

## Craigard Day Centre Support Service

Craigard Day Centre  
Lochmaddy  
Isle of North Uist  
HS6 5AE

Telephone: 01876 580202

Type of inspection: Unannounced  
Inspection completed on: 1 December 2017

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Care service number:**  
CS2003009715

## About the service

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

The service registered with Care Inspectorate on 1 April 2011.

Craigard is located in Lochmaddy in North Uist and is provided by the local authority Comhairle nan Eilean Siar.

Craigard Day Centre provides a support service to a maximum of eight adults from Monday to Friday. It is registered to provide services to adults with learning disabilities, mental health problems and physical and sensory impairments. Support is provided in the centre premises or in the community where people are supported to access specific activities and resources, or use premises specifically leased for the provision of support.

Within the centre there is a kitchen, lounge/dining area, as well as a multi purpose room primarily used as an arts and crafts activity room, but which also doubles up as a staff work base. There is a small outdoor area which is used for some gardening activity.

The stated aims of the service were :

"to provide you with a happy, healthy and safe environment that will include support and stimulation so that you can make the most of your life in an atmosphere of dignity and respect"

"we will help you to be as independent as possible and give you a range of choices about how you spend your time and to enable you to make choices"

## What people told us

There were two people attending the centre on the day we visited. This meant that opportunities for formal feedback were somewhat restricted. One person we spoke with was enthusiastic about some of the activities which they were involved in or had planned, and they told us that they enjoyed attending the day centre.

We had some feedback from relatives. Where this was specific to the support needs of an individual we discussed the issues raised with the service manager.

Some comments from relatives also included :

"It would be good to know what their lunchtime menu is ....so we at home can do dinner menu. We would be lost without Craigard and do appreciate their work".

"Both myself and my relative are very happy with the service provided".

"My relative enjoys going to Craigard".

"Good support by caring staff".

## Self assessment

The service were not asked to submit a self assessment this year. There is a new manager in place who is working to further develop service development and quality assurance processes. We concluded that some progress was already being made within the service and towards establishing service strengths and weaknesses.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

We assessed that the service has maintained their previously assessed very good grade in respect of care and support.

We saw evidence of the good practice identified at previous inspections in terms of how care and support was being provided. On the day that we inspected there was a very small group attending the centre as the number of people attending fluctuates throughout the week. Some people receiving a support service do not attend the actual day centre, and others attend some days, but also receive support on other days to attend work placements or other community activities. This flexible support enables individuals to have a range of interesting activities, for example, gym, stable activities, furniture restoration, available to them, during which people can try new things, and develop skills and independence. There were also a range of activities available each week such as dancing and art work. Special events such as the recent exhibition at the local arts centre which showcased some of their work, and a celebratory tea that was planned to mark the anniversary of the centre opening had been a focus of a lot of recent activity.

We saw that the planning and preparation of lunch was a shared activity with everybody having an opportunity to join in. Discussions were held about individual preferences, as well as testing new ideas that each could contribute to. The mealtime experience was relaxed and friendly.

We observed people using the service to be relaxed and comfortable in the environment and with the staff providing support. It was apparent that people knew each other well, and that supportive relationships had built up through long standing attendance. We saw that the day was being planned inclusively of all present, and also saw that the group as a whole were being encouraged to participate in discussions about important topics, for example, meal planning and future activities and events. People attending were treated with respect and dignity, and observed interactions were positive. Individuals were encouraged to reflect daily on activities they had participated in.

We checked personal plans and concluded that overall these were of a good standard. It was also apparent that work was being well progressed to further develop areas where they had identified that remedial work was needed. Personal plans held information which would support staff to provide appropriate levels of care, and these were being updated to support changes that took place. Some aspects of the record keeping were being reviewed so as to ensure that these effectively supported continuity of care, and we were satisfied that this would address some anomalies which we had noted.

Regular service users reviews were being held, and the service should continue to use these as opportunities to ensure that the support provided was being delivered in accordance with individual needs and preferences.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of environment

This quality theme was not assessed.

## Quality of staffing

### Findings from the inspection

We assessed that the service continued to be performing to a very good standard.

