was an unannounced inspection which took place on Monday 14 October 2024 and Tuesday 15 October 2024, between the hours of 09:00 and 17:30. The inspection also included remote work on 16, 17 and 18 October 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. Prior to the inspection, we issued care questionnaires and received one response from an individual supported.

In making our evaluations of the service we:

- spoke with two people using the service and one of their family members
- spoke with three staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- The staff team were committed and knew people well.
- The staff team were working well together to promote a positive experience for individuals.
- People had access to a range of activities and local community links based on their preferences.
- Quality assurance processes had been embedded into the service.
- Contingency measures were in place to ensure hot meals were provided until a cook was recruited.

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
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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.

People's health and wellbeing should benefit from their care and support. We observed a small team of dedicated and compassionate staff who clearly cared for the people they supported. Interactions and engagements we witnessed and heard about, confirmed that staff treated people with compassion, dignity and respect. One person told us "the staff are A-class, they do whatever they can for me". This helped to make people feel valued.

Staff responded to changes in health and wellbeing and liaised with external health professionals, when required. This included following adverse events whilst attending the day centre, such as falls. This helped to keep people well. If individuals did not attend the service, as planned, staff kept in touch with them or their family. Staff escorted people to and from the day centre by mini bus. Staff ensured that individuals were comfortable and had everything they needed prior to leaving.

People benefited from access to a varied and well-balanced diet. The service provided a hot meal at lunchtime. Due to recruitment difficulties within the local area, the service had a vacancy for the chef position. The service had introduced contingency measures, working with local businesses or schools to have a selection of hot food delivered when the day centre was operational. Individuals were able to share their views. On the day of the inspection, food appeared to be well presented and individuals enjoyed the experience.

Medication support was limited due to the needs of those attending the service. The service had clear and concise processes in place, should individuals require this support. This also included information regarding as required medication.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to establish and maintain relationships with individuals supported by other elements of the service. People appreciated this and the opportunity to be involved in the wider community. The activities available were varied. These included accessing the local community, intergenerational opportunities, daily activities, quizzes, music and arts based activities. People enjoyed these and attendance helped keep people connected. One person told us "I enjoy the mixture of different activities, I particularly enjoy the different quizzes as I find these fun". During the inspection we observed staff supporting individuals to make a local cake recipe. Although we witnessed individuals being fully involved in decision making regarding activities on offer, we asked the service to review the way in which these were advertised. The service had plans in place to strengthen this area.

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 service was supported by a registered manager who worked part time. This caused some anxiety for individuals supported and the staff team. During the inspection process, we were reassured that plans were being explored to review the management support within the service. This would provide additional support for those using the service and the staff team.

People should benefit from a culture of continuous improvement. A range of quality audits had been completed, including personal planning, medication management, daily safety checks and individuals experiences. Appropriate action plans had been developed where needed. Guidance was provided to staff when things had not met the expected standards, such as personal plans. A previous area for improvement has been met.

Quality audits informed a service improvement plan. This demonstrated what the service had previously achieved and what they hoped to achieve in the future. The service had altered the format of the plan to make it more accessible for individuals. This format, although positive, made it more difficult to keep the plan updated. We shared some ways in which this could be achieved. The manager was keen to take this forward. The manager had commenced a self-evaluation of the service to assess what was working well and gather evidence to plan future developments.

The manager maintained an overview of accidents and incidents. A lesson learned approach helped ensure learning was taken from unplanned incidents. Although there had been no complaints received by the service this year, a system was in place to evidence actions taken in response to any future complaints or concerns.

How good is our staff team?

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.

Staffing arrangements were determined by an assessment of people's care needs. The service was planning to change the staffing assessment tool but there was some work to be undertaken to ensure that the scoring was accurate.

People should have confidence that the people who support them are trained, competent and skilled. One person told us "the staff are wonderful from the minute they call for me". A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. The staff team engaged with the training provided. Training was relevant and helped staff meet the needs of people they support. Due to the location of the service, staff previously had to travel to Kirkwall for face to face training. In response to feedback from staff the provider was developing plans for trainers to attend the service. Some training had already been delivered such as "Care about Physical Activity" and dementia training. A previous area for improvement has been met.

Feedback from staff indicated that the staff team felt that they worked well together. Informal peer support had resulted in an improved staff morale within the service.

It is important for staff to have protected time with their line manager. This ensures that staff are able to have the time and space to share what is working well for them and what could be improved. The supervision process was focussed on a group approach. We discussed this with the manager who was keen to develop the one to one supervision process. This would ensure staff felt listened to.

How good is our setting?

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 layout of the environment meant people could move around easily. This promoted individuals' independence. The environment was clean, tidy and clutter free. The service benefited from different spaces where individuals could spend their time. This included a large lounge room with adjoining dining area, smaller living room and reception area. Room dividers meant that the space could be adapted as required to support privacy and choice. People benefited from a well maintained and accessible large garden area to the front of the building. This had recently been upgraded to include a community garden element.

We shared some examples where the environment would benefit from redecoration. We were reassured that this had been identified by the manager and staff within the service. Plans were being explored as to the best way to complete this work. This would enhance the environment for those accessing the day centre.

Records confirmed that equipment checks were being completed routinely. This included external safety checks and also weekly checks by the staff team.

How well is our care and support planned?

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.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans and accompanying risk assessments were written in a person-centred way. We received mixed feedback regarding the involvement of individuals in the personal planning process. We asked the management team to monitor this area. It is important that individuals are central to this process to ensure that people get the right support for them.

It is important for services to keep clear and accurate records on care delivery and what these mean for individuals. The service completed documentation regarding what individuals had been involved in during their time at the day centre and what this meant to them. This helped to demonstrate how people benefited for their time at the service.

The service had an overview of six-monthly reviews that had taken place and those planned. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support. The service had systems in place to seek the views of individuals and those closest to them prior to the formal review. Some of these reviews had passed the scheduled date. There was a plan in place to rectify this.

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

In order to ensure that people have confidence in the staff supporting them, the provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, training in adult protection and dementia care.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 6 June 2023.

Action taken since then

As reported within key question 3 "How good is our staff team", staff engaged with the training provided. There was a blended approach to training with some being online and others face to face. Staff spoke positively about the face to face training they received over the summer months. The service was keen to offer further face to face training on Westray. This was welcomed by the staff team.

This area for improvement has been met.

Previous area for improvement 2

The provider should fully embed quality assurance processes across the operational arrangements of the service and use these to monitor, measure and improve the quality of care and support and outcomes of the people using the service.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 10 October 2019.

Action taken since then

As reported in key question 2 "How good is our leadership?", the service had continued to introduce quality assurance processes in the service. This included personal plans and medication practices. These quality audits had resulted in improvements to areas such as personal planning as the service had identified that these required to be presented in a more structured way.

This area for improvement has been met.

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
1.3 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
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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