

Care service inspection report

Full inspection

Gilbertson Day Centre Support Service

Gilbertson Day Centre
off Old Scapa Road
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2003009093

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.

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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

Gilbertson Day Centre provides a safe and welcoming environment. The service offers older people with much needed opportunities to socialise. Those who attend are also offered a choice of group activities. A cooked meal is provided.

Staff are friendly and know the service users well and provide support in a discreet and sensitive manner.

What the service could do better

The provider needs to review the service's aims and objectives and provide a Gilbertson-specific statement about service delivery.

The management arrangements of the service should be reviewed to ensure the registered manager has sufficient time allocated to ensure effective management and leadership of the service.

Stakeholders should be consulted and their views and suggestions about ways in which the quality of care and support could be further developed and used to

update a service improvement plan.

Ways in which the service can better deliver person-centred care should be explored and incorporated within the service's improvement plan.

The service's improvement plan should details ways - and the timescales - in which the physical environment will be upgraded.

What the service has done since the last inspection

The service is looking at introducing a new personal planning format to more usefully inform the care and support provided in the centre.

The service was surveying the views of its stakeholders about the care provided at the time of the current inspection.

The staff at Gilbertson recently worked successfully with the local branch of the Royal British Legion to arrange celebrations associated with the anniversary of First World War commemorations.

The staff at Gilbertson Day Centre make good use of iPad technology to record a range of activities that the older people participate in.

Conclusion

Staff at Gilbertson Day Centre know their attenders well. They have formed close and respectful relationships with them. A relaxed, friendly and welcoming atmosphere has been created.

Staff told us that there are some uncertainties about the service's long-term future which is having an impact on their morale.

The service needs a current and active improvement plan to upgrade the facilities and better plan ways to deliver person-centred care and support.

The management arrangements need to be reviewed to ensure the service is better supported.

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

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

The Gilbertson Day Centre is purpose built as a day centre which provides day care for physically and/or mentally frail older people. The service is situated in a residential area of Kirkwall and transport is provided to enable the attenders to access the service. Places are allocated on the basis of assessed needs and can be for one or two days a week.

The service has a comprehensive brochure which incorporates its aim which is 'to support and care for older people, helping them live as independently as possible within their own communities'. The service is also important for families who care for older people, by allowing them to have regular breaks from caring.

Gilbertson Day Centre is registered with the Care Inspectorate to provide a care service to a maximum of 18 older people.

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 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 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. The inspection took place on 22 and 23 June 2016. We gave feedback on 7 July 2016.

As part of the inspection we took account of the self assessment forms that we asked the provider to complete and submit to us.

We sent six Care Standards Questionnaires (CSQs) to the manager to distribute to service users. Five service users sent us completed questionnaires.

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

We spoke with:

- Seven service users
- The registered manager
- Five members of staff.

We looked at:

- The Participation Strategy (this is the service's plan for how they will involve stakeholders)
- Annual survey
- Service plan
- Minutes of meetings
- Personal plans, daily recordings and care reviews
- Risk assessments
- Staff training records

- Supervision and appraisal arrangements
- We toured the premises.

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.

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.

Taking the views of people using the care service into account

We had two Care Standards Questionnaires (CSQs) returned from service users who both indicated that they 'strongly agreed' that, overall, they were happy with the quality of care provided.

We could see that the day attenders and members of staff got on well together. Staff provided support in a discreet, sensitive and respectful manner.

The atmosphere in the day centre was relaxed and welcoming. Those participating enjoyed their time together. We heard good banter and opportunities to socialise.

Taking carers' views into account

We had three Care Standards Questionnaires (CSQs) returned from carers of people who attended the service who all indicated that they 'strongly agreed' that, overall, they were happy with the quality of care provided.

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

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users.

The good grade applies where there is evidence that shows the service is likely to respond to views expressed by service users and carers.

The provider has a participation strategy which outlines the various ways in which service users could contribute their views on all aspects of the service. This showed the different ways that the service involves its various stakeholders including "setting up imaginative and sensitive vehicles" to include service users in consultation processes. The ultimate goal is to "enhance the quality of the service".

