Colinton Cottage Homes
Housing Support Service
4a Redford Road
Colinton
Edinburgh
EH13 0AA

Inspected by: Pauline Davidson
Type of inspection: Unannounced
Inspection completed on: 18 October 2013
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Service provided by:
The Aged Christian Friend Society of Scotland

Service provider number:
SP2009010697

Care service number:
CS2009235292

Contact details for the inspector who inspected this service:
Pauline Davidson
Telephone 01896 664400
Email enquiries@careinspectorate.com
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

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<thead>
<tr>
<th>Area</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
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<td>Very Good</td>
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<tr>
<td>Quality of Staffing</td>
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<td>Quality of Management and Leadership</td>
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What the service does well

The service has very good methods in place to ensure that all tenants are able to participate and be involved in the service provided. It was evident that tenant’s views, suggestions and comments were important to the service and that they were committed to responding to these.

The staff were trained, motivated and dedicated to providing a quality service and were held in high regard by the tenants.

The service has developed very good individual support plans and appropriate risk assessments to ensure that tenant’s needs are met in a way that reflects their choice, preferences and ensures their safety.

What the service could do better

The service needs to develop a formal system for recording and monitoring of accidents and incidents.

Effective audits should be developed to enable oversight and monitoring of all areas of the service.

All staff should attend an update of Adult Support and Protection training, and regularly thereafter.
What the service has done since the last inspection
The service has met the two requirements and recommendation made at the last inspection.

The Manager and Deputy have both achieved a recognised qualification appropriate to their role and responsibilities.

The Manager and Deputy have worked hard to ensure that policies and procedures have been developed and reviewed to underpin their knowledge and legislation.

Conclusion
We have discussed the service’s strengths throughout this report. The service should work on meeting the requirement and recommendations made during this inspection to improve on the current grades awarded.

Who did this inspection
Pauline Davidson
1 About the service we inspected

Colinton Cottage Homes provide sheltered housing to people over the age of 65. The Sheltered housing complex has 42 cottages in total. The Aged Christian Friend Society of Scotland owns the accommodation and is also the provider of the Housing Support service. This is a registered charity originally set up in 1889. The organisation is funded from a trust fund, investment, donations and the rent from the houses.

The service is provided by one full time manager and one part time deputy manager. The service operates from Monday to Friday from 8am to 4pm and outwith these hours an emergency call system is provided by Hanover Telecare. The service provides tenants with support to maintain their tenancy, advice on how to access repairs, benefits and other healthcare professional as required. Emergency assistance and well being checks are carried out in agreement with tenants.

The company objectives are "to relieve the needs of the elderly through the provision of sheltered housing accommodation and other facilities."

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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

Quality of Care and Support - Grade 5 - Very Good
Quality of Staffing - Grade 5 - Very Good
Quality of Management and Leadership - Grade 4 - Good
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 0845 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
We wrote this report following an unannounced inspection.

The inspection was carried out by Care Inspectorate Inspector Pauline Davidson.

The inspection took place on 18th October 2013 where we spent time in the office and we met with tenants at a coffee morning.
As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 45 care standards questionnaires to the manager to distribute to service users. Thirty two service users sent us completed questionnaires.

We also asked the manager to give out four questionnaires to staff and we received all four completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:
* The Manager
* The Deputy Manager
* A number of people who use the service (tenants).

We looked at:
* The service’s policies and procedures relevant to the quality statements examined at this inspection.
* Registration and insurance certificates.
* Participation strategy.
* Tenant handbook.
* Individual support plans and risk assessments of people who use the service.
* The service’s questionnaires that had been completed by tenants.
* Minutes of tenant meetings.
* Complaints system and records.
* Accident and incident system and records.
* Staff files and training records.

**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.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
The provider must review and update recruitment procedures to ensure they meet the legislative guidance and best practice. This would include a review of the current application form used and the application pack sent to prospective candidates. This is in order to comply with SSI 2011/210, Regulation 9 (1). Timescale for implementation: to be started on receipt of this report and be completed within eight weeks.

What the service did to meet the requirement
Progress: we have discussed this further in this report in Quality Statement 3.3.

