

## Care service inspection report

# Glaitness Centre (Care Home)

## Care Home Service Adults

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Type of inspection: Unannounced

Inspection completed on: 26 March 2015



HAPPY TO TRANSLATE

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### Service provided by:

Orkney Islands Council

### Service provider number:

SP2003001951

### Care service number:

CS2004059956

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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	3	Adequate
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

### What the service does well

The service provides opportunities for people with complex care needs to enjoy occasional or regular breaks. These can be arranged on a planned or emergency basis. People who use this service can also attend the attached day care service to meet and socialise with other people and join in activities. The service is flexible and personal to meet individual needs

### What the service could do better

Much work has been undertaken since our last inspection and the service now needs some time to enable them to complete the work and to implement new practices. For example, risk assessments have been updated but they now need to be reviewed and a quality assessment undertaken to ensure that these contain the required information and guidance for staff.

The provider must take action to upgrade and improve the accommodation so that people using the service can enjoy a pleasant, welcoming and safe environment that promotes a positive experience for them.

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

Since our last inspection, there have been regular development sessions between the manager of the service and the operational manager for Physical Disability services. This has been useful in determining priorities and a planned programme for

improvement. This included the establishment of a regular pattern for reviews, targeted training for staff based on their needs and the introduction of a system for quality assurance. This represents a significant step forward in the development of the service.

### **Conclusion**

Glaitness Centre Care Home is an improving service. The management and staff have worked hard to implement the recommendations and requirements from previous inspections and as a result, there are greater opportunities for service users and their families or representatives to influence the development of their own support. However, the provider needed to continue with the changes identified and to monitor progress so that improvements can be evaluated and that good practice is embedded in day-to-day routine.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

### Requirements and recommendations

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

Glaitness Centre provides a care home service operated and managed by Orkney Islands Council. The service was registered to provide a care service to one person with physical or sensory impairment in a respite/short break place at any one time. The service is provided from a single person flat that was located within a supported housing development on the outskirts of Kirkwall. The complex comprised of a number of double and single person flats and a day service.

The aim of the service was to support people with a physical disability or sensory impairment to remain in their own homes by the provision of respite care in the community which is flexible and respectful of people's dignity and which acknowledges their right to make informed choices, in a sensitive and responsive environment.

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

**Quality of Care and Support - Grade 3 - Adequate**

**Quality of Environment - Grade 3 - Adequate**

**Quality of Staffing - Grade 3 - Adequate**

**Quality of Management and Leadership - Grade 3 - Adequate**

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 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We wrote this report following an unannounced inspection that took place on 26 March 2015. At the end of our inspection we gave feedback to the manager of the service. The inspection was carried out by two inspectors.

As part of the inspection, we took account of the Action Plan that the provider submitted following the last inspection in November 2014 and the progress made towards completing the actions they had agreed to.

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

We spoke with:

- the manager
- a senior support worker
- two care staff

We looked at:

- the participation strategy, this is the service's plan for how they will involve service users
- the reviewed Aims and Objectives for the service
- minutes of meetings involving service user and carers
- staff meeting minutes
- staff training and supervision records
- daily recordings
- individual support plans
- risk assessments
- review records
- accident and incident records
- the environment and equipment

### **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 requirements we made at our last inspection**

#### **The requirement**

The provider must ensure that each person's support is reviewed in consultation with the service user or representative. Services must be reviewed:

- (i) when requested to do so by the service user or any representative;
- (ii) when there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(b) Personal Plans  
Timescale: Within two months of receipt of this report.

#### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider should ensure that there are effective quality assurance processes in place involving stakeholders, to improve the quality of service provided to service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI/210), regulation 4(1)(a)

Timescale: Within two months of receipt of this report.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must make sure that individual support plans are reviewed in accordance with statutory requirements. In order to do this individual support plans must be reviewed whenever there is a significant change in the health, safety or welfare of a service user, when asked to by a service user or their representative and at least once in each six month period.

This is in order to comply with SSI 2011/210 Regulation 5(2)(b) - Personal Plans.

Timescale for implementation -By 31 January 2015.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider must ensure that comprehensive risk assessments are completed for each service user that is relevant to their particular needs and circumstances and clearly identifies the risks, triggers and control measures in place for each person. Risk assessments must contain clear guidance on what action staff must take in order to manage identified risks safely. Risk assessments should be reviewed and updated as often as required and at least once in each six month period alongside reviews of individual support plans.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of Service Users.

