

Care service inspection report

Full inspection

Abbie Resource Base Support Service

285 Abercrombie Business Centre
Suite 201-207
Bridgeton
Glasgow

Service provided by: Scottish Autism

Service provider number: SP2003000275

Care service number: CS2003000889

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Family representatives were closely involved in designing care plans, service delivery strategies and assessing the effectiveness of support.

Staff were trained in areas relevant to the people they work for.

We saw some very good interactions between staff and service users and it was evident that staff worked with mindfulness of the values of respect and empathy, using their skills and knowledge to work effectively with the people who attend Abbie.

The premises were clean, spacious and maintained. There were a range of well provisioned activity rooms, including art, technology, sensory and sport focused areas.

What the service could do better

The provider has a service development plan which includes a move to new premises. This would broaden accessibility to the resource base, allowing easier access for wheelchair users and for individuals who are uncomfortable with lifts and unable to climb stairs.

We were advised that any new premises would include access to an outdoor garden area.

What the service has done since the last inspection

We saw that all service users whose files we sampled had service reviews in accordance with regulatory requirements.

The staff files we sampled demonstrated that regular supervision and annual appraisal is taking place.

The provider has progressed it's participation strategy and we saw that some family representatives were directly involved in staff recruitment processes.

The service has developed it's intelligent technology (IT) resources in order to enhance communication with people who use Abbie. We saw that there was a dedicated room with a range of IT equipment, including a large "smart board" with touch screen facility, used to facilitate effective staff/service user communication. The smart board was used to promote and engage service users in education around topics such as: home safety, shopping, money matters and other essential life skills.

Conclusion

The Abbie provides a safe, flexible and comfortable environment for people who use the service. It has a good service user / staff ratio and there is a wide range of activities available for people who attend the day resource.

The service seeks to work with people on a person-centred basis and we saw that this ethos was applied in practice throughout our inspection.

1 About the service we inspected

Abbie Resource Base is a day care service for adults with autism provided by the Scottish Society for Autism. The service benefits from spacious accommodation on the second floor of the Abercrombie Business Centre in the East End of Glasgow.

The Abbie Resource Centre's aims are available in pictorial format and are as follows.

To provide a service that promotes advocacy and decision making through advocacy meetings, communication sessions and social stories.

Help and support will be provided at all times by staff and all service users have an allocated key worker.

Opportunities including education, social and practical skills will be discussed with service users and implemented into weekly timetables.

All individuals will have an opportunity to build friendships with peers and will be supported in doing so.

All individuals will be supported in the use of accessing community facilities geared towards their own specific needs and interests.

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

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

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com 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 a (short notice) announced inspection on 3 June and 10 June. The inspection was carried out by one inspector, during daytime hours.

We met all the service users who were attending the day resource and we carried out face to face interviews with five family representatives. In addition, we interviewed five staff and conducted a telephone interview with one social work based care manager.

We sent out 10 service user questionnaires and received four back, completed by parents on behalf of the person receiving the service. We also received four returned staff questionnaires.

Prior to the inspection the service submitted information in the form of an annual return and self assessment form. We considered this information during our inspection.

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

- Personal planning paperwork and care review records
- Minutes of staff team meetings
- Action plans
- Questionnaire surveys
- Noticeboards
- Communication folders
- Staff training records

Medication records
Staff Rota
Registration certificate
Staff supervision and appraisal records
Accident and incident records

During our inspection we looked at the service environment and we considered staff/service user interaction, based on our direct observation of a number of activities.

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.firescotland.gov.uk

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 completed self assessment document from the service provider. The service provider identified what they thought they did well and identified some areas for improvement. We saw evidence which demonstrated that the self assessment involved and reflected the views of the representatives of people who use the Abbie Resource Base.

Taking the views of people using the care service into account

"I like it here"

"I'm so happy here"

"Staff are Good"

Taking carers' views into account

"It's been a relief, I trust them"

"I can't believe the difference"

"They respect his Autism"

"They treat my son as an individual"

"It's a first class service"

"The difference is in the detail"

"They help people reach their full potential"

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

When we sampled service users files, we saw that all the individuals using Abbie had regular service reviews. Reviews took place at a minimum of six monthly intervals, in line with the statutory guidance.