The requirement is: Met - Within Timescales

The requirement
The provider must implement appropriate policies and procedures in the service to underpin staff practice and meet legislative guidance. The provider must ensure that all staff are aware of their responsibilities under Adult Support and Protection and receive appropriate Adult Support and Protection training. This is in order to comply with SSI 2011/210 Regulation 15(b)(i). Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

What the service did to meet the requirement
Progress: we have discussed this further in this report in Quality Statement 3.3.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection
We recommended that the provider should develop a written strategy which sets out how the views of the tenants will be sought, and how those views will be used to influence how the service is provided.
Progress: We have discussed this further in this report under Quality Statement 1.1. This recommendation has been met.
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 had completed this and with the relevant information included for each heading that we grade services under.

Taking the views of people using the care service into account
We spoke with tenants during this inspection who told us:
"Very nice we are well looked after".
"The staff are great".
"The Gardener could not be more helpful".
"Absolutely wonderful - love it here".

We have detailed more comments throughout the body of this report.

Taking carers' views into account
We did not have the opportunity to speak with carers as part of this inspection.
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: 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
We found that the service was demonstrating very good practice in the areas covered by this Quality Statement.

We made a recommendation at the previous inspection that the service should develop a written strategy which sets out how the views of the tenants will be sought, and how those views will be used to influence how the service is provided. We found that the service had developed and implemented a Participation Strategy. This stated the aims of the strategy in welcoming the participation of tenants in the running of the Cottage Homes and of being given the opportunity of a “voice” in the way the service is managed and run. The strategy detailed the various methods in place to enable tenants to be involved and participate in the quality of the care and support. This ensured tenants were informed of, and able to choose their preferred method of participation. This recommendation has been met.

Tenants were welcomed to the Annual General Meeting where they could participate in a question and answer session after the business of the Board was completed. Tenants could access the Annual report and accounts if they wished.

Regular tenants meetings were held to enable a forum for tenant discussion and an opportunity for people’s views and opinions to be raised. We could see from the minutes of the meetings that these were very well attended and that an opportunity was presented for a variety of discussions to take place. Tenant participation was reinforced during tenants meetings and we could see that this had been discussed in detail. This was to raise tenant awareness of the service’s aim to ensure the strategy was in place and enabled broader communication with all tenants. All tenants
received a copy of the minutes of the meeting to ensure they were aware of 
discussions held and any further actions to be taken.

There was a detailed and informative tenant’s handbook in place for existing and 
prospective tenants. Some tenants had expressed an interest and been involved in 
finalising the updated and reviewed version of the handbook. The handbook also 
contained information on how tenants could make a complaint to the service and 
also details of their right, and how to make a complaint to the Care Inspectorate.

The Manager issued regular newsletters and we saw that these included details of up 
and coming events in the "diary" section, points of interest, recipes, and menus for 
planned group lunches as some examples. These were an informal way of ensuring 
that all tenants were kept up to date with planned activities and events and any other 
important information regarding the service.

Questionnaires were distributed every two years to tenants and we looked at 
completed questionnaires and comments during our inspection. The frequency of the 
questionnaires was at the request of the tenants who felt they did not wish to 
complete these on an annual basis. We saw that overall feedback was complimentary 
of the service received and of the staff. Where tenants had suggested areas for 
 improvement we could see their views had been taken on board and acted upon. For 
example, some tenants had raised comments that they were unsure of the role of the 
Directors. As a result of this, tenants were now invited to attend the AGM and 
Directors often visited tenants during meetings or on a one to one basis if requested. 
Questionnaires were collated, analysed and any outcomes fed back to tenants 
through the newsletter.

The Manager had daily informal contact with most tenants and attended the coffee 
morning on a weekly basis to enable tenants to discuss any issues during these 
times.

Of the 32 questionnaires returned to us, 26 people strongly agreed or agreed with the 
statement “the service asks for my opinion on how it can improve”.

Comments from tenants during the inspection included:
“We got to meet the new Director”.
“We have a Christmas meal with the Directors which is always very nice”.
“We get a newsletter which always keeps us up to date”.
“The Manager is always responsive if we need anything”.
“I spoke at the AGM to express my satisfaction of the Manager, Deputy and gardener”.

