Willie Devine Specialist Centre
Support Service Without Care at Home
Boswell Drive
Blantyre
Glasgow
G72 0BL
Telephone: 01698 826289

Inspected by: Jim Brannigan
Type of inspection: Unannounced
Inspection completed on: 15 January 2014
Contents

Summary 3
1 About the service we inspected 5
2 How we inspected this service 7
3 The inspection 11
4 Other information 26
5 Summary of grades 27
6 Inspection and grading history 27

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Care service number:
CS2003001354

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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 4 Good
- Quality of Environment 4 Good
- Quality of Staffing 4 Good
- Quality of Management and Leadership 4 Good

What the service does well

The Manager should maintain the good level of care and support which is currently provided.

We found that the environment was very pleasant and comfortable. It offered spacious communal areas and a smaller private area.

The atmosphere in the service was warm, friendly and we saw that people were enjoying themselves.

We thought the service was aware of the latest initiatives in care and was pro-active in taking these forward.

The service provides service users with a welcoming, stimulating and pleasant environment. We saw that staff warmly welcomed service users, and treated them as individuals.

What the service could do better

We thought that the service could demonstrate more effectively how it responds to issues raised by service users. We thought that there was room for improvement in how meaningful activities were linked to individual life stories and some of the language and information in care plans could be improved.
The service would benefit from adopting 'reflective practice' to further support staff development.

We thought the service could improve how it prepares and presents evidence to the Care Inspectorate.

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

The service has made some good progress on the areas for development highlighted at the last inspection. There is still room for further improvement on the progress made to date, particularly with the delivery of participation with service users and in the detail written in personal plans.

The service was keeping up to date on the latest initiatives and had good plans going forward to implement them.

The centre continues to provide a high quality service.

**Conclusion**

We thought that this service was providing a good standard of care for its service users. We saw that staff provided a stimulating, pleasant and friendly environment, while at the same time responding appropriately to service users’ individual needs.

**Who did this inspection**

Jim Brannigan
1 About the service we inspected

Willie Devine Specialist Centre is a support service based in Blantyre, South Lanarkshire. It provides support to a maximum of 12 older adults per day who have a diagnosis of dementia and 17 people attend on various days across the week. The service is delivered seven days per week from 9am to 5pm.

This service is one part of six services that form a resource. One manager has day-to-day responsibility for the whole resource.

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.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

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.
- 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 Inspectorate.

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

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - 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. This was carried out by Inspector, Jim Brannigan. The inspection took place on Tuesday 14 January 2014 between 9.50 am and 16.15 pm. It continued on Wednesday 15 January 2014 between 9.40 am and 16.20 pm. We gave feedback to the manager on 15 January 2014.

As part of the inspection, we took account of the completed annual return that we asked the provider to complete and submit to us.
We sent 12 care standards questionnaires to the manager to distribute to service users and relatives. Two completed questionnaires were returned before the inspection.
We received five completed questionnaires from staff.

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

We spoke with:

- two service users
- the manager
- two care staff

We looked at:

- the participation strategy, this is the service’s plan for how they will involve service users’
- care plans, accidents and incidents records
- observed care staff
- complaints 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 recommendations we made at our last inspection
Outstanding recommendations are reported on under the relevant quality themes and statements.

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 service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account
For this inspection, we received views from two of the twelve people using the service. We did not receive any completed care standards questionnaires from people who use the service. We spoke with two people during the inspection.

The people spoke highly about the staff that supported them and said that staff treated them with respect.

We have included comments and views from people using the service throughout the report.
Taking carers' views into account

Feedback about the service was generally positive.

Two relatives returned completed care standards questionnaires prior to the inspection. The two people who returned questionnaires said they were very happy with the quality of care and support.

One person said in the completed questionnaire that they did not know about the service’s complaint procedure. We did not receive any comments from relatives and carers in returned Care Inspectorate questionnaires.
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: 4 - 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 this service was performing well in the areas covered by this statement.

