care inspectorate

Care service inspection report

Newton Stewart Activity & Resource Centre

Support Service Without Care at Home

Dumfries & Galloway Council: Activity & Resource Centre
King Street
Newton Stewart
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Telephone: 01671 403483

Type of inspection: Unannounced

Inspection completed on: 24 July 2014

HAPPY TO TRANSLATE

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Service provided by:

Dumfries & Galloway Council

Service provider number:

SP2003003501

Care service number:

CS2003010870

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Summary

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

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

We gave the service these grades

Quality of Care and Support	6	Excellent
Quality of Environment	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

What the service does well

The service is excellent at facilitating ways for the service to be member led. This resulted in a great feeling of partnership between the members and the staff. The service has a passionate staff team who thrive on innovative challenges that arise from fresh ideas from anyone that has contact with the service.

What the service could do better

The service should continue to perform at the excellent level achieved at this inspection and continue to adapt and be open to new ideas to ensure it does lose the enthusiasm it currently displays.

What the service has done since the last inspection

Since the last inspection in June 2012, the service had been forward thinking in the use of the Cree Studio and had developed various DVDs to complement the complaints procedure, brochure and other written information. The service had explored new ways of obtaining training and other opportunities for the service to replace the local college and community centre that were no longer available to them. There had been continual development and implementation of new projects and activities in order to meet the many ideas and requests from their members. Previous member led groups were still in place and encouraged by the service.

Conclusion

In conclusion the service provided excellent individualised care and support which was led by the members where possible. The service was focused on what the members were able to do rather than what they were not able to do. During the inspection we found examples of excellent practice that were humbling to observe.

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS. SCSWIS is now known as the Care Inspectorate.

Newton Stewart Activity and Resource Centre (ARC) is run by Dumfries & Galloway Council and is situated on the main road through the town. It was a purpose built facility which has been upgraded to accommodate special needs service users.

The service building is homely and has a very welcoming atmosphere. There is a small garden area to the rear and side of the building. The centre offers a wide range of activities both in the building and outwith. The service has further developed the recording studio. The Cree Studio also offers music therapy for people with an Autistic spectrum to express themselves. The service also works closely with the 'Independent Living Skills' which is part of the "Partners in Autism" programme. Community facilities are increasingly being used and provide service users with more opportunities to become fully integrated into the local community.

The centre has the capacity to care for a maximum of 35 people, at the time of the inspection 33 service users were on the register.

The service users, with the service support, have continued to run the 'Merrick Cafe' for two days a week situated at the Merrick Sports Centre and provide meals and snacks to the general public. The cafe has been awarded 4 stars by Visit Scotland and has achieved a Healthy Living Award.

The service is for people who have Learning, Physical disabilities and illness, hearing or visual impairment, acquired brain injury and stress/distressed behaviour.

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

Quality of Care and Support - Grade 6 - Excellent
Quality of Environment - Grade 6 - Excellent
Quality of Staffing - Grade 6 - Excellent
Quality of Management and Leadership - Grade 6 - Excellent

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 the report following an unannounced inspection. This was carried out by one inspector, Eleanor Higney. The inspection took place on Wednesday 23 July 2014 between 10am and 5.30pm. It continued the following day, Thursday 24 July 2014 from 9am until 4.30pm. We gave feedback to the manager, deputy manager and one of the day service officers at the end of the inspection.

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 out fifteen care standards questionnaires to the manager to distribute to the members. 14 members sent us completed questionnaires.

We also asked the manager to give out 6 questionnaires to staff and we received six completed questionnaires.

