

Care service inspection report

Full inspection

Canderavon Neighbourhood Centre Support Service

Stonehouse Lifestyles
2 Udstonmill Road
Stonehouse
Larkhall



HAPPY TO TRANSLATE

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001351

Inspection Visit Type: Unannounced

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.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The focus of the service is in assisting individuals to remain independent members of their local community.

The service has a very good programme of participation and involvement, with service users encouraged to remain involved in all planning and delivery of their support.

Assessments and support plans gave staff good detail about service users health care needs.

The environment is well maintained and accessible for everyone.

The service has maintained a committed and well-trained staff group. All the service users we heard from spoke highly of the staff.

What the service could do better

The service could improve on the information within support plans, ensuring that risk assessments are reviewed regularly in line with any changes to a service users health and wellbeing.

The service should have clear evidence that dependency levels are informing staffing within the service to ensure service user needs continue to be met.

What the service has done since the last inspection

The service has moved premises since the last inspection. The management and staff team have worked well to ensure that this was an easy transition for service users and carers.

The management have continued to develop paperwork to assess and review the needs of service users that is relevant to the service.

Conclusion

As noted in previous reports Canderavon was a friendly, caring and stimulating environment where service users and staff related warmly to each other, and treated each other with respect.

The service continues to promote choice and consultation with the service users who attend this resource on a regular basis.

The areas for improvement and recommendations within the report are there to improve on what is already a very good service.

1 About the service we inspected

Since the previous inspection Canderavon Neighbourhood Centre has relocated to a purpose-built community centre within the village of Stonehouse. The building is owned and managed by South Lanarkshire Council. The daycare shares premises with other daycare resources and numerous community groups.

The service location is purpose-built to integrate with the local community both by being within the service users local community but also sharing facilities with the local community. The building is open plan and includes the local library, crèche and accommodation for local community groups.

Service users have access to all facilities, such as a sensory room, cinema room, arts and crafts room, quiet room, cafe and also have their own dedicated areas.

The service has its own transport, which is used to transport service users to and from the service.

The service is available five days each week and is registered for twenty service users. Over the two days of the inspection there were between nine and eleven service users present.

The aim of the service is to provide an integrated approach that encourages people to remain independent whilst being active members of their local community.

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 4 - 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 compiled this report following an unannounced inspection. The inspection was carried out by one Inspector.

The unannounced inspection took place on 15 February 2016 between 10.30am and 4.50pm and 16 February 2015 from 9.30am to 5pm. Feedback was provided to the external manager, and senior on the last day of the inspection.

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

- Personal plans of people who use the service.
- Meeting minutes for those who use the service, their relatives and staff.
- Accident and incident records.
- Questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates, and staff members.
- Staff training and supervision records.
- Quality assurance systems.

We also spent time observing how staff supported and interacted with service users and considered the general environment of the service.

During the inspection we spoke to the following people:

- The External Manager
- Service users
- Staff
- Relatives

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 self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

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 use the care service had taken part in the self-assessment process.

Taking the views of people using the care service into account

We spoke with five service users who used the service. Comments about the service were very positive.

Individuals spoke highly of the support they received from staff and how they felt the service supported them to remain within the community.

Taking carers' views into account

We spoke with two carers during the inspection. They advised that the service gave them some much-needed respite from caring for their family members.

Carers advised that they felt the staff were very good and that they were happy that their relative was being supported in a safe environment.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

We found that this services performance was very good in the areas covered by this statement. We concluded this after we heard from service users, spoke to the manager and looked at survey results, minutes of meetings, support plans and reviews

South Lanarkshire Council Social Work Resources had a Participation and Involvement Strategy and was committed to 'engaging with people who use our services and carers and actively involving them at all stages of the development and delivery of services'. Canderavon offered service users various ways to express their views and be involved in the planning and delivery of their service. Everyone we heard from agreed that they were asked for their opinions about how the service could improve.

The Council conducted an annual survey of service users across all the day care resources in South Lanarkshire and produced an action plan with timescales, to address any issues that were raised. Service users' meetings took place regularly.

