

## Care service inspection report

# Harry Heaney Centre

## Support Service Without Care at Home

Carrick Road

Spittal

Rutherglen

Glasgow

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Telephone: 0141 634 1610

Inspected by: Roddy MacInnes

Type of inspection: Unannounced

Inspection completed on: 18 December 2013



HAPPY TO TRANSLATE

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### Service provided by:

South Lanarkshire Council

### Service provider number:

SP2003003481

### Care service number:

CS2003001346

### Contact details for the inspector who inspected this 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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The well-established care staff team continues to offer support to service users and are committed to providing good care. Staff have continued to involve service users in all aspects of service delivery. From the discussions with people who use the service, we conclude that the service continues to provide a valuable resource for those who can be socially isolated. Staff have continued to arrange meaningful activities for service users to participate in.

### What the service could do better

The care plans sampled could document the input which service users and families make to all parts of the care planning process more effectively with more creative use of person centred formats. Individual strengths and skills should also be highlighted more explicitly within care plans.

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

The service has continued to ensure that reviews are up-to-date. The service has continued to effectively involve service users in monitoring the quality of support it offers.

### Conclusion

In conclusion the service remains committed to an improvement agenda.

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## Who did this inspection

Roddy MacInnes

# 1 About the service we inspected

The Harry Heaney Centre is a purpose built day care provision, owned and managed by South Lanarkshire Council and located in a residential area on the outskirts of Rutherglen. There is access to public transport and some local amenities nearby. The service provides day care for up to 24 frail elderly people including people with dementia and operates with two units - Monday to Friday between the times of 8am and 8pm and on Saturday and Sunday between the times of 9am and 5pm.

During the week people attend either during the day or in the early evening. A total of 83 people are registered with the service, 50 mainstream and 33 people who have slight to moderate dementia.

The service aims to offer a high standard of care in a safe, secure, homely environment and provide a flexible day care programme which takes account of both service user's and carer's needs. The provider seeks to provide a service which reflects the principles that underpin the National Care Standards. Dedicated transport to and from the service is provided.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

Requirements and recommendations:

If we are concerned about some aspect of a service, or think it needs to do more to improve, 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 based on best practice or the National Care Standards.

-A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration.

Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Care Inspectorate (SCSWIS) is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections.

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 Environment - Grade 5 - Very Good**

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

**Quality of Management and Leadership - Grade 5 - Very 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](http://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 that took place on 08/11/13 from 12.45am to 3pm, 09/11/13 from 1.30pm to 5.40pm and the 18/11/13 from 10am to 11.30am with feedback to the management team, two members of the staff team and a group of service users completed at 12.30pm. Following discussion with relatives, grades were confirmed to the manager on 18/12/13.

The inspection was carried out by Care Inspector, Roddy MacInnes.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- 3 personal care plans of service users
- registration certificate
- service brochure
- nutrition
- healthcare
- participation evidence
- 3 staff questionnaires
- 6 workers interviewed
- risk assessments
- falls workbook and falls information
- repairs undertaken in 2013
- review minutes
- the registered service manager and senior member of management
- 16 service users interviewed
- service user meetings
- newsletters
- staff team minutes
- organisational audits including environment
- complaints records
- accidents/incidents
- notice boards
- 2 relatives

- action plan for 2013 highlighting outcomes achieved
- training plans for 2013
- outcome focussed activity sheets
- activities records and plans
- service's participation information.

### **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](http://www.firelawscotland.org)



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

Records examined, staff interviews and service user interviews evidenced that the recommendation made on the last report has been fully met.

The recommendation was:

1. The service should review their system for recording dependency levels and seek to ensure that service user's changing needs are accurately assessed.  
National Care Standards - Support Services - Standard 2 - Management and staffing arrangements.

### **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 service submitted a self-assessment form as requested by the Care Inspectorate. This was completed in detail, highlighting much strength within the service and areas which they are currently striving to develop or recognize improvements could be made in the future. The service provider identified what they thought they did well, some areas for development and any changes they planned.

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

Comments were generally positive, people felt that they were empowered and supported to live a lifestyle of their own choice.