Areas for improvement
The service should continue to monitor and maintain the very good quality of care. 
They should ensure that it is rigorous in identifying any areas for improvement and 
implementing action plans to address these.
Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
We found that the service was demonstrating very good practice in the areas covered by this quality statement.

The service had developed and implemented a Housing Support Plan Policy which contained details of the service’s commitment to meeting the needs of tenants through the support planning and review process.

Each service user had a support plan in place and from our sample of support plans during the inspection we could see that these were regularly reviewed and that tenants were actively encouraged to develop, and be involved, in the support plan and associated risk assessments. Support plans contained details of medical and healthcare needs and the support in place to meet these. We saw that risk assessments were in place and that where any individual risk was identified, measures were put in place to reduce this risk. There was good evidence of risk assessments being updated as a result to individual changing healthcare needs, for example, after a hospital admission or deterioration in mobility. We were satisfied that the support plans and risk assessments in place were effective at ensuring that individual support was carried out in a way that was directed by individual choices and preferences and ensured that they were safe and protected.

The Manager and Deputy Manager maintained a “daily worksheet” which ensured all relevant issues in regard to tenant’s health and wellbeing were recorded and communicated with each other. We saw that recordings evidenced good collaborative working with other healthcare professionals, such as the GP, District Nurse or Community Psychiatric nurse, to meet tenant healthcare needs, where appropriate. All daily recordings were continually monitored and evaluated to ensure the support plan and risk assessments were up to date and effective, and as part of the review process.

We could see that reviews of care and of the support plan were taking place on a regular basis and that tenants, and their families/carers where appropriate, were actively involved in this process. The support plan detailed who the tenant wished to be involved in the review meetings.

From the 32 questionnaires returned to us, 30 people strongly agreed or agreed with the statement “my needs and preferences have been detailed in the personal plan”
and “the service check with me regularly that they are meeting my needs”. One tenant commented “The care here is not hands on care but the staff are supportive and know how to put into action any support I might need in case of an emergency or my health deteriorating”.

We found that there were a variety of groups and events organised to enable tenants to meet up and participate to promote their overall general wellbeing. For example a weekly keep fit class, a variety of activities each Thursday, movie afternoons, Cottage Praise on a Sunday, and knit and natter. There were also themed activities and events such as Halloween and Christmas, which included making arts and crafts and dinners. Tenants told us of the groups and activities they attended and comments included:

“We have a "knit and natter" which is good”.
“Once a fortnight we have an art group”.
“We have a coffee morning every Friday and really enjoy that”.
“The Christmas dinner is very good - everyone comes”.
“We are making things for Halloween”.

As a result of the staff attending Adult Support and Protection training, the Manager had held a “mini talk” with tenants to inform them of the Adult Support and Protection guidelines in place and of staff duties and responsibilities in relation to this.

Areas for improvement

The Manager told us that there was an increasing number of tenants living with dementia or poor short term memory. Both the Manager and Deputy were committed to continuous development and we directed them to the Promoting Excellence Framework and the Standards of Care for Dementia in Scotland. This is a framework for all health and social care staff working with people with dementia, their families and carers. The framework outlines four levels and each level is specific to the workers role and responsibility. We have asked the service to support the Manager and Deputy to undertake this training to ensure positive healthcare outcomes for tenants living with dementia. (See recommendation 1 below).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that staff have a sound understanding and knowledge of living with Dementia and undertake Dementia training.

In making this recommendation, we have taken into account The National Care Standards, Housing support services, Standard 3 - Management and staffing arrangements.
* Promoting Excellence Framework

* Standards of Care for Dementia in Scotland

* Informed About Dementia Workshop Facilitator’s Guide ...
  http://www.nes.scot.nhs.uk/media/1963573/dementia_informed_workshop_interactive.pdf

* Level 1 - Informed about Dementia DVD
  www.nes.scot.nhs.uk/.../dementia/informed-about-dementia-dvd.aspx

* Level 2 - Dementia Skilled - Improving Practice - NHS Education for Scotland
  www.nes.scot.nhs.uk/media/857092/dementia_skilled_final.pdf

* Level 3 - Promoting psychological wellbeing for people with dementia and ...
  www.nes.scot.nhs.uk/media/1559931/enhanced_resource_fullv2.pdf
Quality Theme 3: Quality of Staffing

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 staffing in the service.