The catering staff sometimes attended these to find out what people thought about the meals. We saw evidence where service users had commented on the food and items were added and removed from the menu in line with the comments and suggestions from people who use the service.

Canderavon service users were also represented at the Network Group meetings where users of support services for older people across the authority had the opportunity to discuss issues of mutual interest.

The centre also ran a relatives/carers' support group. In addition to the above 'complaints and compliments' folders and a suggestion box were available. We could see that the services' complaints procedures were being discussed during service user focus group meetings.

Almost all the service users we heard from said they knew about the Council's complaints procedure and knew they could complain to the Care Inspectorate. Service users and relatives commented that they were aware of the procedures, however had never had any need to make a complaint and commented positively on the service in general.

We saw evidence that the service involved numerous community resources to attend meetings with service users. Community police had been invited to attend to discuss bogus callers and ways in which individuals could maintain their safety and wellbeing within the community.

Plans for additional entertainment were made after consultation with service users, which included Christmas parties, reminiscence groups, music quizzes and afternoon tea and a local hotel.

Service users contributed to the development of their support plans and, along with relatives/ carers, were routinely involved in meetings to review their service. Service users were asked to sign their agreement to their support plan and offered a copy of their plan. Ahead of review meetings service users were asked to complete a pre-review questionnaire.

The service users and relatives that we spoke with during the inspection commented positively on their involvement with on-going care planning and support.

Comments recorded from individuals who used the service and relatives included:

- "Thank you for your input and on-going support"
- "As a family we are delighted with the day service provided by Canderavon".
- "[My relative] enjoys the social interaction and the stimulating and meaningful activity."

The service was looking at innovative ways to deliver a personalised plan of care to individuals and we saw some very good evidence of this. For example, the staff were assisting an individual to carry out tasks outside of the service, ensuring that they remained as independent as possible.

Areas for improvement

The previous inspection highlighted that there was out of date information on the service user notice board. We did not find this during the inspection. However, we found a lack of service user/relative feedback being recorded and displayed.

The service had a new "You Said We Did" board, but the information on this was minimal.

We were advised that surveys and questionnaires were being collated. However, this does seem to take an extended period of time. The service should seek to ensure that, where feedback on the service has been provided, this is collated in a timely manner with any actions identified and timescales for the actions to be met displayed.

The previous recommendation has been reworded and repeated (see Recommendation 1).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure that survey results, informal feedback and minutes of meetings are displayed and an action plan produced within appropriate timescales.

National Care Standards Support Service Standard 12 Expressing Your Views.

Statement 3

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

Service Strengths

We found that this service's performance was good in the areas covered by this statement. We concluded this after we heard from service users and staff, spoke to managers; looked at support plans, risk assessments and staff training records.

The Service had an effective assessment process. Reports completed following home visits gave staff good detailed background information. Written plans were well presented and written in a way that was easy to follow. Everyone we heard from agreed that they had a personal plan or support plan which contained information about their support needs and detailed their needs and preference. Everyone we heard from agreed that the service checked with them regularly that it was meeting their needs

The service had developed a pre-review form, which gave service users a chance to highlight any concerns and notes for discussion prior to the review taking place.

Assessments and support plans gave staff good detail about service users health care needs and any diagnosed conditions such as diabetes, dementia, arthritis, history of a stroke, sight and hearing impairment and difficulties related to mood. Those seen described what staff were expected to do. Staff were also aware of support needs related to physical disability and used moving handling techniques appropriately with people. Body maps were in place, where staff assisted with personal care, to monitor and minimise the risk of injury.

We saw that staff were vigilant in monitoring the health and support needs of service users and gave assistance in arranging further assessments/reviews with relevant health professionals, where appropriate.

Personal plans contained information about support needs and food likes and dislikes. On the day we visited most people could eat and drink independently. Staff made sure that anyone who needed support got it, such as with cutting up food. A menu was available. Lunch was provided by catering staff and took account of any special dietary needs. Fluid charts were being introduced to the service and were monitored where a risk in relation to fluid intake had been identified.

