

# Care service inspection report

Full inspection

## Pathway Day Assessment and Outreach Service Support Service

RNIB Pathway  
13 Wilson Avenue  
Kirkcaldy

Service provided by: RNIB Charity

Service provider number: SP2014012389

Care service number: CS2014333209

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	6	Excellent
Quality of environment	5	Very Good
Quality of staffing	6	Excellent
Quality of management and leadership	6	Excellent

### What the service does well

The people who use the service, and their carers, are involved in assessing and improving the quality of the service. We were impressed with the very high quality outcomes for people with the use of person centred and outcome focussed planning. People were well supported with their sensory and communication needs, and to exercise choice and control in their lives. The service is very effective in encouraging the use of social service values, including respect. The service gave a high priority to the development of leadership values throughout the workforce. All these had a positive impact on the quality of support people experienced.

### What the service could do better

The service should continue to identify areas for improvement.

### What the service has done since the last inspection

The service had sustained its very high quality service for people.

## Conclusion

This was a very positive inspection and we were pleased to see on-going commitment to continuous improvement and development.

# 1 About the service we inspected

RNIB Pathway Day Assessment and Outreach Service is registered as a support service, and can provide a service to up to 40 adults with a learning disability and/or visual impairment. The service is provided by RNIB Charity, a voluntary sector organisation that provides specialist services for people with visual impairments, learning disabilities and complex needs.

At the time of the inspection 32 people were using the service, with 22 people mostly accessing the Pathway Centre, its Kirkcaldy site, and 10 people mostly accessing the Outreach Service, based in Crosshill. Some people using both parts of the service. Most people using the service came from the Fife Council area, though two people come from another local authority area.

The service's manager is also the manager of a service in Glasgow. The manager is supported by an operations and development manager based in Fife, a coordinator for the service, and two assistant coordinators. People are supported by a team of resource workers, assistant resource workers and support workers.

Some people are provided with transport to the service in the service's own vehicles, and some people use taxis with staff escorting them. The service has accessible minibuses driven by staff to enable people to get out and about for activities in the community.

The aim of the service is to:

"Assess the sight of adults with multiple disability and confirmed and suspected sight loss. Identify and support short and long-term skills development underpinned by specialist staff skills. Provide Outreach Assessment and community support."

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

**Quality of care and support - Grade 6 - Excellent**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 6 - Excellent**

**Quality of management and leadership - Grade 6 - Excellent**

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website

www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

This report was written following an unannounced inspection on 28 January 2016. A second visit was carried out on 18 February 2016. Feedback was given on this date.

During the inspection, evidence was gathered from a number of sources including:

- \* Four people's personal plans.
- \* The service's participation evidence folder.
- \* Staff training records and plan.
- \* The service's quality assurance processes.

Questionnaires were supplied for people and relatives; ten were returned to the Care Inspectorate prior to the inspection.

We had discussions with the manager, the coordinator, an assistant coordinator, a resource worker, two support workers and three relatives.

We observed support provided to several people using the service.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection



## **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under. The provider identified what they thought the service did well, some areas for development and any changes they had planned.

## **Taking the views of people using the care service into account**

The views of people using the service are contained throughout this report.

## **Taking carers' views into account**

The views of carers are contained throughout this report.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

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

Grade awarded for this theme: 6 - Excellent

#### 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 had sustained its already excellent practice in involving people and their carers in assessing and improving their individual support and the service overall.

There were a wide range of opportunities for people to make decisions, to develop the care and support they received and also influence overall service development and improvement. Examples of this included;

\* People's personal plans were based upon what was known about their wishes and needs how these would be met. People's carers signed the personal plan. The plans were written from each individual's point of view, reinforcing that the support was based on their wishes.

\* The staff are aware when there is any formal order on behalf of a person, such as guardianship, to ensure that person is involved in decision-making on behalf of the person.

\* The service collated video evidence of how each person was supported by staff. One carer told us; "I receive DVDs which show me the activities my daughter does at the service and her interaction with the staff." Another carer told us; "The use of photographs and video at reviews is very helpful."