The care review format supported comment from people who use the service and their representatives, with specific questions aimed at gauging views on the quality of the care and support offered at the Abbie.

We saw that the provider used an easy read review document, with pictorial images and a quality assessment grading system for ease of use by service users. We noted that a number of people who use the Abbie had utilised this review format. The accessible review document helped facilitate good levels of participation from people who used the service.

The reviews were outcomes focused and the review discussion directly linked to the service user care plans and risk assessments. We saw some very positive feed back from participants in the review process.

In addition to the service reviews, there were a range of other systems in place which allowed stakeholders to feed back about the quality of support provided by Abbie.

We sampled completed quality assurance questionnaires, as issued to service users/family representatives. We saw that the question themes were wide ranging in scope, seeking views on the programme of activities on offer, the times the service operates, staff attitude/skills and the effectiveness of the providers communication systems. The questionnaires also sought stakeholder views on areas for development and improvement.

The provider hosts a regular consultation forum for people who use the Abbie. We looked at a sample of the minutes from these "Parents Evenings" meetings, noting that there was a quality assurance focus at each of the events. The forum had a wide-ranging remit. We saw discussion between stakeholders and the provider, appraising the activities on offer, the service environment and the quality of staffing. When we interviewed parents, they were unanimous in telling us that they valued the opportunity to participate in these evenings. We saw that parents set the agenda for discussion at the forum meetings.

We noted that one of these meetings generated an action plan which linked to the self assessment the provider completes and submits to the Care Inspectorate annually. We observed that the action plan highlighted areas for development, the timescale for improvement and who was responsible for completing the necessary action, with an update on the outcomes arising from it.

We interviewed five family representatives during our inspection. They all emphasised the importance of the informal systems in place for improving the quality of the service at the Abbie. We heard that the centres management team were approachable, accessible and receptive to ideas and viewpoints which would lead to improved service provision.

All the people we spoke with described how they had contributed significantly to the design of their family members care plan, using their intimate knowledge and insight in order to provide guidance and care delivery strategies which supported effective support and positive outcomes for people who use the

service. They added that this level of consultation was very important to them, saying that this level of consultation was what made the Abbie such a personalised service

A number of the people we interviewed said they were routinely consulted about care delivery issues. They told us that they frequently provided verbal inputs which resulted in changes to how the service was provided to their family member. People felt that this everyday consultation through informal processes made the service more person-centred and helped deliver effective care outcomes for the individuals concerned.

We saw some very good evidence for how the provider seeks service users views on quality of support. Although many of the people who use the Abbie are unable to articulate their views verbally, we noted that the service utilised a range of communication strategies in order to obtain people's views. One example of this was found in the use of a "light writer" communication tool. This device uses intelligent technology in order to enable people to express their preferences and choices. They type into the "light writer" and it voices the text.

Areas for improvement

The provider should develop systems that evidences information obtained from family representatives via verbal feedback and demonstrate their inputs when they are assimilated and integrated into care planning documentation and quality audit processes around staff care and support.

When we considered the language used in the care documentation we saw that it sometimes referred to people in the third person. The provider should consider using first person language in service user care planning material, particularly where the individual concerned is able to express their views. This may promote a greater sense of "ownership" of the service from the people who attend the Abbie and prove empowering for the people concerned.

We discussed this with the registered manager and they advised that, following consultation with family representatives, the Abbie will now write care planning documentation in the first person, where the individual concerned has made a direct contribution to the information gathering process.