The care service involved the people who use the service and their relatives and carers and asked for their views in several ways. These included:

- We saw that comprehensive and detailed questionnaires were issued regularly to service users and their relatives and the responses that we saw were generally positive;
- we saw reviews took place regularly;
- the service had not received any complaints since the last inspection;
- we saw that a key-worker system was in place;
- we saw that completed questionnaires were collated and analysed;
- we saw that the centre had developed a pictorial questionnaire for service users which was being rolled out;
- we saw that service users were asked their views on specific issues in questionnaires. eg. where they would like to hold the Xmas party;
- we saw that the service issued a winter newsletter which contained information on what was happening over Christmas;
- we thought the questions asked in the service users and relatives questionnaire were insightful, meaningful and informative;
- service users' meetings took place regularly, were minuted, and there was evidence of issues raised being acted upon e.g. changes to menus;
- we thought that South Lanarkshire Councils (SLC) Participation and Involvement Strategy was relevant, detailed and informative;
• we saw the minutes of the local authority-wide ‘Day Care Network’ group, where representatives from most of the support services could raise issues of mutual interest and we saw that service users from Willie Devine were represented at the meeting;
• we saw that staff were patient and understanding and supported service users time to express their views and make choices without pressure;
• we saw that the service’s complaints procedure was displayed;
• we saw that the service had information on how to access advocacy services;
• we thought that service users and carers were encouraged to express their opinions about the service;
• we saw that relatives were asked in questionnaires if they wished to participate in the Care Inspectorate inspection;
• we saw photos of activities that service users had taken part in e.g. Christmas celebrations;
• we issued twelve Care Inspectorate Questionnaires to service users, relatives and carers who used the service prior to our inspections and two were returned prior to the inspection;
• the completed Care Inspectorate questionnaires were very positive about the service they received;
• the people who use the service spoke highly of the service they received e.g. service users said, ‘Staff are very good. I thoroughly enjoyed my lunch, always get a choice. It’s better than the Central Hotel’.

**Areas for improvement**

The service is maintaining good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Two recommendations were made at the last inspection one of which has not been met and one has been reworded.

We saw that the service were consulting with people who use the Willie Devine centre through meetings and questionnaires, however, there was very little information about how this feedback had lead to any changes or improvement in the service. ( see Recommendation 1 )

We saw that some service users gave a negative response to the questions asked in the questionnaires. We did not see any information on how the service responded to the issues raised.

We saw the minutes of the local authority-wide ‘Day Care Network’ group, where representatives from most of the support services could raise issues of mutual interest and we saw that service users from Willie Devine were represented at the meeting. We saw that the following issue was raised:- transport.
However, we did not see any information in the 'action column' of how the provider was taking these issues forward.  
( see Recommendation 2 )

We saw a list of people who attended service users meetings. We thought it would be helpful if the service identified which people were service users.

We saw that issues were raised at a recent meeting in relation to food and activities. There was insufficient detail in the minute to make clear to the reader what the issues were about and insufficient information in the limited action plan as to what action was being taken to address the issues raised.  
( see Recommendation 3 )

We thought that comments made by staff in response to activities e.g. 'service user enjoyed listening to music', could be improved by giving examples and including direct quotes from service users.

We saw a 'Monthly Activities Report' from other centres, however, we did not see one for Willie Devine.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 3

**Recommendations**

1. The provider should demonstrate how feedback from people who use the service has lead to local changes or improvement in the service.  
( National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 12: Expressing Your Views )

2. The provider should have clear information on how it responds to issues raised by service users and their carers in questionnaires or at meetings, e.g. action plans.  

