

CLACKMANNANSHIRE COUNCIL

Report to Scrutiny Committee of 20 November 2008

Subject: Quality Report of the Management Review 2008 for Ludgate Resource Centre and Menstrie House

Prepared by: Janice Young, Team Leader and Louise Barker, Team Leader

1.0 SUMMARY

- 1.1. This report contains a review of the Quality Management Systems in operation in both Ludgate Resource Centre and Menstrie House Care Home for older people in Clackmannanshire. This is a requirement of the ISO 9001:2000 standard maintained in both of these provider services.

2.0 RECOMMENDATIONS

- 2.1. Committee is asked to note the achievements and actions for continuous improvement for Ludgate Resource Centre and Menstrie House.

3.0 BACKGROUND

- 3.1. For any organisation to operate effectively, it has to be committed to ensuring quality standards and have a system for delivering a quality service that is measurable. Ludgate Resource Centre and Menstrie House have together achieved and maintained ISO 9001:2000 accreditation for some 10 years and a vital aspect of this is the regular review of all systems operated within the service to ensure continuous improvement.
- 3.2. The Annual Quality Report is produced in consultation with service users, their carers and professional colleagues in order to review the achievements of the service and produce an action plan for future service delivery objectives. Recommendations raised in Care Commission inspections have also been included in this report to ensure their incorporation into the quality system. This is a key process in meeting ISO 9001:2000 standards. The Quality report is attached for information.
- 3.3. The report includes progress on the Action Plan developed from the 2007 report and shows good progress in all areas. Recommendations from this report will be taken forward over the coming year.

4.0 CONCLUSIONS

- 4.1. The key findings reflect the continuous improvement in service delivery when users are actively consulted in the development of needs led services.
- 4.2. New methods of inspection and grading by the Care Commission have been reflected in this report, with the published grades awarded to both Ludgate and Menstrie House by this body. Each area has been graded either as good or very good and the report demonstrates real positive progress.
- 4.3. Key achievements reflected in this report include the completion of the en-suite project in Menstrie House, as well as improved methods of consulting and informing service users.

5.0 SUSTAINABILITY IMPLICATIONS

- 5.1 The sustained focus on performance within older peoples service's assist the Council in meeting its efficiency targets and enables the best use of available resources.

6.0 FINANCIAL IMPLICATIONS

- 6.1. There are no immediate financial implications for the Council, as existing services are met from current budget.

6.2. Declarations

- (1) The recommendations contained within this report support or implement Corporate Priorities, Council Policies and/or the Community Plan:

- **Corporate Priorities (Key Themes)** (Please tick ☒)

| | |
|---------------------------------------|--------------------------|
| Achieving Potential | <input type="checkbox"/> |
| Maximising Quality of Life | <input type="checkbox"/> |
| Securing Prosperity | <input type="checkbox"/> |
| Enhancing the Environment | <input type="checkbox"/> |
| Maintaining an Effective Organisation | <input type="checkbox"/> |

- **Council Policies** (Please detail)

- **Community Plan (Themes)** (Please tick ☒)

| | |
|--------------------------------|--------------------------|
| Community Safety | <input type="checkbox"/> |
| Economic Development | <input type="checkbox"/> |
| Environment and Sustainability | <input type="checkbox"/> |
| Health Improvement | <input type="checkbox"/> |

| | | |
|-----|---|--------------------------|
| (2) | In adopting the recommendations contained in this report, the Council is acting within its legal powers. (Please tick <input checked="" type="checkbox"/>) | <input type="checkbox"/> |
|-----|---|--------------------------|

| | | |
|-----|---|--------------------------|
| (3) | The full financial implications of the recommendations contained in this report are set out in the report. This includes a reference to full life cycle costs where appropriate. (Please tick <input checked="" type="checkbox"/>) | <input type="checkbox"/> |
|-----|---|--------------------------|

Head of Service

Director



Report to Scrutiny Committee

To accompany all Reports to Scrutiny Committee

To: Head of Administration And Legal Services

Author: Janice Young, Team Leader, Ludgate House and Louise Barker, Team Leader, Menstrie House

Date:

Service: Services to People, Social Services

Date of Meeting: 20 November 2008

Title of Report: Quality Report of the Management Review 2007 for Ludgate Resource Centre and Menstrie House

Recommendation that the attached report be:

1. Given unrestricted circulation

| |
|---|
| ✓ |
| |

(tick appropriate box)

2. Taken in private

By virtue of paragraph ____ of schedule 7A, Local Government (Scotland) Act 1973.