We saw some care planning and review documentation which had not been either signed or dated. In some examples we saw a signature but could not determine the name of the signatory or their role. The provider should ensure that all care planning documentation is signed and dated by the author and that it recognises the contribution of family members. The role of the people concerned should be clearly indicated and their name should be printed, as well as signed. This is an area for follow up at our next inspection

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

Abbie provided a range of external activities and outings that enabled service users to engage in physical exercise which promoted fitness, health and general well being. These activities were wide ranging and included attending swimming classes, using exercise bikes (situated in a local park), and playing football. There were various less structured inputs, such as walking to public spaces and local parks. There was some emphasis on exercise and activities within the day centre. We saw service users using a small exercise trampoline and noted that they participated with obvious enthusiasm and clear enjoyment.

Our sample of service user files showed that there were detailed and well developed risk assessments in place. Risk assessments provided information on medical, safety and behavioural issues, how they might manifest and what the appropriate response would be.

Risk assessments also took into account an individuals' walking skills, their communication abilities, any behavioural or environmental challenges and associated triggers. We saw that the risk assessments were current and up to date. When we spoke with family representatives we heard that they had been fully consulted and that their knowledge of family members and risk was integrated into risk management strategies. The people we spoke with considered this consultation to be very important in promoting positive safety and well being outcomes for their family members.

All care staff whose training records we sampled had appropriate training around managing challenging behaviours and anxiety de-escalation techniques. When we spoke with staff it was apparent that they all had a good level of insight into the service users and that this detailed knowledge and understanding of the individuals needs helped pre-empt, reduce and minimise service user stress and anxiety. We considered this preventative work to be an important aspect of managing service user health and well being and allowing

them to achieve their targeted goals and outcomes in this aspect of their care and support.

There are very good levels of staff to service user at Abbie. This is based on the complex needs of people using the service. We saw that there were always staff present in each room used by service users and we considered that the staffing ratio was well provisioned and in compliance with the staffing schedule required of the Abbie when they were registered as a service provider. This high staffing ratio contributed positively to maintaining service user wellbeing and achieving positive care outcomes.

We observed that staff were delegated to carry "walkie-talkie" communication devices. This helped ensure that there would be a prompt staff response should any incident escalate and place service user/staff at risk. Given the large scale of the premises, with a significant number of individual rooms and the very small number of service user on site at any one time (numbers are limited to 11/day-although the registration conditions allow up to 14 people to use the service), we considered that this equipment contributed to ensuring service user safety.

Abbie staff work closely with service users to promote wider aspects of health and well-being. There was evidence to show that the service responded pro-actively to changes in people's presentation and that staff recognised when these changes linked to health issues, such as possibility of epileptic seizure. Pro-active responses which prevented episodes of ill-health were partially based on the detailed staff knowledge of the service users and the clear guidance and indicators contained in risk assessments.

We looked at the medication records for people who require support around administration of essential medication. We saw that the Medication Administration Record sheets (MAR sheets) were filled in accurately and that staff adhered to the times indicated on the prescription schedule. We noted that all staff had appropriate training on the administration of medication and completion of medication records.

When we considered training around medication, we saw that all staff had training from an external provider around Epilepsy and the administration of

Midazolam medication. The staff we spoke with said they were confident that they were able to bring their training to bear in event of any emergency situation.

As part of the inspection we considered the providers safe recruitment procedures. We looked at a sample of staff records and noted that all staff had been employed in accordance with best practice in this area, with the provider accessing two references and having Protection of Vulnerable Groups (PVG) checks carried out for all staff before they commenced employment.

Areas for improvement

When we looked at service user files we did not see any health and communication passports, for use when people are obliged to visit hospital or have an emergency treatment by medical practitioners. This is a key area in the Scottish Governments "Keys to Life" strategic policy and it is hoped that detailed health and communication passports will support improved outcomes for people with communication challenges should they require unplanned health interventions. This is an area that the provider is actively considering and we will follow this up as an area for improvement at our next inspection.

To continue to maintain and develop current very good practice.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The provider engaged service users and their representatives around the quality of the environment, using an environment specific questionnaire to determine peoples views on wide-ranging issues associated with the quality of the care setting. We looked at a sample of the completed questionnaires and saw that there was dialogue around the internal decoration and furnishings, as well as the actual layout and use of the rooms that constitute the resource base. The questionnaire also asked participants to consider the wider environment at the Abbie. We saw that people responded with comments on the general location, including accessibility and parking.

