

Inspection report

Perth Association for Mental Health Support Service

Caladh Centre
6 Milne Street
Perth PH1 5PL

Inspected by: Jane Blair
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 30 March 2009

Service Number

CS2003050492

Service name

Perth Association for Mental Health

Service addressCaladh Centre
6 Milne Street
Perth PH1 5PL**Provider Number**

SP2003004003

Provider Name

Perth Association for Mental Health

Inspected ByJane Blair
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

30 March 2009

Period since last inspection**Local Office Address**Perth & Kinross Team
Central East Region
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Introduction

Perth Association for Mental Health (PAMH) is a voluntary service jointly funded by NHS Tayside and Perth and Kinross Council. The service has been registered with the Care Commission since 1 April 2002.

The property is leased from Perth and Kinross Council.

The Manager is responsible for the supervision of staff and the day to date running of the service which operates five days weekly, Monday to Friday.

The service is available to a maximum of 24 service users at any one time and a minimum ratio of one staff member to six service users is maintained.

The overall aim of the service is to provide a variety of support services to people aged between 16 and 65 who have a severe and/or enduring mental illness. The principal objectives are designed to contribute towards the rehabilitation of the person's mental health and to provide structured and purposeful activities in order to maintain an optimum level of functioning.

In their aims and objectives statement the service states that PAMH aims to provide meaningful activities, the opportunity to try something new and to identify and develop skills in a safe and creative environment.

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

Quality of Care and Support - 5 - Very Good

Quality of Environment - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 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) for the most up-to-date grades for this service.

Basis of Report

Views of service users

Six service users were spoken with during the inspection, all of whom expressed a high level of satisfaction regarding the quality of support provided.

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 on the 30th March 2009 by Care Commission officer Jane Blair.

Evidence

During the visit the Care Commission Officer spoke with:

- . The Manager
- . Two members of staff
- . Six service users

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

- . Services "Self Assessment document"
- . Service user personal plans
- . Accident and incident recording
- . Complaints Log
- . Relevant policies and procedures

During the inspection, the Care Commission Officer also observed staff practice which included how staff interacted with service users.

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

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:

<http://www.carecommission.com/>

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

Action taken on requirements since last Inspection

There were three recommendations and three requirements made following the previous inspection. The service demonstrated evidence that all recommendations and requirements had been addressed and met.

Recommendations:

(1) The policy in relation to Adult Protection/Adult Abuse should be developed further to include guidance on the responsibilities of support staff, local contacts and information about ensuring that adults have access to independent support/advice.

National Care Standards, Support Services:

Standard 2: Management and Staffing Arrangements

(2) A system to ensure suitability of training should be in place and methods of assessing appropriate implementation of training should take place.

National Care Standards, Support Services:

Standard 2.3: Management and Staffing Arrangements

(3) The service should adhere to its policy on staff appraisal and it is also recommended that minutes of supervision notes are provided to all staff.

National Care Standards, Support Services:

Standard 2: Management and Staffing Arrangements

Requirements:

(1) Risk Assessments in respect of restraint/challenging behaviour should be reviewed and updated regularly.

This is in order to comply with SSI 2002/114 Regulation 5(2)(b) - Welfare of Service Users

Timescale for implementation: within three months from the publication date of this report

(2) The policy in relation to restraint should be revised to include details of the different forms of restraint, conditions under which restraint may occur and appropriate recording details for any instances of restraint.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a)(c) - Welfare of Service Users

Timescale for implementation: within three months from the publication date of this report

(3) Staff must receive appropriate training, assessment and record keeping associated with restraint.

This is in order to comply with SSI 2002/114 Regulation 13 - Staffing

Timescale for implementation: within six months from the publication date of this report

Comments on Self Assessment

A fully completed self assessment document was submitted to the Care Commission. The document was completed to a high standard indicating where the service felt they did well as well as areas for improvement.

View of Service Users

Six service users were spoken with during the inspection, all expressed a high level of satisfaction regarding the quality of the service. Comments are included within the report.

View of Carers

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

The service demonstrated very good evidence of involving service users and carers in assessing and improving the care and support provided.