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

We spoke with:

- 10 members
- 1 relative
- The manager
- The deputy manager
- One day service officer
- Three day service workers
- One visiting independent advocate

We looked at:

- The participation strategy - this is the service's plan for how they will involve members.
- Minutes of Members Improving Services Team (MIST) committee meetings

- Minutes of staff meetings
- Newsletters
- Member and carer questionnaires
- Staff questionnaires
- Stakeholder questionnaires
- Personal Assistant questionnaires
- Personal support plans
- Accident and incident records
- Updated policies and procedures
- Complaints procedure
- Staff training records
- Staff supervision/appraisals

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

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 from the provider. We were satisfied with the way the provider completed this with the relevant information included under each heading.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment and we saw evidence of this.

Taking the views of people using the care service into account

The views of the people using the service were commented on throughout the body of the report.

Taking carers' views into account

The views of carers of people using the care service were commented on throughout the body of the report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

The service had a newsletter that is sent out to members and their family. Members and family members we spoke to confirmed this. The service continually develops the newsletter to ensure that it does not become repetitive. The newsletter included a mix of information about the service and signposted people to helpful places for information and support.

A brochure was available about the service and a DVD version of this was in the process of being completed. We looked at the brochure so far and found this to be very informative and jam-packed with the experiences of the members that had been using the service which gave a vibrant overview of the service.

At the previous inspection we asked the service to review how they made people aware of how to make a complaint. Since then the members had made a DVD that explained the complaints procedure. We looked at this and found it to be very easy to understand. The service had also reminded people about the complaints procedure in various newsletters and when we spoke to people that use the service and their families they could tell us they knew how to make a complaint.

Advocacy services visited every week. These visits were displayed in the service to the members by both posters and by using talking spots (a device that the service had introduced that allowed people to record a short message that could be played back at the touch of a button). Members could choose to meet with advocacy in private

and if they had any issues that they wished advocacy to raise on their behalf then this could be done either anonymously if requested or with their details if that was preferred. We spoke with the visiting independent advocate during the inspection and they told us that this arrangement worked well.

The service had a participation policy that had been recently reviewed earlier this year. Staff had attended training sessions on this to ensure that they were familiar with it.

We saw that the service kept a consultation and feedback folder. We saw evidence in this folder that the service had obtained the views of various people that had come into contact with the service. This included members, families, staff and other stakeholders. These questionnaires asked specifically about the four themes of the national care standards. We saw that these had been collated and were very positive. Where there had been any areas that needed addressed, and then an action plan had been devised and worked through. The service had devised a First Encounters feedback form that had been used by members and their families that were new to the service. Some comments from the various feedback were:

"The service tried to make my daughter very welcome and included."

"You made us feel at home."

"I definitely wouldn't want to lose it (the service), it's important that it's here."

From the 14 returned questionnaires that we received back from members, 13 either agreed or strongly agreed with the question 'Overall, I am happy with the quality of the care this service gives me.' 1 member had answered this question as 'don't know'. Some comments we received back were:

"The service provided by all the staff at Newton Stewart ARC is exceptional. They take the greatest of care to make sure that all of my daughters needs are met across all areas. Wonderful service and staff!"

"I am very happy with the services that the ARC provides."

"Enjoy my attendance at ARC."

"We are very pleased with this service, it has a great atmosphere and everyone is happy when they are there. This ARC has fantastic, caring staff and management and is very well run. Keep up the good work!"

"I like the people here. The staff are good at keeping an eye on people here. Staff are good at speaking to people. I like the activities I do here."

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

The service had been working with the Disability Sports Partnership for a few years; however, the level of involvement had significantly increased this year. The members had attended several organised events this year so far. These included a multisport day, regional football trials and a weekly swimming group. In between the organised events from Disability Sports, the service had arranged to borrow equipment to enable them to hold extra activities. Due to the success from this the service has started to purchase equipment of their own. Members we spoke with told us about these too and how much they had enjoyed them and about the new experiences they had had. We saw evidence of the multi sports day on a large notice board which included pictures and the following comments from members:

"I thoroughly enjoyed being part of the sports session."

"I want to do this again."

"I really enjoyed sports day and would like to do it again."

"I enjoyed the day, it was very busy."