Timescale for implementation - By 31 January 2015.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must compile dependency rating assessments of service users' overall care and support needs and use this to inform staffing levels within the unit.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1) (a) and 15(a)-

Requirements to make proper provision for the health and welfare of service users, and requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale for implementation - Within three months of receipt of this report.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must comply with the conditions under which the registration for the service was granted.

This is in order to comply with The Public Service Reform (Scotland) Act 2010 Section 60 - Registration of Care Services.

Timescale for implementation Three months from receipt of this report.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must make proper provision for the health and welfare of service users by fully implementing and embedding robust quality assurance arrangements that evidence improving outcomes for service users.

This is in order to comply with SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users. We took also account of the National Care Standards: Care Homes for Short Breaks and Respite Care Services; Standard 5 - Management and Staffing Arrangements

Timescale for implementation: Six months from receipt of this report.

### **What the service did to meet the requirement**

The action taken by the provider towards meeting this requirement is detailed in the body of this report.

**The requirement is:** Not Met

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

The action taken by the provider towards meeting recommendations made in the last inspection report is detailed in the body of this report.

### **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.

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

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

No one was using the service at the time of our inspection. However, we sampled the recent feedback forms from service users. Comments made were generally positive about the service, particularly with regard to the skills and manner of the staff group.

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

There were no carers available during our inspection. From the feedback forms we sampled, relatives were generally happy about the service their relatives received, however some issues had been identified. These included the general cleanliness of the accommodation, staffing levels and limited choices of activities offered.

### 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: 3 - Adequate

##### 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 thought that the service was performing to an adequate standard in the areas covered in this statement. The adequate grade applies where there is some evidence of service user and/or carer involvement, but opportunities to participate are likely to be more limited.

There was a suggestion box located at the front reception of the complex. This provided a means whereby service users or their families could comment on the service anonymously. We noted that there were no comments or suggestions in the box during our visit. Staff told us that the suggestion box rarely contained any contributions from service users or families. The service had also introduced quarterly consultation meetings with families. This provided further opportunities for people to give their views and make suggestions for service development. We saw that where applicable, people had been consulted on their choice of food and that staff tried to make sure this was provided for them.

From the review records we could see that reviews of people's individual care plans were beginning to happen regularly. Mostly this was six monthly in line with statutory requirements, but for some people with more complex or changing support needs reviews happened more frequently. This is good practice and helped the service to prepare effectively to deliver appropriate care and support for people coming to the service for a short break. In the last inspection report we made a requirement that support plans were to be reviewed at least once in each six month period. This requirement has been met.

The manager informed us that a welcome pack was being developed for the service.

This will provide people with useful information about what they could expect from the service.

### Areas for improvement

In the last inspection report we made a recommendation that the provider should review the participation statement for the service to give a range of options for people to give their comments of the quality of the service they receive including the quality of the care and support provided and to make suggestions for improvements. We saw that service users and their carers and families had completed feedback forms on what they thought about the service provided at the Glaitness Centre. This gave people opportunities to say what they liked about the service and what needed to change to make it better. The provider now needed to develop an action plan outlining what the service will do to take forward the suggestions made by service users or their families. For example one regular service user suggested that the accommodation should be more attractive and homely and several people commented on the standard of cleanliness. The provider should continue to develop the participation statement, reflecting and influenced by the outcome training completed by staff which will help the service to ensure better outcomes for service users and their relatives and evidence meaningful engagement with people.

Although some progress has been made by the service towards meeting the recommendation made in the last inspection report, it has not yet been met and shall be restated here. See Recommendations.

The service aimed to provide an environment where people were encouraged to maximise independence and realise optimum potential, but does not detail how will this be achieved. The provider needed to continue to develop the Statement of Aims and Objectives to reflect outcomes stated in their overarching statement and how staff will work with people to maximise potential and independence.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should continue to review the participation statement for the service to reflect an outcome focused approach. They should develop an action plan that clearly states what the service will do in response to feedback and how they will inform people of the changes made as a result of that feedback.

**In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 4 - Positive Experiences.**

## Statement 3

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

### Service strengths

We thought that the service was performing at an adequate standard in the areas covered by this statement. The 'adequate' grade applies to a standard where the strengths have a positive impact on service users. However, whilst weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

Service users continued to access community based health services such as GP services, dentistry and optician services if this was required. During their short break at Glaitness Centre staff would support people to attend health appointments as necessary. There was some evidence that the service had links with other professionals, such as social workers, physiotherapists, dieticians and GPs. This suggested that people's health needs were considered as part of a multi-disciplinary team.