We observed the lunchtime experience and saw that the service users found it a very enjoyable experience. The mood was relaxed and staff members sat among the service users so that everyone could chat. We saw that one service user enjoyed their dessert and a second helping was provided. Service users advised that the food provided was "lovely". We also noted that staff offered service users fluids regularly throughout the day.

We saw that the manager had developed an overall dependency tool for the service. This took into account physical needs, mental health, nutrition, toileting and personal care, assistance required with activities and transport.

We saw that staff were completing levels of dependency on a daily basis.

Staff had done a lot of work on developing a programme of meaningful activities. Support plans contained information about hobbies and interests.

Activities seemed to be a good mix of fun, mentally stimulating, social and exercise.

Over the two days of the inspection we observed various activities including quizzes, newspaper discussion and watching a movie. People could choose if they wanted to participate and we saw that, where one individual did not want to watch the movie that had been chosen, they had requested to take part in another activity away from the larger group, which staff facilitated for them.

Areas for improvement

We found the following areas for improvement:

- The previous inspection report highlighted that some care plans and risk assessments lacked relevant detail. We found that a new

format was now being used, however some of the recording within support plans included limited information. For example, one plan described someone as needing assistance to go to the toilet, stating "may require assistance from staff" but did not go into any detail about how a worker was expected to go about that or what level of assistance had been agreed with the service user.

- We saw conflicting information between support plans and recent daily notes. We saw evidence that risk assessments had not been updated where a deterioration in ability or an increase in need had been noted. The service should ensure that risk assessments are updated by the relevant worker to ensure the level of care provided is meeting the needs of the service user.
- We saw, within support plans, that weight charts were now in place, with consent sought from service users prior to this being carried out. However, we saw that there were omissions in recording, where monthly weights had been specified. Where there were omissions we could see no explanation within care plans as to why weights had not been checked.
- The service has met some aspects of the previous requirement. However, this has been reworded and restated to recommend the above improvements (see Recommendation 1).

The mealtime experience for service users was very good and comments very positive. However, some service users advised that they would prefer a warm drink after lunch instead of waiting until they returned to the communal room. This is something that the service may wish to investigate further through survey/questionnaires.

We saw that the total staff requirement over a period of time was not always being calculated on the dependency tool. We discussed with the manager that this did not provide adequate evidence that the tool was informing staffing levels within the service and minimising risks.

The service should ensure that this is completed fully (see Recommendation 2).

We saw that a daily communication sheet was in place for individuals who use the service. We thought that this was a good tool for key staff members to review the care needs of individuals who use the service.

However, this was not being used effectively. We saw examples of staff recording that observations were required, but there was no further record to show that this had taken place on a regular basis. Further examples of recording issues were provided during feedback (see Recommendation 3).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. Where the service is recording within individuals' support plans the service should ensure that:

- Written plans should clearly describe what workers are expected to do when assisting service users with personal care and continence related needs.
- Risk assessments should be updated on a regular basis in line with the providers policy or where a deterioration/risk has been identified.
- Where the service has concerns regarding an individuals' weight a plan should be in place stipulating how often weights will be recorded. Where weights have not been taken a reason should be provided as to why.

National Care Standards; Support Service; Standard 4 Support Arrangements and Standard 10 Feeling Safe and Secure.

2. The provider should monitor that the dependency tool is completed accurately to ensure that this reflects the support needs of all service users and that staff numbers and skill mix can meet the needs of the service each day.

National Care Standards; Support Service; Standard 2 Management and Staffing arrangements.

3. Improvements should be made to the daily notes recorded by staff within the service.

Staff must be clear about why they are recording and should review what has been previously recorded by colleagues within daily notes. This is to ensure the health and wellbeing of individuals who use the service is maintained.

National Care Standards; Support Service; Standard 4: Support Arrangements, Standard 2: Management and Staffing.

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

We found that this services performance was very good in the areas covered by this statement.

Service users and carers had participated in reviewing their accommodation within the centre.

They advised that they found the two new rooms available to them much better and sizeable.