Comments from service users during this inspection included:

"Staff are all very nice"  
"Very happy"  
"Staff are terrific"  
"Lovely place"  
"I know how to complain and who to complain to"  
"Staff join in with us in activities"  
"Well fed here"  
"Plenty of space in here"  
"Good ideas"  
"Delighted that we are able to go out more"  
"Safe and secure"  
"Happy with care"  
"Staff are excellent"  
"I am well treated with dignity and respect"  
"Happy with staff"

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

Comments from relatives during this inspection included:

"Good staff"  
"There is nothing that can be done to improve this service"  
"Very good communication"  
"Staff friendly and helpful"  
"First rate service"

Overall, service users and their families were very positive about all aspects and were very complimentary about staff.

### 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**

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to continue to have an excellent performance in relation to this statement. We concluded this after we:

- spoke to the manager
- care staff
- relatives
- reviewed care plans
- talked to people who use the service
- training records
- on-going improvement action plan 2013
- satisfaction surveys
- minutes of meetings which service users attended.

Reviews had taken place for service users with planned dates for the remaining reviews. Through interviews staff confirmed that the service had clear and close working partnerships with external agencies and families with records held to evidence this. The staff team were observed to be sensitive to individual needs when supporting people.

The service was providing service users with regular opportunities to contribute on the quality of care by holding meetings. The service actively encouraged the involvement of service users in all areas of this inspection, including facilitating the feedback.

Observation of staff care practice indicated that tasks and procedures were completed in a safe manner.

Staff interaction was noted to be supportive, encouraging service users to express their opinions and views. Comments made during this inspection from service users included:

"I get on really well with the person who supports me"

"They have a sense of humour"

"All of the staff are very busy but always approachable"

"Staff are all on the ball"

"We are aware of the complaints procedure"

"Can't do enough for you"

"They are fabulous"

The service had regularly distributed questionnaires to gain feedback from service users, families and other relevant professionals. Those returned were favourable regarding the quality of service provided. Service users spoken with confirmed that staff took time to get to know and understand them and their individual needs and interests.

Plans and targets for future service delivery were specific and measurable so that people attending are able to tell whether these areas had been achieved. The focus of plans has been on improving and evidencing outcomes for people using this service. Within the records held there were many thank you cards with genuine complimentary comments from family members about the quality and flexibility of care and support delivered by staff to their relatives.

Service users spoken with confirmed that they felt they could approach staff at any time and knew the staff team very well as most had worked at the service for many years. Care plans indicated that service users had participated in development. There was evidence of service user meetings being held on a regular basis. There were minutes available detailing issues discussed and actions taken. Through examining review meeting minutes it was found that these contained information as to who were present and the content revealed flexibility in the delivery of the service to meet changing needs and wishes of individual service users. The service had started to provide services in locations which met expressed wishes and needs.

Through speaking with service users they shared that the manager and staff members were excellent at responding appropriately to any issues that had been raised. The service manager and staff have continued their very good progress in engaging those using the service, relatives and appropriate others in assessing and improving the quality of care and support.

### **Areas for improvement**

Service users should continue to participate in the choice of having information in different formats to suit their cognitive needs when the service is collating participation evidence.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We ensure that service users' health and wellbeing needs are met.

#### Service strengths

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement. We concluded this after we:

- spoke to the manager
- management team
- care staff
- medication systems
- reviewed care plans
- activity records
- talked to people who use the service
- notice boards
- minutes of meetings which service users attended.

There was good access to healthcare professionals and regular contact evidenced through care files sampled. There appeared to be good working between the Day Care Service and the NHS.

During the inspection we saw that service users were provided with a choice of drinks and staff offered regular re-fills. This can help to ensure that service users are provided with adequate levels of hydration. We observed lunchtime and found that there was a good choice available. The food was attractively presented and we found that service users on the whole were able to enjoy their food.

We observed that service users, on the whole, had relaxed and comfortable interactions with staff. Service users told us that they felt they could speak with staff, felt they were listened to and any concerns they may have were taken seriously. Speaking with and observing staff they knew each of the individuals they cared for and were able to identify what their individual care needs were. The staff also confirmed that the service will offer any additional training identified to staff, which is delivered inhouse by South Lanarkshire Council Employee Development team as well as colleagues from other professions including health colleagues.

We took the opportunity to speak with a range of support staff during the inspection. Staff confirmed that they had regular formal supervision; there was a supervision schedule in place.