The service has recently surveyed the views and opinions of service users about their care and support - and also about their wider experiences of Gilbertson Day Centre.

A service development action plan, dated 2016, is in place. Various actions have been identified and individuals nominated to achieve various outcomes within allocated timescales.

Reviews of the care and support provided are carried out on a regular basis.

We observed positive interactions between staff and service users. They are offered choices in their daily group activities.

Taking all of the above into account we concluded the participation arrangements in relation to surveying views about care and support are in place - although there is scope for further improvement to identify more specific goals.

Areas for improvement

In looking at the role of the service we were given a copy of a departmental mission statement for Orkney Islands Council which outlined it's commitment to deliver high quality services through regular monitoring and evaluation. We considered, though, that the provider - now Orkney Health and Care - needs to review its statement of aims and objectives to provide more specific clarity about the function and purpose of the service.

The service needs a current and active improvement plan to upgrade the facilities and better plan ways to deliver person-centred care and support.

Additionally, the management arrangements of the service should be reviewed to ensure the registered manager has sufficient time allocated to ensure effective management and leadership of the service.

The service also need to explore ways, such as 'You Said, We Did' type posters, which provide stakeholders with feedback and the outcomes of the surveys of their views and suggestions.

We thought more could be done to ensure the participation practices are more proactive and empowering and can evidence improved outcomes for service users. **(See Recommendation 1)**

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider to devise and implement an updated improvement plan which takes account of the views and suggestions of stakeholders about ways in which the quality of care and support could be further developed. It should also:

- Explore ways, such as 'You Said, We Did' type posters, which provide stakeholders with feedback about the outcomes of the surveys of their views and suggestions.
- Review its statement of aims and objectives to provide more specific clarity about the function and purpose of the service - and address uncertainties about the future of the service.
- Include plans to upgrade the facilities and better plan ways to deliver person-centred care and support.

National Care Standards, Support Services: Standard 12 - Expressing Your Views.

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

The service is performing to an adequate standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users
- Examined relevant documentation.

The adequate grade applies to performance at a basic but adequate level. The grade represents a standard where the strengths have a positive impact on the experiences of service users. However whilst weaknesses will not be enough to have a substantially adverse impact, they are constraining performance.

Support plans are developed through discussions with service users, close relatives, if appropriate, and by taking account of the most recent social work assessment. The support plan provides essential details of the individual's health and welfare needs.

Risk assessments are routinely completed, including about any moving and transferring issues.

In addition to daily chats and discussions regular reviews took place and these informed how future care is to be supported. We saw some good examples of communication notebooks exchanged with families to keep them up-to-date with what has gone on at the centre with their family member.

There was some information detailed about their previous life histories - including one or two excellent examples - noting what and who were important to those attending. Service users are asked about their personal preferences and choices which were recorded in their support plans.

We could see that staff provided support in a sensitive and discreet manner. The group activities on offer are optional and service users are encouraged to take

part but their rights to participate, or not, are always respected.

During the inspection a musical entertainment morning was held. It was clear that those taking part had a thoroughly enjoyable time together.

The staff at Gilbertson recently worked successfully with the local branch of the Royal British Legion to arrange celebrations associated with the anniversary of First World War commemorations.

The staff at Gilbertson make good use of iPad technology to record a range of activities that the older people participate in.

We saw a good example of a colourful knitted sleeve comforter with a range of tactile textures a member of staff had made for one of the service users. This demonstrated very thoughtful care and consideration for the welfare of the service user.

Taking all of the above into account we concluded that the service is performing to an adequate standard and that the support offered led to positive outcomes for service users (although we felt more could be done to further develop person-centred care).

Areas for improvement

We note the service is looking at introducing a new personal planning format. We also noted some excellent examples of life histories in service user's personal plans but thought more could be done to ensure all of those who attended Gilbertson had one, too.