Appendices attached to this report (if none, state "none")

1. Quality Management Report 2008

2.

3.

4.

List of Background Papers (if none, state "none")

1.

Note: All documents specified must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered.

QUALITY REPORT OF THE MANAGEMENT REVIEW 2008

Ludgate Resource Centre and
Menstrie House

August 2008

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1 INTRODUCTION

This report focuses on the review of the quality management system used by Clackmannanshire Council Services for Older People to ensure compliance with quality standard ISO 9001:2000. The review assesses opportunities for improvement and identifies changes to the quality system, while ensure that objectives and targets are both met, and set for the forthcoming year.

The report also links to the findings of the Care Commission Inspection process, recording both achievements and recommendations for improvements. This is reflected in the action plan. It is notable that wide scale change has been initiated by the Care Commission in order to improve how services are inspected and continuously improved. This has included the introduction of a grading system for services. These changes will be reflected in this report and will inform methods of future reporting.

2 ACTION PLAN FROM 2007 REPORT

| RECOMMENDATION | WHEN BY | ACTION TAKEN | DATE AND SIGNATURE |
|---|----------------|--|--|
| Further consideration should be given to improving methods of consultation with service users. Questionnaires should be developed which reflect a person-centred approach. | January 2009 | Changes to Care Commission inspection process have super-ceded this. Work is progressing in this area and will be reflected in this report for further action. | Partially met - expected to be fully met by March 2009 |
| A child protection policy should be devised which refers to the safety of children visiting older peoples services | September 2008 | New policy produced and issued. | August 2008 |
| The restraint policy should be revised to include reference to individual restraint assessments and staff should receive training in methods of restraint. | August 2008 | Restraint policy has been revised and issued. Developed restraint assessment forms which require to be introduced with staff training. Four senior staff trained as TMAV trainers and in-house training for all staff is on-going. | Partially met - will be fully met by December 2008 |
| Further work is required to improve the way information is stored on the Portal link while improved systems should be developed for referral from the Community Care Teams. | August 2008 | New form developed for referral process in May 2008 which is electronically generated. QMG have met with IT link for Social Services to continue this area. All procedures and forms are now available on G-drive for staff to access. | May 2008 |
| Contracts for all Older People's services should be developed | August 2008 | Guidance sought from Care Commission. Will carry forward for recommendation for 2008/09 | Partially met - will be met by March 2009 |
| The use of agency staff to support the relief pool should be monitored along with future budget position. | April 2008 | This has been monitored. Budget largely un-affected by occasional use of agency worker. Difficulty met has been in regard to quality of agency. This will be reflected in full report. | April 2008 |
| A training plan which reflects the aims and objectives of the service and takes account of service user needs should be developed. | December 2007 | A training has been devised to cover statutory and refresher training. | December 2007 |

3 CARE COMMISSION QUALITY ASSESSMENT FRAMEWORK

For the inspection year 2008-2009, the regulatory body, the Care Commission has completely changed their methods and systems for inspection. Services are now expected to complete a self-evaluation document called the "Quality Assessment Framework" which enables services to consider how well they are performing under 4 focus areas: Quality of Care and Support; Quality of Environment; Quality of Staffing, and Quality of Management. Under these inspection standards, services must produce evidence of having actively sought to improve their standards, assessing themselves under grades which range from 1 (Unsatisfactory) to 6 (Excellent). The inspection process as then set by the Care Commission examines this self-assessment, and further grades each service accordingly.

To meet this change in the inspection process, it was necessary for Older People's services to consider these areas, and to report on these to fulfil the requirements of the Quality Assessment Framework. This statutory change has had a positive impact on methods of consultation and participation, and will be further explored throughout this Annual Report. In completing the QAF however, it was also recognised that improvements could be made for the future by revising the management of the ISO 9001:2000 quality system. The main area in which improvements could be made is in the Annual Reporting structure. Future internal reports will be collated and published between January - March each year, enabling the service to be more pro-active in identifying focus areas for improvement each year. By doing so, the ISO reporting structure will then inform the completion of the QAF for the Care Commission which is expected to be returned annually prior to announced inspections. This area for improvement will be included in the recommendations of this report.