At the core of training opportunities were communication methods and understanding the impact of positive interactions and interventions. Staff members spoken with evidenced a very good knowledge of individual needs and were clearly committed to ensuring the dignity and privacy of service users.

There were many very positive comments received from service users with regards to their experiences of how care and support is delivered when making comparisons with other providers.

The manager confirmed that there was an open door policy where relatives and service users had easy access to the management team to raise any issues. From the questionnaires, observation and discussion it was evident that there were good relationships between staff, service users and relatives/carers. All of the service users we spoke with agreed staff treated them with dignity and respect. All felt their personal belongings were secure and cared for and respected by staff.

There was clear evidence of most information being person centred. Review information generally was updated in the care plan where changes in service user's health were evident. Service users were clearly involved in reviews, with signatures/ comments in care plans to support this.

### **Areas for improvement**

The service should continue to develop care planning to be more inclusive and person centred and encourage service users to sign all relevant sections of their care plan and review documentation. Risk assessment documentation should be used to more effectively inform care plans. The dates when people have met health agencies could be documented clearer during reviews to ensure that all health checks are fully up to date. The use of pictorial symbols, photographs and other graphics should be further developed to maximise understanding of the contents, where relevant in line with the style used to sharing information with service users. (Please see recommendation 1).

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. Recommendation with reference to Theme 1, Statement 3:  
Management and staff should continue to seek further ways in which service users can be involved in the care planning process.

Documentation relating to health care needs should also be undertaken. Consideration should be given to providing creative formats to support carers and service users to help them have greater participation in the opportunities provided. This is to act in accordance with National Care Standards, Support services - Management and Staffing Standard 2.



## 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

Following consideration of sampled written evidence, and feedback from management, staff, service users and carers, this service has a very good performance in relation to this statement.

All of the service users we spoke with agreed staff treated them with dignity and respect. All felt their personal belongings were secure and cared for and respected by staff. Service users stated that they felt safe. Interviews confirmed that the management and staff team informally and formally sought service user and carer views on a regular basis. Staff confirmed that they promoted healthy lifestyles through providing verbal and written information on a variety of health related topics. There was a needs assessment tool used within the service for people. This addressed health related areas including physical, emotional and mental health needs. Health and safety risk assessments were undertaken in partnership with service users and external agencies to have identified areas of concern.

This service is in a clean, spacious modern building which is attractive inside and out. Service users were observed to use the public and private areas as they wished and to be at home in the building. The corridors and communal areas were fully accessible. The landscaped grounds were not in use during the inspection because of the weather conditions but these areas also appeared suitable for service users to access. Staff and service users reported that further improvements to these areas are planned.

Staff were able to explain easily the systems which are in place to ensure that individual needs can be met in a group living environment. Equipment was in good order and the staff team were able to demonstrate appropriate use of the support equipment needed to maintain service user's safety.

Service users and their relatives told us that they felt they could speak with staff, felt they were listened to and any concerns they may have were taken seriously. We observed that service users, on the whole had relaxed and comfortable interactions with staff.

### **Areas for improvement**

The service should continue to work with service users and their families in assessing and improving the quality of the environment.

**Grade awarded for this statement:** 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

Following consideration of sampled written evidence, and feedback from management, staff, service and carers, this service has a very good performance in relation to this statement.

Staff made arrangements for visits to take place in private using the accommodation they had available. Service users were positive about the facilities provided, and told us that they felt their privacy was maintained. Service users confirmed that they feel safe and secure. Records of the service examined indicated that the service were complying with the relevant legislation and guidance with regard to fire, health and safety procedures and risk management. For example, there were regular fire drills and risk assessments of the premises and for outings.

The Centre was purpose built with level access to all areas. An infection control policy was in place. On the days of inspection the Centre was clean and well maintained. Staff spoken with as part of this inspection demonstrated a clear understanding of their role in ensuring privacy. The Centre was spacious and barrier free. There was space for small group activities.

Meal times were well planned and organised with some people commenting on the good level of food available. Comments included:

"It's a great place. The food is brilliant"

"Staff are all easy to speak with".

There was a variety of comfortable communal and quiet sitting areas and there was ample provision for privacy when receiving visitors. We saw service users' dignity and respect being recognised by staff when they were undertaking their care duties. The staff were polite and courteous to service users and to each other.