Many of the records in the support plans contained the same repeat entries such as "took part in all morning activities". This does not evidence person-centred care. The service needs to better evidence the ways in which its care and support is tailored to the needs of individual attenders and use its records to more accurately reflect where genuinely person-centred activities are offered to service users. A more personal outcome focus should be developed to ensure that where individual choices are supported the records evidence the practice of the service with individual service users.

The provider needs to better use its quality audit process to ensure all personal plans are maintained to a minimum standard.

Overall, we felt that more could be done to develop a better ethos of person-centred care which responds to the individual needs of people who attend Gilbertson Day Centre. **(See Recommendation 1)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should further develop person-centred care and support in line with the comments in Quality Statement 1.5 of this inspection report, including:

- Introducing a new personal planning format
- Further developing life histories and personal profiles
- Tailor care and support to the needs of individual attenders
- Use records to evidence what progress is being made to achieve preferred outcomes
- Use the quality audits to ensure all personal plans are maintained to a minimum standard.

National Care Standards, Support Services: Standard 4 - Support Arrangements and Standard 8 - Making Choices.

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

The findings in this statement are similar to those reported on in Quality Statement 1.1 but more could be done to survey the views and suggestions of the service's various stakeholders.

Areas for improvement

Whilst the findings in this statement are similar to those reported on in Quality Statement 1.1 we considered more could be done to survey the views and suggestions of the service's various stakeholders about ways in which the quality of the environment - both indoors and outdoors - could be further improved.

The physical environment of Gilbertson Day Centre looks old, tired and dated.

The seals in the building's double glazing cavities are ineffective and the panes are full of condensation.

We noted storage problems and an excess of furniture which cluttered the 'quiet room' especially.

There is no bath or shower room in the building and day attenders who need support with personal care can use the adjoining St. Rognvald's care home, accessed by a short internal corridor. The latter building is scheduled to be replaced, but it is not imminent.

The 'quiet room' is only occasionally used and its garish wall colours were described as "horrible" by one manager.

There are three toilets available for service users. One of these toilets is adapted for the use of service users who require more space due to disabilities. However during the inspection members of staff told us they found it difficult to support service users with physical disabilities in this toilet given the space constraints.

The staffing area is a primitive add on portakabin type building.

Day attenders have indicated they would like a safe outdoor area at the rear of the building to enjoy days of pleasant weather. There were no plans to create one.

The provider's improvement plan for Gilbertson Day Centre must include a commitment to upgrade the quality of the environment. We will be raising a recommendation about the environment at Gilbertson Day Centre in Quality Statement 2.3 of this report.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service Strengths

We found the service is performing to an adequate standard.

The adequate grade applies to performance at a basic but adequate level. The grade represents a standard where the strengths have a positive impact on the experience of residents.

The centre has a calm, friendly and welcoming setting. Staff know the people who attend very well and have developed close, respectful relationships with them. Support is provided in a discreet and sensitive manner.

A fresh cooked daily meal is provided by the adjoining St. Rognvald's care home.

We toured the premises and examined relevant documentation. We found that the premises were clean and free from offensive odours and intrusive sounds.

The centre has systems in place to ensure the security of day attenders, including a locking door entry system and the need for all visitors to sign in on entering the building.

Members of staff supported a range of group social activities from which day attenders were free to choose what to take part in - or not, according to their wishes and preferences.

There is an alternative 'quiet room' where attenders can go if they choose. Here they can rest, read or have more private conversations with staff.

The centre has mini bus transport (although we were told the service had been experiencing some difficulties due to less bus and driver availability).

Taking all of the above into account we concluded that the service made most of the - at times limited - environment at Gilbertson Day Centre.

Areas for improvement

We have outlined a series of shortcomings and concerns about the physical environment at Gilbertson Day Centre - both indoors and outdoors. All of which detract from the overall potential experience of day attenders at the service. Indeed the service must follow current infection control best practice guidance when providing personal care. We are therefore recommending that the provider devise and implement an improvement plan which takes account of our observations in Quality Statement 2.1, and the views and suggestions of stakeholders about ways in which the quality of the environment could be further improved. **(See Recommendation 1)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider to devise and implement an improvement plan which takes account of our observations in Quality Statement 2.1, and the views and suggestions of stakeholders about ways in which the quality of the environment could be further improved.