Announced inspections were carried out in all services during May and June 2008 by the Care Commission. Feedback from all of these inspections was positive with regard to all inspection focus areas. The following recommendations/requirements and grades were published in finalised inspection reports:

Day Care:

| Quality | Section | Grade | Meaning |
|---------------------------------------|----------------|--------------|----------------|
| Quality of Care And Support Statement | 1.1 | Grade 4 | Good |
| | 1.6 | Grade 5 | Very Good |
| Quality of Environment | 2.1 | Grade 4 | Good |
| | 2.4 | Grade 5 | Very Good |
| Quality of Staffing | 3.1 | Grade 4 | Good |
| | 3.3 | Grade 5 | Very good |
| Quality of Management/Leadership | 4.1 | Grade 4 | Good |
| | 4.4 | Grade 5 | Very Good |

No requirements were raised for this part of the service. Four recommendations were raised which reflected the areas raised internally through the Quality Assessment Framework.

Respite:

| Quality | Section | Grade | Meaning |
|---------------------------------------|---------|---------|-----------|
| Quality of Care And Support Statement | 1.1 | Grade 4 | Good |
| | 1.3 | Grade 4 | Good |
| Quality of Environment | 2.1 | Grade 4 | Good |
| | 2.4 | Grade 5 | Very Good |
| Quality of Staffing | 3.1 | Grade 4 | Good |
| | 3.4 | Grade 5 | Very good |
| Quality of Management/Leadership | 4.1 | Grade 4 | Good |
| | 4.3 | Grade 5 | Very Good |

One Requirement was raised for this part of the service:

"All service users healthcare needs require to be identified and a care plan developed on how these needs will be met and supported by the service. Changes in care must be documented and the care plans must reflect these changes." This will be reflected in the action plan of this report.

Seven recommendations were made from this inspection - most of which had been raised as part of the Quality Assessment Framework. Areas not previously identified referred to improving the level of health care good practice information available to staff, and the consideration of local policies on health care needs. Good practice information has been made available to staff, while the local Policy Group will consider the need for a Health Care Policy.

Menstrie House

| Quality | Section | Grade | Meaning |
|---------------------------------------|---------|---------|-----------|
| Quality of Care And Support Statement | 1.1 | Grade 4 | Good |
| | 1.2 | Grade 4 | Good |
| Quality of Environment | 2.1 | Grade 4 | Good |
| | 2.3 | Grade 4 | Good |
| Quality of Staffing | 3.1 | Grade 4 | Good |
| | 3.2 | Grade 5 | Very good |
| Quality of Management/Leadership | 4.1 | Grade 4 | Good |
| | 4.4 | Grade 5 | Very Good |

No requirements were raised for this part of the service. Two recommendations were raised including consultation which is reflected in the areas raised internally through the Quality Assessment Framework and to improve the garden areas and this has been raised separately with the contractors.

4 RESULTS OF SERVICE USER/CARER CONSULTATION

Menstrie House

Early in 2008 small groups of service users met with staff to look at the 4 areas of the Care Commission Quality Assurance Framework. This was to gain feedback, specifically on these areas to inform the self assessment document prepared for the Care Commission prior to inspection. Since then a more formal Service User Forum has been established, with a group of 8-10 service users meeting regularly to discuss various topics relating to the management of the home and their care.

Topics discussed so far have included Food and Menu Planning, Activities and Outings, Life Story Books and Recruitment and Selection of staff. This has enabled service users to have the opportunity to give feedback on important areas of their lives in Menstrie House. Lively discussion has taken place and various suggestions have been taken forward for example the development of a service users panel at recruitment interviews. Service users have requested that these sessions are led by the Team Leader with the support of the Activity Co-ordinator. Minutes of the meetings are produced and made available to all those who attend. Future items planned for meetings in consultation with service users are: inviting the cook to a service user forum and a talk for service users by Forth Valley Advocacy Services.

The wider consultation continues to take place to include all service users in the form of consultation through the use of communication books. Agendas are set in the communication books, which are specific to individual living areas within the home.