We were aware that the provider is currently progressing plans to move from the current location and find premises with easier access for people who have poor mobility, require the use of a wheelchair or who do not like travelling by lift. There was evidence to show that there had been discussion with service users and their family representatives around this issue. Stakeholders were invited to attend a consultation evening where their views on a move were sought. In addition, the consultation event asked stakeholders to offer their opinions on the ideal qualities required of any new premises.

We spoke with a number of family representatives about the proposal to move the Abbie and we heard that they welcomed the opportunity to participate in discussion about the move. Several people said that they had some concerns about the changes, although they added that they felt reassured that the provider had sought to engage them in the discussion. The views of the people

we interviewed were reflected in the sample of the environment focus area questionnaires we sampled during our inspection.

Areas for improvement

We saw quality audit documentation where some family representatives had commented on the challenges associated with access to the Abbie. These largely revolved around the need to use either lifts or stairs to reach the premises.

During our inspection interviews with family representatives, some people said that the means of accessing the premises sometimes created tensions for the individuals using the Abbie. We also heard that parking was restricted and that this added to accessibility issues when entering the premises.

The Abbie are actively seeking a move to new premises. It is hoped that identification of a suitable resource will negate the issues we have highlighted above and that this will lead to a more accessible and inclusive service. At the time of writing, the provider has actively consulted with stakeholders about a possible move, albeit it is an idea that is in the development stage.

The service manager told us that any new premises would include a garden area and access to open space. They hoped that a new centre would be more accessible for people with mobility issues. Several family representatives told us that outdoor space was important to them and that they also wanted to see more mobility related equipment in the facilities.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service Strengths

The toilet facilities were clean and there was some equipment to support individuals with mobility issues to use bathroom safely.

During inspection we saw documentation that recorded dates for public appliance testing and we observed that all electrical goods displayed a current public appliance testing certificate. This testing helps ensure that these items are safe for customers to use. We saw that appliances had been tested within the past year.

We noted that there were staff who were trained in fire safety awareness and that the facilities had fire blankets and fire extinguishing equipment in the kitchen area, in accordance with fire safety guidelines.

There is a secure door entry system, used to alert staff to any visitor wishing to entering the premises. The service asks that all visitors, staff and service users sign in and out when entering the premises. Given that there are vulnerable people using the service, we felt that Abbie's secure environment procedures were employed appropriately and that the focus was on ensuring customer safety and well-being. We saw that the service applied these procedures routinely. The signing in/out records also provided an accurate log of people on the premises should there be any emergency evacuation of the building.

We looked at the kitchen facilities and saw that the fridge/freezer was cleaned and that the temperature was monitored and recorded on a daily basis. We saw that the service adhered to food hygiene best practice, with food labelled and dated when opened and placed in sealed containers for storage.

The general environment was bright and clean. The service employs a dedicated cleaner who carries out a daily clean of the facilities. We also saw staff and service users engaging in routine clearing up following the use of the kitchen.

We observed that each resource room was always staffed and that the number of workers on duty was in line with the schedule the provider submits to the Care Inspectorate. The level of staffing links to the safety and well-being of Abbie service users, ensuring that they have adequate support to meet their care needs and to achieve care planning goals and positive outcomes.

The furnishings on the premises were in good order, being modern and well maintained. The floor coverings were in good condition and all the windows had restrictors, which prevented them from being fully opened and potentially placing vulnerable individuals at risk of a fall from height.

The provider had appropriate levels of public liability and employee insurance. The insurance certificate was displayed in a public area of the resource base.

When we considered the safe storage of service user medication we observed that the provider operated in line with safe storage of medication best practice. Medication was stored in discrete compartments, which clearly linked to the individual whose medication was being managed. The storage units were locked and access was by a key held by a designated member of staff.

Areas for improvement

The provider has acknowledged that it would like to offer premises that are more accessible to people with mobility issues and to individuals who are challenged by the need to use either stairs or lifts to access the building. In Quality Theme 2 Statement 1 we described service development plans which are seeking to address these issues.