The service had adopted the use of "Group evaluations" in order to elicit the views of service users and to evaluate the effectiveness of the group in meeting its aims and objectives. The format of evaluations was effective in obtaining wide ranging opinions regarding the value of each group, questions included:

- * "What has been most useful?"
- * "What has been least useful?"
- * "What have you learned about yourself?"
- * "What improvements would you suggest for the next time we run this group?"

Outcomes of the evaluations had been collated and analysed and subsequently used to review the delivery of the groups.

A questionnaire had been issued prior to the planning of the group programme for 2009. Results of the questionnaire had been used to produce an analysis of the types of groups that service users would like to be provided. These included:

- * Computing
- * Cooking and nutrition
- * Social groups
- * Relaxation
- * Managing stress.

The "group programme" had been made available to service users in a leaflet including a range of additional information, including:

- * Accessing the service
- * Brief descriptions of the types of groups offered.
- * Aims and objectives of the service.
- * Information regarding the staffing of the service.

A client forum "PAMH forum" provided service users with the opportunity to discuss issues or concerns regarding the service provision. Minutes recorded indicated that a wide range of issues were discussed and explored.

Minutes of the forum meetings had been made available to all service users, ensuring that discussions and outcomes were consistently feedback.

A member of staff spoken with indicated that it was the services intention to further develop the forum in order to encourage members to meet independently of service staff.

There was evidence of opportunities for service users to develop and facilitate groups, for example a "peer support" group was in the early stages of development.

An exercise of consultation regarding the Care Commission Self Evaluation had enabled service users to participate in identifying the services strengths and areas for improvement

across the quality themes.

Regular service user reviews provided further opportunities for participation in evaluating the effectiveness of the support service provided. Reviews involved other agencies at the service user's request.

Areas for Development

The service identified that service users would benefit from additional training in skills such as chairing meetings and minute taking as an area for improvement.

The service manager acknowledged that service users could generally benefit from a greater awareness of the National Care Standards for Support services and indicated their intention to explore this area further (See recommendation 1)

The service manager and staff discussed their intention to further develop questionnaires in order to provide opportunities for service users to express their views regarding a wider range of aspects of the service including the environment, staffing and management and leadership.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

The service demonstrated very good evidence of ensuring service users health and wellbeing needs are met.

Service user support plans indicated that the mental health needs of service users were comprehensively assessed prior to commencing the service. A multi agency approach was taken in the risk assessment and goal planning process, including psychology and community psychiatric nurse. This approach continued during regular service user reviews, where other agencies were involved in evaluating the effectiveness of the support and appropriate referrals could be made.

Service users and staff spoken with, confirmed a flexible and "non pressured" approach to the participation in various groups.

As previously highlighted, the development of the group programme had involved service users, resulting in a needs led and appropriate service provision.

There was evidence of the promotion of healthy eating during cooking and nutrition groups and service users spoken with identified that the "relaxation group" was particularly

beneficial, whilst others identified the social group as having a positive effect on their mental health.

The services policy document included:

- * Prevention and detection of abuse policy.
- * Risk taking policy
- * Infection control policy.
- * Restraint policy.

The service operated a "key worker" system, service users spoken with described the benefits of having access to a designated worker but also indicated that all support workers were approachable and accessible. Staff and service users spoken with described how changes or deterioration in physical or mental health were identified and sensitively discussed, resulting in appropriate referrals.

Areas for Development

The service identified ongoing improvements to the building and the environment following reviews by the services health and safety officer as an area for improvement.

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

The service demonstrated very good evidence of involving service users and carers in assessing and improving the quality of the environment.

In order to achieve this the service had initiated a range of methods, including:

- * PAMH Forum
- * Group evaluations
- * Questionnaires
- * Service user and key worker reviews.

For further evidence in support of this statement, see quality statement 1.1

Areas for Development

For areas for improvement, see "Areas for improvement" quality statement 1.1

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

The service demonstrated very good evidence of ensuring a safe environment where service users are protected.