Monthly newsletters recently have been introduced using Microsoft Publisher to produce user friendly and colourful information for service users and their families. This is an additional method of ensuring all service users are aware of the outings, activities and services available within and out-with Menstrie House. Information is included on items such as staff changes, forth coming events as well as reviews of recent events. It is hoped to further develop the news letter by the inclusion of photographs .

Over the past year a regular OTAGO exercise programme has been introduced in Menstrie House. This is a programme developed with a range of exercises designed to reduce the incidence of falls in older people. This has been well attended by a group of 8-10 service users. Feedback for service users has been that while it can be difficult and challenging at first it is very enjoyable.

Feedback from service users with regard to outings and activities have led to a various new outings being organised. Service users particularly enjoyed a "train spotting trip" to see the opening of the new railway line from Alloa to Stirling and following on from this a group of service users enjoyed a day out to Glasgow on the train with lunch in George Square.

Work is in progress to develop a questionnaire for service users to comment on the service they receive. It is hoped that this will be developed in a manner which is compatible with the "Talking Mats" communication method for people with communication difficulties such as dementia.

Service users remain complimentary of the care they receive and this has been reflected in the Care Commission Inspection Report.

Ludgate Resource Centre

Day Care - Service user involvement and participation has been promoted in the past year via service user focus groups. These groups have considered activities and outings, becoming involved in the decision making process to arrange these events. Outings have included trips on the Seagull Trust Barge at the Falkirk Wheel, and for meals in Aberfoyle and Kirkcaldy. Entertainment has also been provided by local singing groups along with a continued relationship with local primary schools.

In order to gain views of service users for the purposes of the Care Commission Quality Assessment Framework, forums were held over a period of one week in April 2008 in order to discuss the new methods of inspection being introduced, and to consider the quality statements of the QAF. Overall, 71 service users were involved in this exercise. Comments expressed regarding the Quality of Care and Support were largely complimentary, with a general feeling that staff treat service users with respect, and offer choices of activities, meals etc. Feedback regarding the quality and range of foods offered in the menu's was also very positive, with one service user commenting that "The food here is as good as Gleneagles, and I have eaten in Gleneagles!"

Several service users did express an interest in joining new activities to do Lifestory Work, and this is an area which is being pursued by staff as a result of this. Others asked questions relating to how staff are recruited and selected, leading to a group being found who had an interest in learning more about this, and offering to be part of the recruitment panels when interviews are under-taken.

With regard to the Quality of the Environment, service users questioned were positive about the decor and layout of the service. One service user commented on how she is disappointed that some of her fellow users, leave cigarette ends on the ground of the designated smoking area outdoors, but otherwise, feedback on the standard of the garden and surrounding environment was very positive.

When questioned about the Quality of Staffing and Management of the service, service users expressed confidence in the staff, who made them feel welcome, and indeed were "like friends." One service user did express that she felt that staff often looked "very busy", but when asked to elaborate on this, she did not feel that the service was under-staffed, just that it would be nice to see staff getting more of a hand at busy times. Most service users were aware that they could complain if they were unhappy with anything in the service, although one user expressed that "life is too short to complain." Others said that they simply had to ask staff, and whatever they required would be met.

Service users were aware of the rehabilitation services available within Ludgate House and the possibility of seeing a physiotherapist or occupational therapist while at Day Care. Some users were also involved in the development of the Falls Prevention programme - OTAGO, and were very positive about the improvement this had made to their physical well-being. Others expressed that they would like to see other services relating to their healthcare being offered within the Day Service. This is an area which may be explored in the coming year with the opening of a new community hospital in Sauchie, where joint working relationships should continue to develop.

During this consultation exercise it became apparent that more work was required to meaningfully engage with individuals who have communication difficulties or illness. Methods such as "Talking Mats" have been effective within the Respite Service (discussed below), and it is recommended that this be developed further within specialist areas of the Day Care Service.

The benefits of continued consultation is welcomed for the improvement of the service, and will be developed further over the coming year to meet the recommendations of this report and for the benefit of the Quality Assessment Framework.

Respite - Service users have the opportunity to engage with the service during the assessment and support planning process to ensure that services are offered in a person-centred way. A questionnaire is available for all service users to complete at the end of their stay which has been devised to ask measurable questions which can gauge quality of service delivery. Comments received in these questionnaires are very positive with regard to the quality of environment and service offered. Over the past year, constructive suggestions regarding the offer of more choice of fruit and access to the library service have been actioned.