3. The provider should ensure that the minutes of meetings are detailed and informative.  

**Statement 3**

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

**Service strengths**

We found this service was performing at a good level in the areas covered by this statement. We concluded this after we:
• we saw that staff supported and encouraged service users to make informed decisions to ensure they maintained their health and wellbeing and promote their independence;
• we saw that specialised training was available for staff to support service users who had specific health and wellbeing needs e.g. communicating with people with dementia, brain injury;
• we saw that individual service users received support from health care professionals to maintain their health and well being e.g. G.P.;
• we thought it was good that the service had a ‘meaningful activities’ record in place for every service user;
• we saw an appropriate restraint risk assessment in place for the use of bus seat belts;
• we saw a good range of activities on offer which promoted service users health and wellbeing; e.g. reading the newspaper, quizzes, crosswords and sing songs;
• the limited number of people responding to the Care Inspectorate Quality Standards questionnaire agreed or strongly agreed that overall they were happy with the service;
• the people who use the service spoke highly of the service they received e.g. service users said, ‘Staff are very good. I think the food is good’;
• we saw limited information in the care plans we looked at to support service users health and well being; e.g. diabetes, incontinence and mobility.

Areas for improvement

The service is maintaining good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Whilst we thought it was good that the service had a ‘meaningful activities’ record in place for every service user, however, the quality of information varied, some of the sections were blank, were not dated or signed and there was no date of when this would be reviewed or updated.

We thought the information obtained in ‘Life Story’ work could be used to plan individual activities on offer to promote psychological well being.
We signposted the service to the British Association Occupational Therapy (BAOT) publication, ‘Living well in care homes’ for information and guidance. ( see Recommendation 1 )

There were gaps in the care plan and risk assessment documents we saw e.g. some were not signed by all parties, some were not dated, and some had no date of review. ( see Recommendation 2 )

We thought that the way in which the service records the benefits that service users get out of activities could be improved.
We thought that the information that we saw in care plans on how service users' health care needs were to be addressed were limited and could be more detailed and informative particularly on diabetes, incontinence and mobility. (see Recommendation 4)

We saw a restraint risk assessment form was in place, however, it was not signed or dated, it was not authorised by the manager and there was no date of review. We also thought the use of language in the form was inappropriate e.g. cot sides. (see Requirement 1)

We thought the care plan was repetitive in places and we suggested that this should be reviewed to make the care plan more effective.

**Grade awarded for this statement: 4 - Good**

**Number of requirements:** 1

**Number of recommendations:** 4

**Requirements**

1. The provider must ensure that the use of restraint complies with current legislation and best practice.

   This is in order to comply with SSI 2011/210 Regulation 4.(1)(c)-

   A provider must-

   ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances;

   This is in order to comply with SSI 2002/114 Regulation 19.(3(a) Records

   A provider shall keep a record of-

   (a) any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it;

   We signposted the service to the Mental Welfare Commission publication, 'Rights, risk and limits to freedom' for information and guidance.

   Timescale for meeting this requirement: within 3 month of receipt of this report.

   National Care Standards Support Services Standard 2-10: Management and Staffing, Standard 4-7: Support Arrangements, Standard 10-6: Feeling Safe and Secure have been taken into account when making this requirement.
Recommendations

1. The provider should ensure that the meaningful activities record is fully completed, reviewed and updated regularly. The provider should ensure the information obtained in ‘Life Story’ work is used to plan individual activities to further promote psychological well being.

2. The provider should ensure that all care plans and risk assessments are fully completed, signed and dated.
   (National Care Standards Support Services Standard 4: Support Arrangements, Standard 2: Management and Staffing)

3. The provider should ensure that if the activities records are to be used to identify and evaluate the benefits which service users derive from each activity, then the records should be maintained in a way which supports that.
   (National Care Standards Support Services Standard 2: Management and Staffing Arrangements)

4. The provider should ensure that care plans specify in detail how service users' health care needs are to be managed.
   (National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 4: Support Arrangements, Standard 16: Keeping well)
Quality Theme 2: Quality of Environment
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 environment within the service.