We saw some feedback from family representatives which highlighted that they would like a dedicated room for changing any soiled clothes. This is an area for consideration and we will follow this up at our next inspection.

Grade

5 – Very Good

Number of requirements – 0

Number of recommendations – 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The provider has developed a participation policy which promotes direct stakeholder involvement in staff recruitment processes. The service manager advised us that they actively encourage participation in this area. The service has developed a staff profiling tool which is completed with inputs from the service user and family representatives. This focuses on the needs and preferences of individuals concerned. It also elicits questions for use at interview, should the service user/family representative prefer not to take part on a face to face basis.

When we interviewed family representatives, several people said that participation in recruitment was very important to them. They said It promoted their own sense of empowerment and ownership of how the service operated. It also helped ensure that staff were skilled and suitable for the posts concerned. Involvement in interviews focused on information giving sessions for potential new recruits and on direct involvement in the staff interviews.

We recognised that involving stakeholders in staff recruitment processes would potentially empower people who use the service and support more personalisation of staffing, leading to positive support outcomes.

People we interviewed also spoke favourably about the informal systems for engaging in appraisal of the quality of staffing in the service. Family representatives told us that the management team at the Abbie were very approachable and that they welcomed telephone and face to face discussion around any aspect of the quality of staffing. From the information we heard

during our direct contact with family representatives, we considered this type of feed back to be an important element in appraising the quality of staffing.

We also saw that some service users had been directly engaged in developing their own questions for use at interview. There was evidence which demonstrated that people were provided with the opportunity to take part in a themed exercise which sought to obtain suitable questions for use at interview. We saw documentation which highlighted that these service user inputs were used by the provider during staff recruitment interviews.

We saw that the provider has developed systems for capturing the informal views of service users and family representatives, using the daily communications books to detail this kind of dialogue.

We have highlighted other areas of very good practice that are relevant to this Quality Statement in Quality Theme 1 Statement 1

Areas for improvement

The provider is actively considering strategies for promoting greater direct involvement from service users in improving the quality of staffing at the Abbie, particularly in respect of staff recruitment. They should progress this by direct involvement where possible, perhaps supporting individuals to take part in information giving events for potential new recruits, or engaging them in meeting and greeting and having a direct role in interviews. This is an area for development and we will follow this up at our next inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

The staff we interviewed during our inspection were unanimous in saying that Abbie provided them with access to the training they required to carry out their work effectively. When we looked at staff training records we saw that training was closely tailored to the service user group that use the Abbie. All staff had Autism specific training. We also saw training which focused on effective communication, managing challenging behaviour, health and safety, administration of Midazolam (an anti-seizure medication used to manage Epilepsy).

The provider uses a database which records completed training and provides alerts when refresher training is required. We saw from our sample of staff training records that this system works effectively and that the provider adheres to the established training programme schedule.

All staff spoke of a well developed sense of team spirit within the staff group, adding that positive staff relations supported effective team working, which in turn promoted better outcomes for people using the service. We saw very good team working in practice during our inspection. It was apparent that staff worked closely with each other, providing mutual support and assistance.

We saw a range of staff/service user engagement. This included work on a 1:1 basis, a range of group activities and support delivery during lunch preparation and dining time. We noted very good quality interactions during our observations. Staff were always mindful of the values of respect and empathy. They used language appropriate to the understanding of the people they supported and they also employed a range of other strategies, including the use of technology based communication devices, in order to determine peoples view and choices.

It was clear from our discussions with staff that they were aware of the Scottish Social Services Council's "Code of Practice" and the relevant National Care Standards for their service area. Staff also spoke about the Scottish Governments "Keys to Life" strategy for adults with learning disabilities.

Our sample study of staff files showed that the organisation meet their policy commitment to providing regular supervision and in the case of those employed for more than one year, an annual appraisal. Staff interviews verified that supervision is important in respect of identifying training needs and provided an opportunity for reflective discussion around practice issues.