Service strengths
The comments we have made under Quality Statement 1.1 are also relevant to this statement.
We have given this statement the same grade of 5, Very Good, as Quality Statement 1.1.

Areas for improvement
The areas for improvement detailed in Quality Statement 1.1 are also relevant to this statement.

Grade awarded for this statement: 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
To assess this statement, we observed staff practice and interaction with tenants, looked at training records and spoke with staff and tenants. We found that the service was demonstrating very good practice in the areas covered by this quality statement.

We made a requirement at the previous inspection that the provider must review and update recruitment procedures to ensure they meet the legislative guidance and best practice. This was to include a review of the current application form used and the application pack sent to prospective candidates. We looked at the recruitment and selection policy and procedure and saw that this had been reviewed and updated to include reference to the Rehabilitation of Offenders Act 1974. The application pack now included reference to health and disabilities and included an equal opportunities monitoring form. We were satisfied that this requirement has been met.
A requirement was also made that the provider must implement appropriate policies and procedures in the service to underpin staff practice and meet legislative guidance. The provider must ensure that all staff are aware of their responsibilities under Adult Support and Protection and receive Adult Support and Protection training. We looked at policies and procedures within the service and found that these had been appropriately implemented, reviewed and/or updated. There were now policies and procedures in place for Whistle blowing, staff supervision and development, housing support planning and fire safety. The Manager, Deputy Manager and Gardener had all attended training in Adult Support and Protection and were fully aware of their role and responsibility in relation to this. We found that all staff were aware and followed best practice guidance through the Joint working, Multi Inter-Agency Guidelines August 2013. We were satisfied that effective policies and procedures were in place and that staff were aware of how to put these into practice. This requirement has been met.

We found that the service had professional and motivated staff who were held in high regard by tenants. We received many positive comments from tenants during our inspection and also from the returned questionnaires. These included:

"We are well looked after by the two ladies".
"Absolutely wonderful, love it here. Staff are helpful if I need it”.
"The Gardener is absolutely brilliant - just need to ask and he will help”.
"All the staff are very good”.
".........(name) is very good - helps me with my ipad".
"The staff are very kind and caring”.

The Manager and Deputy Manager were committed and proactive in developing their knowledge and skills through continuous learning. Each kept a Continuous Professional Development (CPD) folder which detailed any training attended and certificates gained. After each training event we found that the Manager and Deputy kept a reflective account detailing what they had learned from the training and reflection of how they would apply this into their day to day practice. Identified training needs were highlighted and recorded through the supervision and appraisals meetings which staff confirmed. The Deputy Manager had requested specific training to further professional and personal development and we could see that this had been planned. Since the previous inspection the Manager had completed SVQ 4 Health and Social Care and the Deputy had completed SVQ 3 Health and Social Care. Both had attended training in first aid and adult support and protection and the Manager was registered with the Scottish Social Services Council. The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services and regulating their education and training. From speaking with staff, looking at records, and speaking with tenants, it was evident that staff were motivated, trained and competent by working to National Care Standards, legislation and best practice.
There were only four people employed in the service, the Manager, Deputy, Gardener and domestic. It was evident through observations and examples given that both the Manager and the Deputy worked very well together and reflected on day to day work practice to establish if anything could have been done better. Both were knowledgeable and aware of individual tenants needs, likes, preferences and routines and we observed interactions with tenants to be kind, caring and respectful.

From the 32 questionnaires returned to us, 31 people strongly agreed or agreed with the statement “I am confident that staff have the skills to support me”. One person did not know. All 32 people strongly agreed or agreed with the statement “staff treat me with respect”. Comments included within the questionnaires included: “The staff are excellent they cater for all my needs”. “Staff are very helpful at all times”.

Areas for improvement

Although the Adult Support and Protection Policy had been updated, we found this did not refer to, or cross reference to the Local Multi-agency guidelines. The Manager told us she would update this policy without delay. All staff members had attended Adult Support and Protection Training and we were satisfied that they were fully aware of their role and responsibility and of best practice guidelines. We advised the service to ensure that this training was updated regularly and to include the timescales for this within their Adult Support and Protection Policy and Procedure. We have therefore made a recommendation. (See recommendation 1).