Over the past year, considerable work has been done to improve the engagement process, using "Talking Mats" with service users who otherwise would have difficulty expressing their views of the service. This is a pictorial method which allows users to indicate which picture best describes their view or feelings, and has been used to good effect, giving staff an anecdotal, but meaningful gauge of how effective the service is at meeting people's needs.

During the collation of evidence for the Care Commission Quality Assessment Framework, service users of the Day Service who also use Respite, were questioned about how they found their stay under the 4 inspection themes. Feedback relating to the Quality of Care and Support offered within respite was again very positive, with a very high standard of care being evidenced by the service users. The standard of accommodation was also seen to be very high, while feedback regarding the Quality of Staffing and Management was regarded to be excellent. These views were reflected in the Quality Assessment Framework supplied to the Care Commission.

Over and above this, feedback is also received in the Respite Service in the form of cards, letters and comments added to the Comments Book held in the reception area of the service. These comments often compliment the quality of care received by service users of respite.

Access to joint services such as the area Rehabilitation team (REaCH) of NHS Forth Valley is also part of the Respite Service, with users able to receive this care while on a respite break. This is a service which is largely welcomed by those who use the Respite Service.

It is notable here, that due to the nature of respite i.e. users stay for only limited periods of time whether on several occasions, or as a one off, it can be difficult to meaningfully engage with service users to have a major impact on operational processes. This is an issue which local Care Commission Officers have commented upon, and adds to the challenge of effective engagement. It is recommended in this report that the service continue to develop systems and processes of engagement for the Day Care Service, wherever possible including Respite Care in this process. Those service users who access both services can be utilised to gain feedback on both areas. It is also recommended that in developing newsletters and further questionnaires, the Respite Service should be included in this wherever possible.

Carer Involvement

In order to gain the views of how the carers/relatives of service users may like to become involved in the services, a brief consultation questionnaire was sent out to all carers in both Ludgate and Menstrie House. This questionnaire sought to find out if, how often and by which means, carers would like to be consulted by the service. Suggestions of focus groups, forums, open events and newsletters were put to carers, with the question of how they themselves could become involved if they so wished.

There was a relatively good response to this questionnaire, with most carers saying that they would like to attend open events, and that they would see the benefit of receiving a newsletter regularly. Very few carers were in a position however, to offer any support in developing such ventures or

running any groups. At the time of producing this report, newsletters have been produced for the past 3 months in Menstrie House, and an Open Evening has been arranged. In Ludgate, the first edition of a newsletter is expected to be completed by late September, and following consultation with service users, an Open Week is planned for the first week of December. It is anticipated in this report, that these methods of carer involvement will develop over the coming year. The production of carer questionnaires early in 2009 would be recommended in order to improve this further.

5 RESULTS OF PROFESSIONAL COLLEAGUES AND UNIT STAFF CONSULTATION

Menstrie House

In order to involve staff in the Quality Assessment Framework, consultation groups were held to consider the Care Commission themes for inspection during April 2008. This consultation took the form of small focus groups meeting to look at the four main areas of the QAF. In terms of care and support staff felt they developed good relationships with service users and carers to enable individual care planning to take place. Staff were willing to share information with one another to ensure continuity of care. Staff felt there were good opportunities for service users to become involved in activities, key dates such as birthdays were celebrated with staff commenting that this "makes people feel special". Health Care, staff felt was a top priority and with good support from G.P's and District Nurses. However they felt both service users and staff would benefit from greater support from the NHS 24 Out of Hours Service and the Community Mental Health Teams.

In terms of the environment staff felt the new fencing had allowed service users greater access to the gardens. They felt the new facilities and conservatories were enjoyed by service users and service users had enjoyed being involved in choosing the colour schemes for the lounge areas.

With regard to the quality of staffing and management staff felt it was important that service users were involved in the recruitment and selection of staff. One staff member commented that "it could be disempowering when people come into care so being involved and having opinions valued can help self esteem". Following training sessions staff were aware of Adult Protection Guidelines and felt able to raise concerns if necessary. Staff felt there was good access to training and this was relevant to their position. Overall staff felt the level of training received was a strength of the service and that "everyone does their best to work as part of a team and support each other".