\* There is very good communication between staff and carers about people's experiences and wellbeing. One carer told us; "Any correspondence is responded to quickly and the service is happy for me to drop in unannounced." Diaries are used to share information about people's experiences and wellbeing between staff and people's carers. A carer told us; "The staff speak to me directly if they are worried about anything. The staff use the daily diary to keep me informed about his day."

\* People were confident that concerns would be dealt with properly. One carer told us; "

Any issues I raised were dealt with."

\* A monthly, drop in 'Carers Cafe' is open for people using the service and their carers, where the service received feedback about the quality of the service.

There are also discussions about topics of interest to carers.

\* The service had consulted with people and their carers about introducing individual service plans to make the best use of the staff, facilities and activities offered through both the Pathway Centre and the Outreach Service to better meet people's needs in a person centred and outcome focused manner.

\* The service asked carers for their views in questionnaires. These are evaluated and used to inform and improve the development of the service. The service received very high evaluations from carers.

The service's excellent practice in involving people and their carers resulted in continuing high quality outcomes for people in the service.

### Areas for improvement

The service should continue to identify any areas for improvement.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

"We respond to service users' care and support needs using person centered values."

### Service Strengths

The service had excellent practice in the use of person centred values to support people using the service.

People were satisfied that the service was meeting their interests. One person told us; "I enjoy going out and about with the outreach service. I love the company of others and the activities." Personal plans were person-centred and included an overview of the person's abilities, likes, dislikes, social and health care needs, any assistance required and how this would be provided. People's known wishes and choices were at the centre of the service's approach to support. The plans contained clear information and guidance on how to support the person to ensure their wishes and needs were respected and met. Risk assessments in the plans were detailed in how each person is to be supported safely to reduce potential harms, but enable access to meaningful activities which contribute to their quality of life. The plans include outcome focused goals, for example to be more physically active. For one person this meant going to a multisport session at a local sports centre and for another person going swimming and bowling. Activities were used for more than one goal, so when a person went swimming they also paid for the session helping them understand the use of money and building their confidence in new situations.

The service identified that sensory impairments have been overlooked for people with learning disabilities and complex needs. Each person had a thorough vision assessment coordinated by the service which provided a very detailed reports with specific recommendations on how to support the person's use of their functional vision. One relative told us; "The service provided is of a very high standard. This has enabled my relative to have a vision assessment completed." The service had coordinated with the Deaf Communication Service to ensure people also had a hearing screening, as many people have combined needs. This meant that people's needs were understood more holistically and the assessments complemented each other. The service was recognised the Scottish Sensory Awards, a national award, for its joint assessments with the Deaf Communication Service.

People's communication needs were known and met. Staff used pictures, symbols and Makaton when supporting people's communication. Communication was also aided when staff knew people well and their interests and what they wanted to communicate about. The staff were aware of people's non-verbal communication and responded sensitively when people needed more personal space. Challenging behaviours by people can be as a result of unaddressed sensory impairments and a lack of a means to communicate their needs and wishes. For one person as result of by meeting their sensory and communication needs the service had helped them to much reduce their challenging behaviours and to have most positive experiences in activities and interactions with people.

The service has been innovative in recording advice given by healthcare professionals, for example videoing a physiotherapist demonstrating the positioning required for one person, which can then be used to demonstrate to other staff how the person should be positioned.

The service can be offered flexibly for people to also meet the needs of their carers, for example; one person has an extended day as their carer has other commitments until later and two people have support on Saturdays.

Some people have arrangements to have individual music therapy sessions. Recently a volunteer, trained as a music therapist, has provided one-to-one and small group music therapy sessions. The sessions were videoed to be shared with people's families to show people's very positive engagement in the sessions.

The service worked well with parents and school staff to assist people making the transition from school to have adult day service. One parent told us; "The transition was very good. It was very personal, with it being gradual which suited my son. He took to the place and to the people which was very reassuring to me."

The service's two sites, the Pathway Centre and Outreach Service, have operated separately from each other. The service is now producing individual service plans for people so that they use the opportunities and facilities at each site, based upon that their known wishes and needs. The new individual service plans are prepared through an update of a person's assessment by staff and a new plan was agreed after meeting with the person's carers and local authority social worker.

We were impressed with the very high quality outcomes we found for people with the use of person centred and outcome focussed planning. People were well supported with their sensory and communication needs, and to exercise choice and control in their lives.