#### Areas for improvement

The service should continue to develop their use of audits when assessing and improving the quality of the environment. Some service users were observed to struggle to be fully involved in an activity due to lighting. When interviewing service users, several people expressed criticism of the lighting throughout the building.

Good lighting in buildings can help people to see what is around them, use landmarks to navigate, identify signs and spaces, see others' faces and participate in activities. Poor lighting can increase anxiety and may lead to trip and fall accidents if people cannot make sense of what is ahead of them.

As highlighted in research, by the time people are about 75 years old they need twice as much light as normal lighting standards recommend, and nearly four times as much as a 20 year old, in order to see satisfactorily. The two implications for care environments are that twice the 'normal' light may be required, and that the people using the area should be able to adjust the lighting to their preference.

Best practice guidance should be used to further enhance the environment. (Please see recommendation 1 below):

1. Best Practice in Healthcare Design for People with Dementia (sponsored by the Scottish Government) various authors, 2007 'Sight'.
2. Perception and hallucinations in dementia [alzheimers.org.uk/factsheets](http://alzheimers.org.uk/factsheets).
3. Designing Interiors for People with Dementia, Richard Pollock, 2003.
4. Design innovations for aging and Alzheimer's: creating caring environments 'Put yourself in my place' Elizabeth Brawley 2005.
5. Light and lighting design for people with dementia, 3rd ed. (2013) McNair, D., Cunningham, C., Pollock, R. and McGuire, B. (2013).
6. Lighting design for people with dementia, Dementia Services Development Centre David G McNair.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Recommendation with reference to Theme 2, Statement 2:  
The service should continue to develop their use of audits when assessing and improving the quality of the environment. Some service users were observed to struggle to be fully involved in an activity due to lighting. When interviewing service users, several people expressed criticism of the lighting throughout the building.

## 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

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service has a very good performance in relation to this statement.

The service users and relatives who completed satisfaction questionnaires were positive about the friendly nature, commitment and helpfulness of staff. Before using this service staff confirmed that information is gathered about the individual needs of people. This covered all relevant areas. Service users confirmed that they were able to visit the service and meet staff before using this resource. This helped service users to become familiar with the environment and meet staff who will be caring for them. There was evidence to demonstrate that staff aimed to promote a person centred approach to support and care of service users. We saw samples of records about activities which showed that there was a range of activities available.

When we sampled care plans we saw that there had been improvement since the last inspection. We saw lots of photographs of outings and activities which people had clearly enjoyed. There were clearer processes regarding filing. The Manager with all staff was utilising systems including formal supervision as mechanisms to randomly audit care plans. The service responds to changes to the way in which the service user is able to participate in the planned programme, with additional support or guidance given to staff members. The service continues to access specialist training for staff members, relevant to the needs of service users.

The service has gathered information from service users, their family members and others in relation to how satisfied individuals are with the service provided. The recording system used by the staff team includes adequate person centred details such as lifestyle choices and contained current assessments and reviews. Case records were clearly laid out.

### Areas for improvement

The service with all the staff team should continue to explore a variety of care planning methods to evidence positive outcomes and enhance communication.

**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

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service has a very good performance in relation to this statement.

Service users confirmed that they were consulted about their individual support and care choices on a regular basis. Service users confirmed that staff were conscientious and conducted themselves in a suitable manner. Service user's comments relating to staffing included:

"It's good. There are always things on. The food is lovely"

"The staff are awful good"

"Nothing to beat it"

"It's a great place".

Staff had statutory training opportunities. Staff supervision was also used as a means of improving staff working practices. Some staff have worked in the service since it opened; this provided continuity and consistency of care for service users. Staff interviewed confirmed that new staff received robust induction training.

External management monitor aspects of the service, including complaints. Robust information was available about the complaint procedures, comments and suggestion scheme. A charter of rights was available to guide staff and service users. The aims of the Centre were displayed and confirm the ethos of respect towards service users and others. Staff were motivated and enthusiastic about the work they do.

### Areas for improvement

The service had many complimentary comments made relating to all aspects of the service however, a system to collate all information and feedback should be simplified further to help towards informing the grading system.