Other ways in which service users and carers could express their views about the quality of the environment, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

See Quality Statement 1.1 for additional areas for development relevant to this statement.

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

We found that this services performance was very good in the areas covered by this statement. We concluded this after we spoke with service users, staff, policies & procedures, staff training records and accident/incident reports.

We looked at the services' policies and procedures and saw that these were used to underpin staff practice and inform training. These policies included Health and safety and Adult Support and Protection to ensure that the environment remained safe for all individuals.

All maintenance, equipment and cleaning scheduling is overseen by the facilities manager within the resource. The manager has advised that they are now having regular meetings with the facilities manager to ensure that the environment remains safe and to discuss any issues or concerns.

Over both days of the inspection we found the environment and equipment used to support people was maintained, clean and odour free.

All staff received training and refreshers in Food Hygiene and Infection Control.

There was a sign in book at the main entrance and reception area for visitors entering and leaving the building. This assists staff to know who is in the building and promotes a safer environment.

The building is accessible to individuals who require the use of a wheelchair or walking aids. All sections of the building were accessible, including communal areas, bathrooms and the garden.

Staff followed Council procedures as regards to any accidents and incidents occurring while an individual was using the service.

Areas for improvement

As an area for development the service should look at the signage throughout the environment. We felt that signage, particularly directional signage could be improved upon.

However, the service should continue with the very good work they are doing in maintaining the environment, ensuring it is a safe and protected environment for service users.

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

We found that this services performance was very good in the areas covered by this statement.

We saw that the service had developed a recruitment questionnaire for service users. This allowed service users to become more involved in the recruitment of staff within the resource. Questions were varied with examples such as:

- "What would you like to ask a prospective Care Worker?"
- "Would you be interested in being more involved in the staff recruitment process in the future?"

Areas for improvement

The service should continue to improve how it records the evidence of service user and carer participation in relation to staff recruitment and development within the service.

We will follow-up on this during the 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

We found that this services performance was very good in the areas covered by this statement.

We concluded this after we heard we heard from service users and staff, spoke to the manager and looked at team meeting minutes; staff training records and supervisions.

As noted in past reports the Council had a staff development policy and was committed to staff development and training. In line with this staff were offered annual performance and development reviews and training needs assessments.

We saw that staff had training records within their personal files. Training included both mandatory and other relevant topics. Training provided to staff members included, but was not limited to, Skilled level dementia, Moving and handling, Passenger assistance, First aid, Adult Support and protection and Stress and distress.

We saw that the some staff members were trained as Stress and distress 'Ambassadors' within the resource and the Manager had been trained to provide further training in this area.

Management advised that they were looking to source additional training from Alzheimer's' Scotland to further enhance the skills of the staff.

We spoke with three staff members during the inspection. They advised that they felt the service provided all the relevant training they required to support people who used the service. All the service users we heard from agreed that staff had the skills and experience to meet their needs.

We sampled staff supervision files and found that one to one supervision was

taking place on a regular basis. We saw within supervision files that, where staff had raised issues and/or concerns, these had been discussed fully with the supervisor and actions taken towards a positive resolution.

We sampled one supervision file where a supervisor requested that a staff member read the dementia strategy. We saw that this was being discussed during future supervisions. We felt that this was a very good example of informative, reflective and inclusive supervision.

We saw evidence that service users feedback was being used within staff supervision sessions. This highlighted the continual ethos of participation and respect by the service.

We were advised by management that a direct observation of practice template was currently being developed to inform and improve the current supervision format.

We would like to see how this has been developed during the next inspection.

Areas for improvement

We identified the following areas for improvement:

- The service should ensure that, where an action has been identified within staff supervision sessions, this is followed up during the next supervision.
- The service should ensure that any feedback from service users, in relation to staff performance, is dated so that evidence shows that compliments or concerns raised are relevant and have been actioned within appropriate timescales.

However the service should continue to develop the good work already in evidence for this statement.

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 found that the service provided a variety of ways in which service users and carers could participate in improving the quality of the management and leadership of the service.