During the consultation process and as part of the Care Commission, the manager and the Care Commission Officer spoke to various professional colleagues for feedback. The local minister commented that she likes to come into Menstrie House as everyone is friendly and welcoming and was appreciative of the lack of odour. District Nursing staff who spoke to the inspector were very complimentary of the care, they were impressed that the Liverpool Care Pathway for end of life care had been introduced.

It is planned as part of our improved consultation framework to reintroduce a yearly questionnaire for visiting professional.

Ludgate Resource Centre

Staff have been involved and consulted over the past year in developing activity programmes within the service as well as to gain their views on the development of joint services with NHS Forth Valley. In order to involve staff in the Quality Assessment Framework, consultation groups were held to consider the Care Commission themes for inspection during April 2008.

During this exercise, staff expressed confidence in the standard of care provided in both Respite and the Day Service of Ludgate House, while they felt that a key strength was the community relationships they have with service users. This enabled staff to feel they had good job satisfaction in working for social care services in Clackmannanshire.

When consulted on the quality of staffing and management, staff again felt that there were good team relationships. Staff in Respite felt confident in giving and receiving feedback with one another, although staff in the Day Service felt that there are times when tools such as questionnaires could help

them in expressing their views. It was agreed that questionnaires should be developed to provide a method of consultation with staff in order to improve this.

6 RESULTS OF THE PROPERTY MAINTENANCE INSPECTION OF THE BUILDING

Menstrie House

The en-suite building programme was completed in January 2008. This overall has had a significantly positive impact on the quality of accommodation for service users. The new rooms are bright and modern and the en-suite facilities have enhanced the privacy and dignity of service users. In addition to this at the end of this programme all the existing lounge areas were redecorated and recarpeted bringing the whole home up to a good standard of decoration. Service users were involved in choosing the colours for the walls and carpets and property services worked hard to ensure minimal disruption took place. It is planned to replace the carpet in the activity area during September 2008.

There are still a small number of issues still to be resolved with the heating system and talks between property maintenance and the building contractors are on-going. Some of the flooring in the ensuite shower rooms has had to be replaced due to urine staining and the new flooring is being monitored before a programme is put in place to replace other stained flooring. Work is on-going in the garden areas to bring these up to a standard acceptable by our own land services. In addition to this improvements during 2007/2008 included:-

- In partnership with Ludgate House the purchase of an Ozone Sanitiser Machine . This machine uses Ozone to kill bacteria such as MRSA, C.diff and other micro-organisms as well as reducing odour. It works both on hard surfaces such as furniture and soft furniture and clothing. It is another valuable tool in limiting infection in our services.
- One of the offices was redecorated.
- New low energy light fittings were installed in all lounge areas giving improved lighting which is very important in dementia care and also reducing energy use.
- New roof lights were installed in the activity area, greatly increasing the levels of natural light and therefore reducing energy consumption.

Ludgate Resource Centre

Continued maintenance of the building has been carried out with the co-operation of Design and Property Services. Improvements made to the building during 2007/2008 included:

- The complete renovation of a bathroom area of the Day Care Service, involving improving disabled access, and the installation of a wet floor shower area.
- The re-decoration and carpeting of the Respite Dining Room, and corridor area.
- The re-decoration of 6 bedrooms, with up-grading of carpeting.
- The purchase of office furniture and decoration of an upstairs office to provide a meetings room.
- The purchase of a new freezer for the main kitchen, along with the re-decoration of the changing and cupboard areas of the kitchen.
- The partnership purchase (with Menstrie House) of an Ozone Sanitiser for the improved cleaning of all areas of the building.

7 ANALYSIS OF INTERNAL AUDIT FINDINGS AND PREVENTATIVE AND CORRECTIVE ACTIONS

All the procedures from the manual have been audited in accordance with the 2007/2008 schedule. Ludgate Resource Centre and Menstrie House continue to audit different procedures and process maps monthly however, the audits have been specially chosen along the same themes so that comparison of findings can still take place.

The main themes of the audits were:

- The improvement of admission process procedures (B1a,b,c)
- Improvements to the document control process
- Development of new methods of consultation

The emphasis has been on process auditing where evidence from a number of procedures is examined to ensure continuity between procedures.

The Team Leaders in both units have provided senior staff with refresher Audit Skills training, which has resulted in greater understanding of the audit process and its benefits to improving the services.