Service strengths
See comments under Quality Statement 1.1

Areas for improvement
The service is maintaining good standards and continuing to improve.
The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.
See comments under Quality Statement 1.1

Grade awarded for this statement: 4 - 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
We saw various ways in which the service ensured that the environment was safe and service users were protected:

- an appropriate certificate of employers liability insurance was displayed;
- we saw that an appropriate maintenance log was in place;
- we saw that appropriate accident and incident records were kept;
- we saw that the service had an appropriate risk assessment in place for the use of restraint;
- we saw that a 'service user agreement' was in place;
- we saw that a generic risk assessment was in place;
- we observed that the centre was safe and free from bullying, harassment and abuse;
we thought the centre was clean, bright, modern, well decorated and welcoming;
we thought the premises were well maintained;
we thought the service had sufficient staff to meet service users needs;
the centre had a secure door entry system to protect service users from unwelcome visitors;

Areas for improvement
The service is maintaining very good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

One recommendation was made at the last inspection in relation to intrusive sounds. This recommendation has been met. We saw that there was no overall analysis of accident and incident records. (see Recommendation 1)

We saw three witness statements in relation to one incident which were not all signed and dated and were not cross referenced to the incident. (see Recommendation 2)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should analyse accident and incident records. (National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 5: Your Environment)

0. The provider should ensure that all witness statements are signed and dated and cross referenced to the specific incident. (National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 5: Your Environment)
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

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

Service strengths
See comments under Quality Statement 1.1

Areas for improvement
The service is maintaining good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these. See comments under Quality Statement 1.1

Grade awarded for this statement: 4 - 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
We found this service was performing at a very good level in the areas covered by this statement. We concluded this after we:

• we issued five Care Inspectorate questionnaires and five were returned before the inspection. The majority of staff confirmed that they were well trained, well supported in their role and that they had no unmet training needs;
• we saw one member of staff was currently completing a self study course in ‘Best Practice in Dementia Care’ from Stirling University and we were advised that part of this course would be rolled out to Day Care staff;
• from the files that we sampled we saw that staff had undertaken the following training:-
- communicating with a person with dementia
- supporting professional practice-dementia
- Parkinson’s awareness
- drugs and alcohol and care of the elderly
- moving and handling, Food hygiene - Basic first aid;

• we saw that where individual service users have specific conditions which require specialist care that staff received appropriate training. e.g. supporting people with communication difficulties;

• we saw that care staff had the opportunity to gain an appropriate Scottish Vocational Qualification (SVQ) level II and/or III in Health and Social Care to register with SSSC;

• we saw that some copies of certificates of training course attended were kept in staff files;

• staff were familiar with the National Care Standards and the Scottish Social Services Council (SSSC) Codes of Practice;

• staff had access to and were familiar with the services policies on Health and Safety, equal opportunities, whistleblowing, confidentiality and complaints;

• we saw that the service had a spreadsheet detailing all the training that staff had undertaken;

• the majority of staff had received regular supervision and this was recorded. We thought the template was well structured. There was information on staff strengths and areas for development;

• we saw that service had an effective annual ‘Personal Development Review’ (PDR) system in place and staff had a professional development folder;

• we saw that the service had a specialised training plan in place for staff;

• we saw that staff completed training questionnaires to evaluate what they had learned;

• we were advised that the service is planning to roll out training in ‘Psychological Intervention in response to stress and distress in dementia’

• the service was awarded ‘Investors in People’.

• we spoke with service users during the inspection and they all spoke very highly of the staff. We received the following comments: ‘The staff are very good’, ‘they look after us well’.

Areas for improvement

The service is maintaining very good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

One member of staff said in returned Care Inspectorate Questionnaires the service does not ask for their opinion on how it can improve.

( see Recommendation 1 )
It was unclear which period the specialised training plans related to as there was no date on them.

( see Recommendation 2 )

It was not clear if the information collated from completed staff training questionnaires was being discussed and evaluated at supervision and PDR.

( see Recommendation 3 )

It was not clear how the information collated from completed staff training questionnaires was being used to evaluate, inform and improve practice.

( see Recommendation 4 )

We signposted the service to the Scottish Social Services Council (SSSC) publication, ‘The Framework for Continuous Learning in Social Services’ for information and guidance.

We signposted the service to the British Association Occupational Therapy (BAOT) publication, ‘Living well in care homes’ for information and guidance.