The designated health and safety officer demonstrated a very good awareness of the risk assessment process for both the environment and individual service users. Staff spoken with confirmed the risk assessment had been developed in consultation with other agencies in order to protect service users. The dissemination of best practice health and safety guidelines was confirmed by the health and safety officer and staff spoken with. Environmental risk assessment were seen to be in place for a wide range of risks, resulting in the development of an action plan to address any identified deficits.

There was evidence of staff training in health and safety awareness such as:

- * Emergency first aid

- * Fire safety awareness
- * Adult support and protection.

The centre appeared clean and well maintained and a system was in place to ensure the safety of electrical equipment.

Safety policies included those for:

- * Restraint
- * Bullying and harassment
- * Protection of adults.

Areas for Development

The service identified the need to regularly review the health and safety training needs of staff as an area for improvement within the self assessment document.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

The service demonstrated very good evidence of involving service users and carers in assessing and improving the quality of the staffing within the service.

In order to achieve this the service had initiated a range of methods, including:

- * PAMH Forum
- * Group evaluations
- * Questionnaires
- * Service user and key worker reviews.

For further evidence in support of this statement, see quality statement 1.1

Areas for Development

For areas for improvement, see "Areas for improvement" quality statement 1.1

CCO Grading

5 - Very 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

The service demonstrated very good evidence of a professional, trained and motivated workforce.

The service had developed a "Day Service Training strategy" aiming to "Ensure that all day service staff have an appropriate professional or vocational qualification"

An action plan had been developed in order to identify the workforce training needs for 2009.

Evidence of staff training achievements included:

- * Adult support and protection.
- * Understanding self harm.
- * Manual handling.
- * De escalation.

It was confirmed that 100% of staff were qualified to SVQ level 3 or above.

All training events had been subject to evaluation and reflection.

The services supervision and appraisal policy identified the use of weekly team meetings, monthly supervision, annual appraisal and continuous professional development as methods of ensuring the development and training opportunities were maximised. Staff spoken with confirmed that the programme of monthly supervision sessions was in place.

Staff spoken with presented as professional, motivated and well trained. Service users spoken with expressed a high level of satisfaction regarding the quality of the staff, comments included:

- * "Staff are amazing"
- * "No one judges you"
- * "I feel listened to"

Areas for Development

The service identified the formalisation of the policy for exit interviews as an area for improvement in the self assessment document.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

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

The service demonstrated very good evidence of involving service users and carers in assessing and improving the quality of the management and leadership within the service.

In order to achieve this the service had initiated a range of methods, including:

- * PAMH Forum
- * Group evaluations
- * Questionnaires
- * Service user and key worker reviews.

For further evidence in support of this statement, see quality statement 1.1

Areas for Development

For areas for improvement, see "Areas for improvement" quality statement 1.1

CCO Grading

5 - Very 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

The service demonstrated good evidence of quality assurance systems and processes.

The Self Assessment submitted to the Care Commission had been used by the service to assess the quality and had involved the participation of service users in identifying areas for improvement, resulting in an action plan of intended improvements.

The manager described how the use of group evaluations and questionnaires had highlighted areas for improvement resulting in changes to the group programme.

A complaints procedure was in place and service users spoken with confirmed that they were aware of how to raise any concerns or suggestions.

Individual staff and group supervision sessions ensured that staff had formal opportunities to

evaluate the effectiveness of the service provision and to reflect on practice.

The manager confirmed the intention to formalise quality assurance systems by implementing a process known as "PQASSO" in order to systematically audit the systems within the service.

The inspection focus area for the service was notifications to the Care Commission and the Scottish Social services Council.

The Manager was aware of her responsibility to report any instances of misconduct, staff dismissal or occasions when a member had resigned prior to intended dismissal.

Areas for Development

Although a range of methods were adopted to evaluate various aspects of the service the formal process of audit (PQASSO) had not yet been implemented or subject to review.

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**

1. It is recommended that the service explores methods in order to generate a greater awareness of the National Care Standards for Support Services for users of the service. In making this recommendation the following Care Standards were taken into account: National Care Standards-Support Services, Standard 12 Expressing your views.

Jane Blair

Care Commission Officer