Forum meetings were well attended and included service users from across the providers day resources. These meetings were aimed at promoting improvement resource wide and we could see that feedback from service users had been useful in planning future developments.

Other ways in which service users and carers could express their views about the quality of the management and leadership of the service, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

See Quality Statement 1.1 in this report for further areas for improvement relevant to this 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

We found the performance of this service was very good in the areas covered by this statement. We decided this after we spoke to managers and looked at various surveys, minutes of meetings and audits.

We saw that there had been no recent accidents and/or incidents within the service. However, the service had paperwork in place to monitor any accidents and minimise the risk of injury to individuals using the service.

The manager has developed an overall report of the environment. This has included air conditioning and room temperatures due to feedback from service users and staff. We could see that the opinions and concerns of individuals had been taken on board and a report had been sent to the relevant department to rectify any issues.

Although the environment was managed by the facilities manager the manager was monitoring fire extinguisher maintenance and all staff had received fire marshall training.

The service carries out a premises check each morning, prior to service users attending.

The provider has in place a Quality Improvement Policy and had some effective ways to monitor the quality of its services. For this service these included the following:

- Feedback from service users through meetings; surveys; events and Council. comments/complaints.
- Feedback from staff in various ways including via annual surveys.
- The Council used a performance management tool which provided

detailed.

- Performance reports across all service areas to monitor progress with meeting.
- targets such as for reviews and staff development. This included audits of case recording and supervision.

We saw evidence of staff supervision audits, ensuring these are up to date and completed. Training plans for staff were maintained and developed to ensure mandatory training was up to date.

Areas for improvement

We identified the following areas for improvement:

- The manager should ensure that audits of weights are monitored on a regular basis. This would ensure that any omissions are identified and action plans put in place where there are concerns noted.
- We saw that an audit of the dependency chart for the service had been carried out. This identified an action required. However, we saw no timescale for completion recorded or any reference as to who would be responsible for this. The service should look to develop this to ensure that their auditing process is fully completed.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. Give more attention to the presentation of information in particular survey results and ensure that minutes of meetings and surveys results on display are current.

National Care Standards Support Service Standard 12 Expressing Your Views.

This recommendation was made on 23 April 2013

We saw that the service had developed surveys and questionnaires for service users and their carers. However, we could not see that these had been collated and presented for display.

This recommendation has been reworded and repeated.

2. Support Plans and Risk Assessments :

- Written plans should clearly describe what workers are expected to do when assisting service users with personal care and continence related needs.
- Staff should record where it has not been possible to obtain information

from service users or families.

- The revised support plan format should ask for information that is primarily applicable to daycare.
- Risk assessments should be in a format that staff can follow and use easily. Information about risks and action to minimise risk associated with a particular activity should be with all the other information related to that activity and include a clear description of what staff were expected to do.

(National Care Standards Support Service Standard 4 Support Arrangements and Standard 10 Feeling Safe and Secure).

This recommendation was made on 23 April 2013

We found that the quality of information included within support plans had improved. Where information could not be provided then this was documented, however any examples of this were minimal.

This part of the recommendation has been met.

We saw that the service had devised a new format for the recording of support plans, with information relevant to daycare services.

This part of the recommendation has been met.

We felt that the service could improve how it recorded the level of assistance required within support plans and how often risk assessments were updated when further risk identified.

This part of the recommendation has been reworded and repeated.

3. When assessing dependency and determining staffing levels staff need to take all factors into account including group activities and escort time on transport.

(National Care Standards Support Service Standard 2 Management and Staffing Arrangements)

This recommendation was made on 23 April 2013

We saw that the service had developed a dependency tool that took into consideration the above factors.

This recommendation has been met.

4. Give the Care Inspectorate a firm date for when the refurbishment programme is going to start.

(National Care Standards Support Services Standard 5 Your Environment).

This recommendation was made on 24 April 2013

The service has moved premises since this recommendation was made.

Met

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
14 Jan 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

27 Oct 2009	Announced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	4 - Good
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Care and support	4 - Good									
Environment	4 - Good									
Staffing	3 - Adequate									
Management and Leadership	4 - Good									

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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

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