Since the last inspection the Cree Studio within the service has gone from strength to strength. It started out in 2010 from Postcode Lottery funding and had since received a special commendation at the Care Accolades 2013 - Working Better, Working Together category for it's work with service users and the production of a short film called 'The Talents Within' which was awarded social media category winner in the Association of Social Care Communicators Awards in December 2012. The studio is now joint funded by the council and Turning Point Scotland and we saw that this was greatly used by the members who spoke very enthusiastically of the studio. The studio facilitated members of all levels of ability to record music from its substantial range of guitars, drums, percussion and keyboards. The studio had extended its provision for film making as it now had a green backdrop screen which enabled the members to develop any background scene to their film. The members had also created props e.g. a volcano and other models, which were used in the films. We watched some of the completed DVDs and found them to be very professional and the members told us about the amount of work they had put into them and the great sense of achievement they felt. The two staff that mainly facilitated the studio were dedicated to continually evolving what the studio could offer to the members, regardless of the member's degree of ability. We saw some fascinating and innovative

examples of this which resulted in members achieving outcomes that without the studio they would not have been able to.

At our previous inspection we were told that the service was introducing health passports. These had been put in place in paper format; however, the service had found that they had had to make frequent changes to these which led to them being re-written. In order to stream line this, the manager had liaised with NHS and recently obtained an electronic version which meant that changes were easier to make and had resulted in these being kept up to date and providing clear information.

The service had continued to run it's Merrick Café. This is a 'pop up' café, situated upstairs in the Merrick Leisure Centre and is open two days each week. As well as the members learning catering and café skills, the café team participate in training, including food hygiene and customer care. The café had recently produced new menus and brochure and the members were fully involved in this and members told us that they had had a say with regard to what went in them. The café had been presented a Healthy Living Award by Nick Nairn in March this year. Within the service we saw the café notice board which was kept up to date by the members and included minutes of café meetings and a quarterly café update. We saw that the service had members involved of all degrees of ability and had thought imaginatively of how to achieve this at member's requests.

Since the last inspection the service had started working with the Outdoor Education Partnership. This was now in its second year and we saw evidence that this partnership had provided the members with new experiences including orienteering, kayaking and sailing. Members told us about these new experiences and how much they enjoyed them. We saw pictures taken at these events and it was clear to see the fun and happiness that these occasions had brought about.

The service provided a range of individual and group activities within the centre and these included weekly chair based exercises, art work, computing and bowling. This meant that members had a wide variety of options to choose from throughout the week and this led to individual activity planners for each member rather than all members following a similar programme.

The Cree Singers is a choir ran by the service and attended by the members. They had celebrated their 10th anniversary last year and celebrated this by holding their annual concert at a local cinema which provided a stage for the concert. Members we spoke to told us about this and how much they had enjoyed being involved in the choir. It was clear from speaking to the members that they were proud of their annual concert and how this gave their family a chance to see their hard work. During the inspection there was a choir practice and the skilled and expert harmonies that we heard were marvellous. The deputy manager who runs the choir told us that the choice of songs used were selected from both the staff and the members alike and we saw that there was a wide variety of new and old songs. The deputy had recently attended a course

called 'Singing is Good for You' which included the psychological and physical benefits from singing and we saw that she was motivated in this line of work.

The service worked with the Health Improvement Team (HIT) to provide a life skills group. This group works with the members to provide training and practical skills in cooking, budgeting, fire safety, oral care, road safety, healthy eating, social interaction, alcohol awareness, smoking awareness and personal safety. Whilst some of these were provided by HIT, police, fire service etc. the bulk was provided by the staff at the service. This had led to members being more confident and autonomous is their move towards living independently.

We looked at personal support plans for the members and found these to be person centred and holding relevant information. Where the member required input from health professionals, for example the dietician or speech and language therapist, this had been recorded. The personal support plans showed input from members and their families. We noted that six monthly reviews had been carried out.