In the last inspection report we made a recommendation that the provider ensured that personal support plans fully reflected the care and support required in a person centred manner and contained detailed information to guide staff in delivering support in accordance with people's personal preferences. At this inspection, we saw improved recording in both the support plans and risk assessments. This helped to provide clearer guidance for staff to enable them to deliver better outcomes for people using the service. The manager should continue to review the content of peoples support plan to ensure that they are person centred and complete. The recommendation has been met.

### Areas for improvement

In the last inspection report we made a requirement that comprehensive risk assessments were completed that clearly identified the risks, triggers and control measures for each person and clear guidance on the action staff must take to manage risks safely. At this inspection we saw that there has been improvements made to the recording of risks and mitigating factors to support service users. For example each risk is identified as low medium or high and where identified, additional actions were outlined to minimise impact for service users. One example was where bed rails have been assessed as required however this could have been expanded upon to include how the service had managed the additional risks presented such as entrapment. They could have included what, if any, HSE (Health and Safety Executive) assessment had been completed to comply with legislation and to record any incidents or note recognition of where assistive technology may be helpful. Some useful progress has been made, however the requirement has not yet been met and will be reviewed again at the next inspection.



We also made a requirement in the last inspection report that the provider complete four weekly dependency rating assessments of service users' overall care and support needs and use this to inform staffing levels within the unit. We signposted the manager to a number of tools to assist with assessing people's dependency. At this inspection we could see that this process had begun. A shift planner had been introduced which allows staff and the manager to identify the core time and skills needed to deliver personal care and support. These are now used daily to help support the delivery of care on an individualised basis. This supports better coordination of staff and helps to identify how service users needs are met. However, the manager acknowledged that further development work was needed in order for this to be an effective tool to support the changing health and wellbeing needs of people who use the service. The requirement has not yet been met and will be reviewed again at the next inspection.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of the environment, are detailed in Quality Theme 1 Statement 1

#### Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

We thought the decor in the accommodation was tired and uninviting. The manager reported there was no schedule of refurbishment or planned maintenance for redecorations - this would be a good opportunity to involve service users in the redecoration of the respite service. The service should ensure that people were consulted about what is important to them when they come to stay. For example, how the furniture should be arranged, if they liked a TV or radio in their room. We thought that this attention to detail would help people feel welcome when they came for their stay. See Recommendations.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should implement a redecoration and refurbishment plan for the service. On making this recommendation the following National Care Standards for Short Breaks and Respite Services have been taken into account; Standard 4 - Positive Experiences.

### Statement 2

We make sure that the environment is safe and service users are protected.

#### Service strengths

We thought that the service was performing to an adequate standard in the areas covered in this statement.

The home was situated within a supported housing complex and consisted of single person, ground floor flat. There was a secure door entry system to restrict unmonitored access to the building as a safety measure to protect people that use the service.

There were systems in place for addressing repairs, faults and maintenance. This ensured that repairs reported and were addressed promptly and safely. Regular safety checks were carried out for example:

- health and safety checks
- safety audit
- accident and incident records
- procedures and safety checks for infection control
- maintenance book and records
- portable appliance testing
- fire system and fire equipment maintenance and safety checks.
- risk assessments for the premises

The rear garden provided a pleasant, accessible outdoor space for service users to sit in and enjoy fresh air. A generic risk assessment was in place for the building and the provider had current Public and Employers Liability Insurance in place.

#### Areas for improvement

At this inspection we noted that the accommodation was not as clean as it should have been and that there was an unpleasant odour in the bedroom which suggested some significant action needed to be taken. The poor standard of cleanliness was reflected in the feedback from service users and their families. The provider should develop and implement a cleaning routine that will ensure that in addition to day to day cleaning and household management the respite accommodation is thoroughly and systematically cleaned at the end of period of respite. See Recommendations

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should ensure that a deep clean of the respite flat is undertaken as a priority and that this is completed following each period of respite. The provider needed to develop cleaning routines for day to day management and regular thorough cleaning of reusable equipment as part of an equipment cleaning protocol; in accordance with their own policy and procedures for Infection Control.  
**In making this recommendation the following National Care Standards for Short Breaks and Respite Care services have been taken into account; Standard 4 - Positive Experiences; Standard 5 - Management and Staffing Arrangements and Standard 9 - Feeling Safe and Secure**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement.

The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of staffing, are detailed in Quality Theme 1 Statement 1.

#### Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

The manager should consider how service users views about the staff that support them could meaningfully contribute to their performance appraisal and ongoing professional development.

The manager informed us that the service had started to consult service users and their relatives in recruitment processes. However, this needs to be progressed in order to be effective. The manager needed to consider any potential conflict of interest in order to ensure this does not have a detrimental impact on outcomes for service users and how will they manage the relationships.