The service should continue to develop the personal plans ensuring continued emphasis on service users continuing care and emotional needs. Clear future plans for each person using the day service would help the service to evidence if aims and objectives of delivery are met.

On-going training in dementia care is essential to equip care staff to continue to provide a consistent standard of care based on latest evidence based research. (Please see recommendation 1 below).

This should incorporate medical information made available to inform the staff team of illnesses which may increase the likelihood of pain or changes in behaviours.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Recommendation with reference to Theme 3, Statement 3:  
The service should further develop their practice and commitment to evidencing that all members of the staff team are systematically involved in progressing formally through best practice dementia modules. This is to act in accordance with National Care Standards, Support services- Expressing Your Views standard 12 and Standard 4 - Support arrangements.



## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

### Service strengths

Feedback from service users, management team and staff and examination of relevant documents, indicated that a very good performance by the service in relation to this statement has been maintained. We concluded this after we:

- spoke to the manager
- management team
- care staff
- quality audits
- sampled care plans
- talked with relatives
- training content
- talked to people who use the service
- notice boards
- minutes of meetings which service users attended.

Staff confirmed that they had copies of the Scottish Social Services Council (SSSC) Codes of Practice and the National Care Standards. Staff spoken with had an understanding of these documents and the management teams all confirmed that these were discussed at team meetings to improve staff awareness.

The service had relevant policies and procedures in place which were systematically reviewed. These included recruitment and selection, confidentiality, whistle-blowing and protection of vulnerable adults. Staff were aware of these policies and procedures and were confident in using them where necessary.

The Manager was considering ways in which the existing systems of quality assurance could be developed to evidence service user participation in the quality of management and leadership. The Manager was open to ideas and suggestions and service users stated that the Manager was approachable and had an 'open door policy' which they found to be very helpful.

We noted that staff delivered care sympathetically and had a respectful approach to the people who use the service. The people accessing the service and communicated with over the course of the inspection expressed positive views on the quality of the staff team in terms of their kindness and approachability.

We noted that people who use the service have plenty of opportunities to lead purposeful and meaningful lives. The quality of personal and social care is excellent. The service provides carers and service users with opportunity for consultation about the quality and direction of the service.

### **Areas for improvement**

The service should continue to work with service users and their families in assessing and improving the quality of staffing, management and leadership. All significant events in people's lives should be clearly documented and should include their wishes for the future. The service should continue to work with service users and their family members to identify ways in which service users could be involved in and assist with gathering information in relation to all aspects of quality assurance systems used.

**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

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement. We concluded this after we:

- spoke to the manager
- management team
- care staff
- training gaps
- staff supervision dates
- quality assurance audits
- reviewed care plans
- talked to people who use the service
- minutes of various meetings.

The manager is aware of her responsibilities around notifications to the SSSC. Likewise, the service's responsibility to notify the Care Inspectorate is understood and undertaken as required. Assistance was given to staff to access additional advice and support from other professionals. The service submitted annual returns and self assessments to the Care inspectorate within the requested timescales.

Staff had been provided with opportunities to attend meetings, access training, and in discussion were aware of National Care Standards and Scottish Social Services Council Codes of Practice. Staff feedback on the quality of leadership was positive. The service manager was clearly thought to be accessible and supportive, maintaining a high profile within each service user's specific service.

Service users had a named worker in place. Service users indicated that they were happy with the service provided and felt able to raise comment or concerns. Staff interviewed were clear on everyone's health and safety responsibilities.

### Areas for improvement

Management and staff should seek further ways in which service users can be involved in the assessment of the quality of care and support provided using the grading system, including developing the questionnaires to be more specific about statements within the quality themes. (Please see recommendation 1 below).

When considering how best to develop their participation strategy, the service should consider using their 'You said - We did - This happened' system to be updated at the same time as their production of their news letters to develop further how the service has responded to service user and their families views to help them to continue to evaluate and further develop the quality of their service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Recommendation with reference to Theme 4, Statement 4:  
Management and staff should seek further ways in which service users can be involved in the assessment of the four quality themes using where appropriate external supports. This is in accordance with National Care Standards Support services- Management and Staffing Standard 2.

# 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

All information has been included within the body of this report.

## 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

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings	
5 Nov 2010	Announced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
26 Feb 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
29 Oct 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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