We signposted the service to Social Services Knowledge Scotland www.ssk.org.uk for information and guidance.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The provider should ensure that all staff are asked for their opinion on how the service can improve.
   ( National Care Standards Support Services Standard 2: Management and Staffing Arrangements )

2. The provider should ensure that the specialised training plans are clearly dated.
   ( National Care Standards Support Services Standard 2: Management and Staffing Arrangements )

3. The provider should ensure that the information collated from staff training questionnaires is discussed at supervision and PDR.
   ( National Care Standards Support Services Standard 2: Management and Staffing Arrangements )
4. The provider should ensure that the information collated from staff training questionnaires is used to inform and improve practice.

(National Care Standards Support Services Standard 2: 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
See comments under Quality Statement 1.1

Areas for improvement
The service is maintaining good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these. See comments under Quality Statement 1.1

Grade awarded for this statement: 4 - 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
We found this service was performing at a good level in the areas covered by this statement. We concluded this after we saw:

- we thought the service was up to date with Scottish government initiatives to improve care for people with dementia e.g. Scotland’s National Dementia Strategy, Promoting Excellence, Charter of rights;
- we saw that the service had good plans going forward as to how it was going to support and develop the national dementia strategy e.g. ‘promoting excellence’ training for staff;
- we saw that the service was actively involved in the ‘Going for Gold’ Initiative which promotes meaningful activities for people with dementia;
• we saw that the service had an audit tool to evaluate and assess how it was meeting the ‘standards of care for people with dementia’;
• we saw that management meetings were held regularly;
• we saw that a detailed and comprehensive ‘Centre Audit Report’ was completed on a monthly basis which identified any issues and action being taken;
• we saw South Lanarkshire Council’s Code of Conduct for employees dated September 2011;
• we saw that the service had achieved the ‘Customer Service Excellence’ award;
• the service holds an award for Investors in People (IIP);
• the service was aware of the services responsibility to report to Scottish Social Services Council (SSSC) any staff dismissed on the grounds of misconduct;
• the service was aware that the service must provide SSSC with information it may require about members of staff;
• we saw that the service had copies of the Care Inspectorate Notification Guidance and the service knew of their responsibility to notify the Care Inspectorate of matters of misconduct, including theft;
• we saw that the service did an analysis of service users dependency levels;

Areas for improvement

The service is maintaining good standards and continuing to improve.
The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We thought the service could improve how it prepares and presents evidence to the Care Inspectorate.
One person said in the returned Care Inspectorate questionnaires that they did not know about the services complaints procedure and did not know that they could make a complaint to the Care Inspectorate.
( see Requirement 1 )
It was not clear how the analysis of service users dependency levels informed staffing levels.
( see Recommendation 1 )
The South Lanarkshire Council’s Code of Conduct for employees did not include information on whistleblowing, adult support and protection and SSSC codes of practice.
( see Recommendation 2 )
Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that all service users, their relatives and carers are made aware of the services complaints procedure and that they can raise a complaint directly with the Care Inspectorate.
   This is in order to comply with SSI 2011/210 Regulation 18.(1)(2)(3)(4)(5)(6)(a)(b)(7)(8) Complaints

   Timescale for meeting this requirement: within 3 months of receipt of this report

   National Care Standards Support Services Standard 2-1: Management and Staffing, Standard 12-2: Expressing Your Views have been taken into account when making this requirement.

Recommendations

1. The provider should demonstrate how the analysis of the dependency level of service users informs staffing levels.
   ( National Care Standards Support Services Standard 2: Management and Staffing Arrangements )

2. The provider should review and update South Lanarkshire Council’s Code of Conduct for employees to include information on whistleblowing, adult support and protection and SSSC codes of practice.
   ( National Care Standards Support Services Standard 2: 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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 3</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Quality of Environment - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 2</td>
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<tr>
<th>Quality of Staffing - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<tr>
<td>Statement 3</td>
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<th>Quality of Management and Leadership - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 4</td>
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6 Inspection and grading history

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<th>Type</th>
<th>Gradings</th>
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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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