### Areas for improvement

The service should continue to identify areas for improvement.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 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 grade for this statement is based upon the strengths recorded under Quality of Care and Support, Statement 1.

### Areas for improvement

See above.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**



## Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

### Service Strengths

The service provides a very good environment for people to have a positive quality of life. Examples of this included;

- \* The new base for the Outreach Service, at Crosshill, was fully refurbished to meet the needs of the people using the service. This now provided indoor space and facilities to provide for people's personal care needs and activities.
- \* People's use of the physical environment is supported by signs and physical signifiers. This included; each person working in the service having an individual signifier that some people use to identify who they are, physical markings on handrails to help people navigate around the building, contrasting colour doors, electronic buttons with recorded speech to tell people where they are.
- \* The service had accessible minibuses driven by support staff to pick up some people from their homes and to get out and about for activities in the community.
- \* People took part in develop planting areas in the garden at the Pathway centre, with help from a local voluntary organisation.
- \* People liked the small-scale and homely atmosphere in the Pathway Centre. One relative told us; "The centre is small she finds it easier to cope with. It is a nice relaxed atmosphere there."
- \* The Pathway Centre has limited turning space in its bathrooms, which require people to be transferred by mobile hoists from the corridor into the bathrooms. These transfers were managed well to ensure people's dignity and safety.

The service made very good use of its environment and facilities to provide high quality outcomes for people.

### Areas for improvement

The service should continue to identify any areas for improvement.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

### Statement 1

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

### Service Strengths

The grade for this statement is based upon the strengths recorded under Quality of Care and Support, Statement 1.

### Areas for improvement

See above.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

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

### Service Strengths

The service had excellent practice in ensuring people and their carers experienced respect and other social service values as they received the service. Examples of this approach in practice included;

\* The service routinely asked people and their carers how they were treated and how well their needs and wishes were being met. People gave us very positive comments about the approach of the staff and the service overall. One carer told us; "My son has very good relationships with the staff. He could let us know if he's not happy." Another carer told us; "The staff are all very helpful. They treat the service users with dignity and respect."

\* Staff had induction training on values and attitudes. When staff spoke about the people they supported they referred to positive outcomes for people linked to the use of social service values.

\* We saw staff interaction with people was supportive, relaxed, respectful and friendly. The service observed staff in their use of positive behaviours and communication with people using the service.

\* The service encouraged the use of respect within the staff group. Every member of staff spoken with told us they enjoyed working in the service. Staff members confirmed that there were positive working relationships and communication within the staff team and that other staff supported the,. They told us the senior staff were approachable, supportive and open to suggestions.

The service has been very effective in encouraging the use of social service values, including respect.

### Areas for improvement

The service should continue to identify areas for improvement.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

### 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 grade for this statement is based upon the strengths recorded under Quality of Care and Support, Statement 1.

### Areas for improvement

See above.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

#### Service Strengths

We found that the service had excellent practice of at encouraging good quality care by promoting leadership values throughout the workforce.

Examples of the practice and outcomes we found in the service included;

- \* Members of the staff team had devolved responsibilities. For example resource workers at Pathway Centre allocated roles for support staff each day, and made sure that guidelines are being followed. Resource workers also carried out the visual assessments for people in the service.
- \* Staff confirmed they received supervision and an annual appraisal. This ensured they have regular opportunity to discuss and reflect on their practice and identify their future development.
- \* The provider invested in a continual programme of training that supported staff to improve their skills and practice. Staff told us they found the training to be informative and useful in improving daily practice.
- \* Regular staff meetings provided staff with regular opportunities to discuss all aspects of the service and make suggestions as to how it could be improved. We were impressed when support staff spoke about how they contributed ideas to improving people's support. The meetings also provided staff with feedback on how the management had taken forward previous suggestions and issues raised. A staff member told us; "Team meetings are useful as an opportunity to have your say and to make the service work better for the service users."

As a result we saw that the use of leadership values by management and staff in the service had a very positive impact on the quality of support people experienced.

#### Areas for improvement

The service should continue to identify areas for improvement.

## Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

This service does not have any prior inspection history or grades.



## To find out more

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