National Care Standards, Support Services: Standard 5 - Your Environment.

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

The findings in this statement are similar to those reported on in Quality Statement 1.1 but more could be done to survey the views and suggestions of the service's various stakeholders.

Areas for improvement

Whilst the findings in this statement are similar to those reported on in Quality Statement 1.1 we considered more could be done to survey the views and suggestions of the service's various stakeholders about ways in which the quality of the staffing could be further improved.

One staff member replying to our Care Standards Questionnaires (CSQs) told us "don't get meetings with our registered manager to give any opinions on the service". This was a view borne out by individual interviews we had with staff during the inspection visits. It is noted that the provider did engage with the staff group when deliberating on a new staffing model that reflected the changing nature of the service.

We have raised a recommendation in Quality Statement 1.1 of this report for the provider to devise and implement an updated improvement plan which takes account of the views and suggestions of stakeholders about ways in which the quality of care and support could be further developed. This also applies to ways the quality of the staffing could be further improved.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Risk assessments
- Discussions with managers and members of staff
- Examination of relevant documentation.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The senior day centre officer ensures that everyone working in the service has an ethos of respect towards service users and each other. Staff listen to people using the service, respect their views and, wherever possible, act on any views expressed.

100% of respondents to our Care Standards Questionnaires (CSQs) confirmed that they felt that staff treated them with respect. 100% also confirmed that the service asked them for their opinions about how it could improve.

Service users responding to our Care Standards Questionnaires (CSQs) told us:

"The workers at the Gilbertson Day Centre are all first class. They are very capable and kind. I look forward to my weekly visit very much."

"Every member of staff we have met have been cheerful and patient. They make every attempt to make my husband and myself comfortable and content."

"We are all very happy with the care and lovely staff who are very kind and polite."

We considered that service users are treated with dignity and respect.

Staff offered the following comments during individual interviews:

"The staff are very caring. We have been lucky. It is a brilliant place."

"Team work is pretty good, although there have been more tensions, we are a bit short staffed."

"Team work works pretty well."

We recognised the good ethos of respect within the service towards service users. We concluded the service is performing to a good standard in respect of this quality statement.

Areas for improvement

Staff also offered the following comments during individual interviews:

"So many changes since the cutbacks. Staff are left to get on with it."

"We are uncertain what the future is. There is an impact on day care, and the respite families receive."

"Teamwork is not bad. We are all a bit miffed with the job cuts. It has affected morale."

"We never see our registered manager."

The provider told us that staff dissatisfaction appears to stem from the re-designation of [some] posts to a lower grade. It was also pointed out that an engagement exercise had been carried out to elicit the views and suggestions of the staff group. We would suggest the above observations should be taken account of when the provider is devising and implementing an improvement plan to address the current issues at Gilbertson Day Centre.

Grade

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

The findings in this statement are similar to those reported on in Quality Statement 1.1 but more could be done to survey the views and suggestions of the service's various stakeholders.

Areas for improvement

Whilst the findings in this statement are similar to those reported on in Quality Statement 1.1 we considered more could be done to survey the views and suggestions of the service's various stakeholders about ways in which the quality of the management and leadership could be further improved.

We have raised a recommendation in Quality Statement 1.1 of this report for the provider to devise and implement an updated improvement plan which takes account of the views and suggestions of stakeholders about ways in which the quality of care and support could be further developed. This also applies to ways the quality of the management and leadership could be further improved.

Grade

3 – Adequate

Number of requirements – 0

Number of recommendations – 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

We found the service is performing to an adequate standard.

The adequate grade applies to performance at a basic but adequate level. The grade represents a standard where the strengths have a positive impact on the experience of residents.