The service had introduced 'talking spots'. These were small devices that staff and members used to record short messages on to aid communication. We found that these were used appropriately and contained up to date and useful information. members we spoke with were able to tell us about using these. This was an extremely innovative use of the device that led to improved communication within the service.

The service had started moving towards an electronic system for personal support plans and other relevant information relating to members called Framework. We saw that this held up to date information and it provided an alert system that was used by staff to alert the manager to any significant entries that they had made.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

The service facilitates the members to be involved in a monthly housekeeping audit of the resource centre. This created an opportunity for the members to state their findings and have a record of these.

The building is used out with office hours by community groups. The service obtains feedback from these groups to provide another perspective.
See service strengths under 1.1 for more information.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

At the previous inspection we made a recommendation that Dumfries and Galloway Council should update their policy on the use of physical interventions to reflect the most recent staff training techniques that the council now endorse. We saw that this had been completed.

The service operates a volunteer policy and we saw that this had been reviewed in April 2013 which ensured that it gave relevant and up to date guidance.

At the previous inspection we made a recommendation in regard to hoist provision at the service, we were pleased to see that this had been resolved.

The service had worked with the police to be trained as a 3rd party reporting centre. The members had attended community police workshops on 'Keeping Yourself Safe'. We saw on the Members Improving Service Team (MIST) notice board that there was information about the new police reporting number and other relevant advice. Members we spoke with were able to tell us about the notice board and refer to it.

The service had carried out relevant safety checks including fire risk assessment and health and safety audit which were then inputted on the councils electronic system which meant that there was monitoring of these from the provider.

We saw that service checks including LOLER checks on lifting equipment and portable appliance testing for electrical equipment were up to date.

Since the last inspection the service had had a new fire alarm system fitted, an upgrade to their CCTV and new work benches in the computer room. A new aid call system was being installed during the inspection.

Dumfries and Galloway Council have introduced a driving assessment course that had been undertaken by staff. This complimented a new driver handbook that included daily checks for vehicles. Staff told us that these had been positive improvements.

We looked at accident and incident and found that these were recorded and investigated and any action required noted. We saw that the manager had an overview of all accidents and incidents.

We found the service to be clean and tidy with wide availability of equipment including gloves, wipes etc. yet still homely and personalised by the members.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

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

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We saw evidence that the members had been in the recruitment process for new staff. The service had used the assistance of advocacy services for this. Advocacy had carried out training sessions with the members on what their expected role would be, then accompanied the member through the process and assisted the member to give their feedback to management. We spoke to a recently recruited member of staff who confirmed that this had happened as part of their interview and they told us that they had found this a positive experience.

The members were actively involved in the annual appraisals for staff. The form used this year had been improved from last year to include a short job role description and cross reference to the national care standards. Advocacy had spent time explaining the process with the members and ensuring that they had agreed to participate in the process. Staff told us that they found this method to be very worthwhile as it gave a well-rounded perspective to their appraisals and they felt it made it very personal.

See service strengths under 1.1 and 2.1 for more information.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

Staff we spoke to expressed a great passion and drive about working with the members and it was clear that they enjoyed working at the resource centre.

The service had recently reviewed their method of recording staff training and started updating this method to encompass both mandatory and non-mandatory training. The new method allowed for a clear overview of all staff and included not only training they had undertaken but extended to policies and best practice guidance that they had read. This reflected the services commitment to continually strive for improvement.

The service carried out regular staff supervision and we saw evidence of this in staff files. Staff we spoke to also confirmed this. The supervision was cross referenced to the relevant national care standards which kept the staff outcome focused.

We looked at induction records for new staff and found they were relevant and up to date.

Since the last inspection some staff had completed extra training to enhance their job role. These were:

- Two staff completed SVQ Assessor course
- Two staff completed moving and handling trainer course
- Two staff completed level 5 in management and leadership
- Manager and deputy completed IOSHH course in health and safety
- Manager completed diploma in autism
- Deputy completed music course (refer to 1.3)
- Two staff completed ASIST course in suicide support
- One staff completed sports coaching

We saw that staff had attended refresher training in mandatory training and other relevant topics including the use of Buccal Midazolam.