**Grade awarded for this statement:** 3 - Adequate

**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 that the service was performing to a good standard in the areas covered in this statement. The 'good' grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact.

From our observations we thought that staff worked hard and aimed to provide an enjoyable and comfortable short break for people that use the service. Staff that we spoke with were enthusiastic about their work and demonstrated a good level of knowledge and experience in care practice. The staff promoted a friendly and welcoming atmosphere which would help people coming to the service for the first time to feel comfortable.

We thought there was a comprehensive induction programme in place for new staff. This covered practical issues relating to the organisation and the terms of employment. The induction programme included topics such as Health and Safety and Fire Safety and raised awareness on relevant issues such as care planning, behaviour and moving and handling. Additionally there were shadowing opportunities for new staff. This helped to build their confidence in the role and for the manager to be assured that new staff were competent and knowledgeable to deliver basic care and support to people safely.

In the last inspection report we made a recommendation that staff training should be prioritised to meet the needs of staff and service users and that a training plan should be developed. At this inspection we saw that the manager had begun to identify staff training needs and target training to meet this. The training list we sampled showed a mix of training needed and training delivered. This included training on food hygiene, moving and handling, risk assessment, infection control, MS and PEG. We saw that outcome focussed training was planned in April and May to allow staff to explore how they can impact and support service users effectively. This is being linked with more regular reviews and staff feeling empowered to require greater input from social work. This is very a positive step forward.

The shift planner now incorporates the handover contact sheets and tasks to be allocated. This allows for better communication and identification of actions to be completed in order to provide better outcome for people.

The manager had started to introduce observed staff practice as part of a formal practice audit. This is good practice and should be fully implemented once the development work identified at previous inspection is concluded

### **Areas for improvement**

The manager needed to continue with the work started to develop a robust system for identifying staff strengths and well as gaps in their knowledge and skills so that the staff group are skilled in a range of care practice and can progress in their professional development and that leadership skills are recognised and promoted.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### 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

We thought that the service was performing to an adequate standard in the areas covered by this statement.

The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of management and leadership are detailed in Quality Theme 1 Statement 1.

### Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

**Grade awarded for this statement:** 3 - Adequate

**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 thought that the service was performing to an adequate standard in the areas covered by this statement.

Since the last inspection, the manager of the service and the resource managers have met monthly to explore the development issues identified by quality audits, Orkney Islands Council policy and care inspectorate input following inspection. We could see that issues for development were identified, action was allocated and progress reviewed regularly till implemented. This is a positive step forward in which will help the service to close gaps and deliver a functional service which is able to be assessed as meeting people's needs and deliver a quality service. For example quality measures have been reviewed which includes reviews for SUs, staff training, staff supervision and customer satisfaction. This means the services is able to demonstrate a better understanding of how best to meet people's needs

### **Areas for improvement**

In the last inspection report we made a requirement that the provider fully implemented and embedded robust quality assurance arrangements that evidenced improving outcomes for service users. While there was significant progress in developing and introducing quality assurance measures, there were still a number of areas outstanding that required to be developed. The manager had identified a significant number of improvements to be met and was working through these methodically. It was recognised that this was a time consuming task and as such a number of the actions needed to be re prioritised and timescales made more realistic. By doing so the manager and provider would be better able to deliver quality outcomes for the service which did not detract from day to day running of the service. The requirement has not yet been met, however a timescale of six months was agreed and this has not yet expired.

We also made a recommendation in the last inspection report that the provider should create a development plan for the service. At this inspection we noted that there was a wider service development plan which has still to be fully implemented and which will be evaluated at next inspection. This recommendation has not been met and shall be restated. See Recommendations.

At the last inspection we noted that the provider was not compliant with the conditions relating to staffing levels for the service. We made a requirement that the provider take steps to ensure they were not in breach of the conditions under

which the registration was granted. We are aware that the registration was under review by the provider with a view to changing the category under which the service was registered. This may take some time to complete. The requirement has not been met and shall be restated with a revised timescale for implementation.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should create a development plan for the service that identifies:
  - key objectives for service development
  - how these are intended to improve outcomes for service users
  - the actions that the service will take to achieve them
  - a timescale within which they can expect each objective to be reached and
  - when the outcomes will be reviewed and a new development plan published.

**In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 4 - positive experiences and Standard 5 - 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

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

## 6 Inspection and grading history

Date	Type	Gradings
6 Nov 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
23 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
31 Oct 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good

## Inspection report continued

9 Nov 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
1 Dec 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
7 Jul 2010	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
2 Mar 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
18 Nov 2009	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
18 Dec 2008	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
2 Jun 2008	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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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ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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

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