The service's self assessments indicated that "staff regularly demonstrate decision making skills in the absence of the senior or manager on site." It further confirmed that staff had "autonomy on decision making regarding care planning/reviews."

At the time of the current inspection we could see that staff are encouraged to feedback any new ideas or suggestions they may have in surveys issued to them and the service's other stakeholders.

Routine supervision is used to identify staff training needs and update the workforce on opportunities available within the organisation.

The service's senior day centre officer was held in high regard and staff reported "pretty good" teamwork within the service. Our interviews with them also confirmed that they all worked "well" together and that "everyone does their best".

Taking all of the above into account we considered the standard of performance is adequate.

Areas for improvement

In looking at the management and leadership of the service we identified a number of issues that the provider must address.

The day-to-day running of the service is the responsibility of a senior day centre officer. However she is also responsible for the running of another separate day care service and has to divide her time between both establishments.

The current registered manager has a wide range of service responsibilities.

Whilst it is acceptable to have a registered manager managing dispersed services we are not reassured from observations and our interviews with members of staff that sufficient management input is provided at Gilbertson Day Centre.

Responsibility for key working the care and support of day attenders is shared by two members of staff whose roles combine day centre officer duties with those of social care assistants. The latter position does not carry key working responsibilities.

We asked staff how well managed they considered the service was and received the following comments: "We are left to get on with it." Another told us "we never see the registered manager. We are uncertain what the future of the unit is." Asked about the quality of teamwork one member of staff told us: "We are a bit miffed with the job cuts. It has affected morale."

We were concerned to hear that service users "do not know the managers of the service."

Overall the situation exposes concerns about the management and staffing of the service which form the basis for our requirement that the provider must review the management and staffing arrangements within the service and put in place - at all times - suitably qualified and competent persons in such numbers as are appropriate for the health, welfare and safety of service users.
(See Requirement 1)

The provider needed to explore ways in which its IT systems could better support the continuous professional development (CPD) of the workforce at Gilbertson Day Centre.

Ways in which staff competency is assessed should be considered to ensure that they are fully supported to fulfil their roles and responsibilities.

The provider should consider how it can more formally, as part of its ongoing staff development, extend the range of management and leadership training opportunities across the social care workforce. For example, more could be

done to promote the role of 'champions' within the workforce who have specific roles and responsibilities for key aspects of service delivery.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users 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.

This requirement also applies to management support to the service.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a).

Timescale for implementation: Three months of receipt of this report.

Number of recommendations - 0

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

Previous requirements

1. The service to develop a file audit system to eradicate any errors or omissions from service user's personal plans.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1) (a) - a provider must - make the proper provision for the health, welfare and safety of service users.

Timescale: Within twenty-four hours of receipt of this report.

This requirement was made on 28 February 2013

The current inspection has made a recommendation about the personal planning arrangements which includes for quality audits.

Not Met

2. The service to carry out water hygiene tests in accordance with the local authority logbook. A responsible person should be identified and appropriately trained to carry out these checks.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - a regulation which relates to the health and welfare of service users.

Timescale: Within 24 hours of receipt of this report.

This requirement was made on 28 February 2013

Routine testing is now carried out.

Met - Within Timescales

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

Previous recommendations

1. All staff should have supervision in keeping with the timescales set out in the local authority guidance.

National Care Standards, Support Services: Standard 2 – Management and Staffing.

This recommendation was made on 28 February 2013

Routine supervision is used to identify staff training needs and update the workforce on opportunities available within the organisation.

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

9 Inspection and grading history

Date	Type	Gradings
28 Feb 2013	Unannounced	<div>Care and support4 - Good</div> <div>Environment4 - Good</div> <div>Staffing4 - Good</div> <div>Management and Leadership4 - Good</div>
6 Oct 2011	Unannounced	<div>Care and support4 - Good</div> <div>Environment4 - Good</div> <div>StaffingNot Assessed</div> <div>Management and LeadershipNot Assessed</div>

22 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
1 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
29 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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