Following the introduction of the personalisation agenda the service had seen a change in the number of personal assistants that now accompany the members whilst they used the service. Although the personal assistants are not resource centre staff, the service still ensures that they feel part of the team. This had been done by a

short induction taking place on their first visit, followed by being asked to give the manager their views about any good practice, issues or ideas that they had. These had then been responded to by the manager and the outcome displayed on the personal assistant section of the noticeboard shared with resource centre staff. We looked at some of these and could see that where there had been an issue or idea raised they had been dealt with swiftly and in a manner that encouraged and welcomed such involvement.

Dumfries and Galloway council had produced guidance for services on how to manage any human resources issues with the personal assistants and we saw evidence of this being used.

The manager was registered with the SSSC and was aware of future requirements for all care staff to register.

The service was aware of the recent best practice guidance paper from the Scottish Government called 'The Keys to Life'. This guidance was specifically designed for services that support people with learning disabilities so it was good to see this was being used.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

Each day there was an allocated staff member displayed on the notice board as being a point of contact for any queries or other help that someone may require. Along with the staff details there was an allocated service user member displayed who was equally a point of contact. Both had their photos next this to aid identification.

The self-assessment that we had asked the service to return included evidence that members were involved in the management and leadership of the service. We also observed this throughout the inspection process and after speaking to members, staff and advocacy.

See service strengths under 1.1, 2.1 and 3.1 for more information.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying and areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

At the previous inspection we made a recommendation that the service should devise a quality assurance report about how the service was ran and how it could be further developed. This had been completed and the service was working through an action plan from this.

Since the last inspection the fostering and adoption team had visited the manager and assisted in suggestions for improving the value of the quality assurance systems used. The manager told us that she had found this extremely helpful. The service took forward one particular suggestion and applied it to a member who had been experiencing a difficult time in his personal life. The outcome from this was that there had been a very positive effect on the member's wellbeing. We spoke with the member who confirmed this.

The manager had recently introduced individual personal support plan audits. These were spot audits of the personal plans and we saw that where these had been completed each time a member of senior staff had cause to go into the personal plan. We saw that these audits had identified some issues and that these issues had then been addressed and a record kept.

The service had a governance folder that had a copy of the Dumfries and Galloway council revised quality assurance framework and their aims and objectives. We saw evidence that the manager was working through this framework in a very organised and detailed manner. We saw that as any issues were identified then an action plan was devised and worked through. A record was kept of these. The manager had linked the various sections across to the national care standards which ensured an outcome based focus.

The manager had uploaded parts of her quality assurance checks on to the council intranet which ensured that there was monitoring from a more senior level as well as specialist departments. Spot checks were also carried out on the service by the council to ensure compliance.

The service has daily team meetings in the morning before the members arrive. Minutes were kept of these. We attended one of these and observed that the time was used to pass on relevant information including any issues that needed to be addressed. We observed that at each meeting a statement from the national care

standards is highlighted each day which resulted in staff having a good knowledge of these. Staff we spoke to told us that this approach worked well and they liked it.

The council's intranet contained information on quality assurance in a system called Connect 3. It also contained a service information point where staff could access up to date version of policies, procedures and any relevant forms that the service used.

We found the manager to be passionate about her role and extremely open and responsive to any methods that the service could use to support their quality assurance system to enable them to continually monitor and improve the service they delivered. Staff and members we spoke to confirmed this.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

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

None.

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

Quality of Care and Support - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Environment - 6 - Excellent	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 6 - Excellent	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

6 Inspection and grading history

Date	Type	Gradings	
7 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 5 - Very Good
14 May 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
1 May 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good

22 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate

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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

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