The service is staffed by a core staff team which had been supplemented by relief workers. Staff turnover was low, and the staff team offers good continuity of care. The provider had been recruiting new staff, necessary as they extend the scope of the service beyond the traditional day service model and into a community based approach for adults with complex support needs. Induction for staff delivering this level of support has been very focused on the needs of the individual.

Staff appeared enthusiastic about their role, and seemed to feel well supported. Some formal staff supports such as supervision were now being planned by the new manager. Team meetings have been taking place and we were able to see that these were being appropriately used as an opportunity to discuss ideas and innovation as part of service development.

Our findings indicated that staff training needs should be evaluated, and a plan that will properly meet these needs, implemented. Training needs throughout the support service need to be taken into account, as does the accessibility and completion of on line training courses which are identified as mandatory, but not always

completed. Similarly records indicate gaps in core training provision, and courses which we would have thought relevant to the support being provided, for example, epilepsy were missing.

We discussed with the new manager the opportunity of beginning this process by carrying out an analysis of what has been achieved in terms of individual staff training and what was outstanding. This should be relevant to the whole staff team, and should take into account the support needs of all those who use the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 – very good

# Quality of management and leadership

## Findings from the inspection

The management arrangements for this service have transferred to a more local arrangement which we concluded was a positive step and would more effectively manage a service which was expanding in terms of staff, and complexity. While these arrangements were new, we could see benefits to the service in what had been implemented, or was planned.

We could see that work had started so as to evaluate some aspects of the service provision, both to capture the strengths, and then to establish areas of improvement.

We were satisfied that at a service level, service development was being taken forward.

However, it remains unacceptable that the provider, Comhairle nan Eilean Siar, have taken no steps to address the standard of the premises. There have been requirements in place for five years. During this period the service has ostensibly been under review but, again, since the last inspection (2016) no tangible progress has been made towards improving the environment. Facilities in the premises, for example, toilets, continue to be of a basic standard, and much could be done to enhance the appearance of the premises, both internally and externally, to the benefit of those who attend.

We saw that this was a valuable, and appreciated, facility in the local community, located in an area which lacks a wide range of resource options for adults with additional support needs.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

Grade: 4 – good

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

The provider must review the toilet facilities within the premises to ensure that people using the service can do so in a manner that is safe and dignified and is adequate for the numbers of service users and staff.

This is a requirement under SS1 2002/114 Regulation 4 (1) (a) the providers shall make proper provision for the health and welfare of service users. (b) provide services in a manner which respects the privacy and dignity of service users.

The provider must do this within six months of the publication of the report.

**This requirement was made on 12 December 2012.**

### Action taken on previous requirement

No changes have been made to the centre and its facilities. There is only one toilet within the centre for use by both service users and staff. We understand that service provision remains under review.

**Not met**

### Requirement 2

The provider must review the suitability of the premises to meet the aims and objectives of the service.

This is a requirement under SSI 2002/114 Regulation 10 (2)

(a) Premises are not fit to be used for the provision of a care service unless they – are suitable for the purpose of achieving the aims and objectives of the care service which are set out in the statement of aims and objectives.

(b) are of sound construction and kept in a good state of repair externally and internally.

National Care Standards, Support Services, Standard 5. Your Environment – You can be confident that the building is accessible and designed so that it provides a safe, open and pleasant environment which strikes a balance between private, group and public place.

The provider must do this within six months of the publication of this report.

**This requirement was made on 12 December 2012.**

## Action taken on previous requirement

No changes have been made to the premises. Ways in which the physical environment can be improved should be explored, and implemented by the service provider, in consultation with the people who attend and any interested stakeholders.

**Not met**

## What the service has done to meet any recommendations we made at or since the last inspection

## Previous recommendations

There are no outstanding recommendations.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
15 Nov 2016	Announced (short notice)	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>5 - Very good</div> <div>3 - Adequate</div> <div>5 - Very good</div> <div>Not assessed</div>

Date	Type	Gradings	
5 Dec 2012	Announced (short notice)	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 Jul 2010	Announced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	5 - Very good
		Management and leadership	Not assessed
4 Nov 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
2 Dec 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good



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