We looked at the providers induction training and saw that all staff had completed a core induction programme which was directly relevant to the needs of the people they work for. The provider had a system of induction appraisal and review, used to determine whether staff were competent to work effectively and ensure that their training needs were adequately met.

Areas for improvement

We looked at the induction records for several newly recruited staff. We felt that there could be a greater emphasis on observed practice, with more frequent and detailed information on staff competence and the quality of their interactions with service users. Where possible, the provider should also seek to involve service users in induction assessment. This is an area for follow up at our next inspection.

The provider should progress their aspiration for all staff to complete an appropriate Scottish Vocational Qualification (SVQ) course.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

We have highlighted areas relevant to this Quality Theme in Quality Theme 1 Statement 1 and Quality Theme 3 Statement 1 of this report.

Areas for improvement

Areas for improvement identified in Quality Theme 1 Statement 1 and Quality Theme 3 Statement 1 of this report apply also to this quality statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

The provider encourage stakeholders to complete an annual satisfaction survey, which reflects on the quality of management within the service. There is a working group linked to these surveys and they have been given a remit to collate the information provided and identify proposed changes as a result of the information obtained.

Regular stakeholder focus group meetings provided a platform for people to offer their views on the quality of management and leadership. We saw that there have been changes to the operational structure of how the centre operates and the activities offered as a direct result of input from the focus group meetings.

We sampled annual staff questionnaires and saw that these offered staff the opportunity to comment on and to make suggestions which would improve the quality of service at the Abbie.

We considered a sample from regular staff team meetings and we noted a number of examples where staff had made suggestions around the support provided and ways to improve the quality of the service provided. There were examples where the provider had implemented these suggestions, particularly in respect of the activities and premises resources. The staff we spoke with all said that they felt able to contribute positively to the providers service development plan and we also saw evidence to show that family representatives had been actively consulted and engaged in the service development plan.

We saw examples where the provider had actively sought to consult with external stakeholders around quality audit and service improvement. We saw completed questionnaires with feedback from service commissioners and from

individual social work based care managers around service improvement and development. We observed that the completed quality audit questionnaires used a grading tool and that they had all rated the service as being "very good".

During our inspection we carried out telephone interviews with two social workers who had clients who used the Abbie. Both said that the service had implemented the care planning guidance provided at the onset of placement and that the provider had developed care delivery strategies which allowed the individuals concerned to achieve the care goals and positive support outcomes.

Areas for improvement

During our inspection we saw that a number of service users had an interest in intelligent technology. We considered that the provider might develop it's own stand alone social networking or web page. This would allow stakeholders to engage in sharing news and information about the service, promoting effective and accessible communication.

A stand-alone site could also include an embedded questionnaire or "survey monkey" with a quality audit focus. This would allow quality improvement feedback from stakeholders on a "rolling" or continuous basis.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

5 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. Medication records should always be completed in an accountable manner, including the times when medication is administered.

National Care Standards, Support Services Standard 16, Keeping Well.

This recommendation was made on 28 May 2012

This recommendation has now been met.

2. Managers should introduce observational monitoring of staff practice, which included service users, and carers if appropriate, in the process.

NCS Support Services, Support Services, Standard 2, Management and Staffing Arrangements and Standard 12, Expressing Your Views

This recommendation was made on 28 May 2012

This recommendation has now been met.

3. The service should develop a formal system of quality assurance auditing that covers all aspects of the service and carry these audits out on a regular basis.

National Care Standards Support Services, Standard 2, Management and Staffing Arrangements

This recommendation was made on 28 May 2012

This recommendation has now been met.

7 Complaints

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

8 Enforcements

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

9 Additional Information

None.

10 Inspection and grading history

Date	Type	Gradings
28 May 2012	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>5 - Very Good</div> <div>4 - Good</div> <div>4 - Good</div>
27 Apr 2010	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>Not Assessed</div> <div>5 - Very Good</div> <div>Not Assessed</div>
6 Aug 2009	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>
9 Jul 2008	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>4 - Good</div> <div>5 - Very Good</div> <div>4 - Good</div>

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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