Preventative and Corrective Actions

There are no outstanding preventative or corrective action at Menstrie House or Ludgate Resource Centre.

The service received 2 surveillance visits from SGS Yarsley in the past year. The first of these visits resulted in no non-conformance though there were some general observations and opportunities for improvement. These have been actioned.

8 SUMMARY OF PERFORMANCE OF EXTERNAL CONTRACTS AND SERVICES

Menstrie House

Renovation work by external contractors is now largely completed with some external work in the gardens taking place at present to bring these up to an acceptable standard. Unfortunately this was not completed prior to our Care Commission Inspection.

There have been some difficulties in regard to the heating however some of the issues are due to pre-existing pipe-work. Where there are issues in regard to the work undertaken by contractors this has been fully discussed with both the contractor and architect to resolve the issues. There was a problem with regard to the heated towel rails which was a Health and Safety Issue and this has now been resolved. There are ongoing issues with the en-suite flooring but this is in regard to the particular flooring specified by the consultant rather than a fitting issue.

Ludgate House

Works carried out to improve a bathroom area of the building were carried out to the standard specified. However, during these works, the service did complain to the Contractors regarding signage and other health and safety matters which had resulted in a member of staff suffering an industrial accident. These matters were actioned and rectified by the Contractor, and the Architect department of the Council were notified.

There is a contract held for both Ludgate and Menstrie House with an employment agency in order to provide staff in an emergency or where staffing ratios would otherwise fall below the agreed minimum. Only one worker has ever been available over the past year from this agency, It is recommended that the service meet with the Human Resources section of the Council to consider alternative agencies to meet this requirement.

9 SUMMARY OF COMMENTS AND COMPLAINTS

Menstrie House

There is a visitors' comments book available at the front entrance of Menstrie House. There is also a notice inviting visitors to comment. There has been one recorded positive comment within the passed year. Verbal comments have been made to staff and letters of thanks and appreciation have been sent in over the year. There is an album containing letters of thanks for reference.

There have been one recorded formal complaint since the previous quality report. This was in relation to staining on an en-suite floor. This complaint has now been resolved to the satisfaction of the person making the complaint and the service.

Care Commission Inspector reported she had spoken to a family member who said when they had to make a complaint, they were happy with the response they received.

Ludgate Resource Centre

The comments book within the respite service continues to be completed regularly by service users, carers and visiting professionals. Comments are largely positive. There have been no complaints made about the service.

The Care Commission Quality Assurance Framework highlighted the need to improve our consultation with service users and their families. Work is in progress to develop a questionnaire which can be easily understood particularly by those services users affected by dementia. It is hoped this will link to " Talking Mats " which is a method of communication involving visual cues.

Each service has an information pack, which includes a leaflet explaining the complaints procedure. This is available to carers/family members on admission.

10 CURRENT BUDGET POSITION

Clackmannanshire Council continues to operate a purchaser/provider budget system.

Unit costs as set for 2008-2009 are as follows:

Menstrie House - £543.00 per service user per week

Ludgate House Day Service - £39.02 per service user per day

Ludgate House Respite Service - £543.00 per service user per week

Revenue budgets were managed by the Team Leaders to ensure the satisfactory purchase of goods and service for each unit, including the purchase of provisions, cleaning materials, medical supplies and necessary equipment to meet service user needs. There are meetings held quarterly with the Service Accountant to ensure appropriate budget monitoring. These budgets for financial year 2007-2008 were managed effectively, with no over-spends in the service.

Following a report to Council regarding the staffing establishment of Ludgate House, three additional full-time Social Care Worker posts were created within existing staffing budgets. This continues to be monitored and remains within budget.

The service is awaiting the implementation of Single Status through Clackmannanshire Council and recognise that this may have implications for the budget in the coming year.

11 PROBLEMS, TRENDS AND ACHIEVEMENTS

Consideration of themes for continual improvement are brought regularly to monthly Management Team meetings, which in turn are reflected upon during regular Social Services Management Team (SSMT) meetings attended by the Service Manager.

Significant work was carried out to introduce the Forth Valley Palliative Care Policy with the development of a local policy to support end of life care. Staff in Menstrie House have received training in this area, with the use of the validated Liverpool Care Pathway. This has improved staff confidence when caring for people at the end of their life, and has improved links with local health partners. There is now a need to carry out similar awareness for Ludgate House staff.