Due to the small staff team, the Manager and Deputy Manager were aware of training needs, for example when these were due to expire, and would then plan for these. We found that there was no overall training plan or “matrix” which detailed all staff training attended, when due for review and of further training planned. We felt this would give a further oversight to training within the service and enable effective auditing. This is an area where the service should consider further improvement could be made.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service provider should ensure that staff attended Adult Support and Protection training on a regular basis. The frequency and timescales for the training should be included within the Adult Support and Protection policy. In making this recommendation, we have taken into account The National Care Standards, Housing support services, Standard 3 - Management and staffing arrangements.
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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 comments we have made under Quality Statement 1.1 are also relevant to this statement.
We have given this statement the same grade of 5, Very Good, as Quality Statement 1.1.

Areas for improvement
The areas for improvement detailed in Quality Statement 1.1 are also relevant to this quality statement.

Grade awarded for this statement: 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
From the evidence we gathered during this inspection within areas of care and support and staffing, we concluded that the service demonstrated good practice in the areas covered by this Quality Statement.

The service had systems in place to ensure the quality of the service provided. This included the care review meetings which gave tenants and their family/carer, or representative an opportunity to discuss the individual support and raise any comments or issues.

Tenants meetings were held every quarter and tenants spoke positively of this as an opportunity to raise their views.
The tenant questionnaire continued to be an effective way to gain views, suggestions and comments from tenants and we found that these were acknowledged and responded to.

Strengths identified in Quality Statement 1.1 are also relevant to this statement.

We found that the service had a complaints policy and procedure in place which included information on how tenants could make a complaint to the Care Inspectorate. Where the service had received a complaint we found this had been responded to as directed in their procedure. All tenants were made fully aware of the policy and procedure and of their right to make a complaint through the tenant handbook. We also saw evidence that this information was reinforced during individual care review meetings. Complaints are a valuable way for all people to express their views and it is important that there is an effective procedure in place and that this is followed to enable a satisfactory outcome.

We saw examples where the service had been influenced and made changes as a result to views and comments from tenants. For example, tenants had expressed that they were unsure of the role of the Directors and were now invited to attend the Annual General Meeting and participate in a question and answer session.

Of the 32 questionnaires returned to us, all 32 people strongly agreed or agreed with the statement “overall I am happy with the quality of care and support this service gives me”.

Comments from tenants during the inspection and included within the questionnaires included:

“I have no complaints with anything and am perfectly happy with all the care and attention I receive from staff”.

“....(name) is a very efficient Manager ably assisted with .......(name) the Deputy”.

“The staff are just right and I hope nothing ever changes to alter the unique care Colinton Cottage Homes provide”.

**Areas for improvement**

Although the Manager gave us a full and detailed explanation of how any incidents were recorded and followed up, we found that there was no formal incident form or associated policy and procedure in place. It is important that all incidents and accidents are recorded accurately and that any further action taken is recorded, monitored and evaluated. This would enable the service to have effective oversight and monitoring of all accidents and incidents within the service. We have asked the service to ensure that they put a formal system in place for recording all accidents and incidents. (See requirement 1 below).

At the previous inspection it was highlighted as an area for improvement that although the Manager was aware of the gaps in the service, there was no formal system of audits in place, either to be completed by the Manager or the board of
directors. We found a good example of where the Manager kept a “review” matrix to monitor that all support plan reviews were taking place within the required timescale. There was however lack of effective audit in other areas of the service for example, staff training, supervision, accident and incidents, support planning and complaints. We have asked the service to develop an audit system to link into Quality Assurance to enable effective oversight of the service. (See recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service provider must put a formal system and procedure in place for recording all accidents and incidents. The system must enable effective recording, monitoring and evaluation of all accidents and incidents and any follow up actions taken as a result.

   This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)
   Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users
   Timescale for completion: 24 hours from receipt of this report.

   In making this requirement we have taken into account The National Care Standards, Housing support services, Standard 3 - Management and staffing arrangements.

Recommendations

1. The service should develop a quality audit system to link in to quality assurance and enable effective monitoring and oversight in all areas of the service.

   In making this recommendation, we have taken into account The National Care Standards, Housing support services, Standard 3 - Management and staffing arrangements.
4 Other information

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

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

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
5 Summary of grades

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6 Inspection and grading history

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