Additional resources to improve the training of staff in relation to rehabilitation and falls prevention was identified with respect to working in partnership with health, and from this, two staff in Ludgate House have been trained as OTAGO mentors. This falls prevention exercise programme is operational within both Ludgate and Menstrie House, and it is expected to be developed further with health over the year to come.

Improvements have been made to the controlling of documentation through the development of electronic referrals. All documents are also held securely on the "G" drive of the Council's computer network, improving access to these.

Work is still continuing on producing Contracts for Residential Care. This should be carried forward as a recommendation for action to ensure that this work is concluded in the coming year.

During the past year, Services for Older People have been scrutinised as part of two wider inspections of Clackmannanshire Council. Firstly, MAISOP (Multi-Agency Inspection for Older People) inspectors visited the services as part of a broad inspection of joint services by NHS Forth Valley and its partner local authorities. Older People's provider services received very positive feedback as part of this report with Ludgate House being selected as a Good Practice Example for joint work with health. During early 2008, the Social Work Inspection Agency (SWIA) carried out an inspection of all Clackmannanshire Council social services. Provider services were again singled out as a Good Practice Example for work in devising Service User Handbooks for both Ludgate and Menstrie House.

Further to this, Ludgate House has been placed on a Good Practice Database - "Community Care Works" held by the Glasgow School of Social Work, and was visited by colleagues from Belgium following the publication of the MAISOP report.

12 TRAINING AND DEVELOPMENT

Progress continues with the SVQ programme for candidates at all levels, while the secondment of a full time peripatetic assessor has facilitated greater numbers of candidates being assessed. All permanent staff are now either qualified or are under-going assessment at the moment in readiness for registration with the Scottish Social Services Council. Three senior members of staff have commenced SVQ level 4, with a further 2 expected to start assessment by the end of 2008, in order to meet registration requirements.

The Dementia Services Development Centre at Stirling University ran a number of training events for all levels of staff over the past year as part of a Forth Valley Dementia Project funded by the Scottish Government. Events attended by staff as part of this project included:

- Palliative Care and Dementia
- Challenging Behaviour and Dementia
- Lifestory Work
- Leading Dementia Training
- Activities and People with Dementia

All staff have received up-dated Moving and Handling training, as well as Fire Safety Awareness in line with legislative requirements.

Four senior members of staff have been trained as instructors to provide Therapeutic Management of Aggression and Violence (TMAV) training to all staff, and a programme of events have been arranged in both units to meet the needs of all staff groups. This training will be added to the annual training plan for on-going refresher training for staff.

Staff in Menstrie House have participated in Palliative Care training as stated previously. This will be expanded to train Ludgate staff over the coming year.

Several staff in both units have also attended Mental Health First Aid training to raise awareness of mental health illness. A small group of staff have also attended workshops on Emotional Freedom Techniques, which is an innovative method of helping people to cope with stress, pain or other conditions.

The appointment of a new Training Service Manager who is expected to commence with the Council in early September is to be welcomed, and it is anticipated that a positive relationship to develop further training opportunities for staff will be developed.

In light of the Quality Assessment Framework consultation exercise carried out for the Care Commission, it is notable here that staff may benefit as a group from training in areas of giving and receiving feedback to one another, as well as open/honest teamwork. It is recommended in this report that training or another developmental opportunity should be sought to meet this need.

- Work should continue to devise and implement questionnaires to aid service user, carer and staff consultation. To be completed for March 2009. The production of a questionnaire for visiting or allied professionals should also be carried out.
- Contracts for all services should be devised by March 2009.
- Assessment processes to identify health care needs of service users should be addressed across all services as per requirement raised through the Care Commission inspection of Respite Care services.
- The use of "Talking Mats" to assist in the meaningful engagement of all service users should be taken forward.
- Processes of engagement such as Newsletters should be continued, especially for difficult to access users such as those who use Respite services.
- The contract for use of Agencies should be revised in consultation with Human Resources.
- Staff should engage in training/development to improve how they give and receive feedback to one another in order to improve professional working relationships.
- The Quality Reporting process for ISO 9001:2000 should be revised to meet information required by the Care Commission under new QAF Systems. Procedure A10 should be audited and re-written to reflect these changes. Reporting timetable should move to January - March in annual calendar.