

Lifeways Community Care - Glasgow Housing Support Service

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Type of inspection:

Unannounced

Completed on:

28 May 2019

Service provided by:

Lifeways Community Care Ltd

Service provider number:

SP2004006707

Service no:

CS2004079683

About the service

Lifeways Community Care Glasgow is registered to provide a combined housing support and care at home service to young adults in transition, adults with learning disabilities and older adults living in their own homes. The service registered in November 2004 with the Care Commission and transferred its registration to the Care Inspectorate when it formed on 1 April 2011. Lifeways aims to help people be as independent as they want to be.

Lifeways Community Care operates from an office base in the east end of Glasgow where the senior service manager, service managers and coordinator are based. The management team support the team leaders and teams of staff delivering support and care to people across North Lanarkshire, South Lanarkshire and Glasgow. At the time of the inspection forty six people were receiving a service, support hours varied from a few hours per week to twenty four hours per day to enable people to live independently in their own homes.

We were encouraged to see that the management team had experienced some stability since the last inspection which had impacted positively on people supported, relatives and staff. We again expressed our concerns as there remained vacancies for a service manager and team leader and the coordinator had left. These senior vacancies continued to affect the quality of service and affected their capacity to make the required service improvements.

What people told us

We visited seven people at home and met with one person supported across the three local authority areas to speak to them about their experience of being supported by Lifeways Community Care Glasgow. We met with one relative and an inspection volunteer telephoned and spoke with six relatives to get their feedback on their experiences. We sent out care standards questionnaires and received ten from people supported or their relatives. We also asked for the views of staff and professionals during the inspection.

What people told us:

"Our relative gets really good care from Lifeways, support has made a big difference, she's come on leaps and bounds"

"Staff change quite quickly in head office, I have met the new manager"

"She benefits from the one to one care and I let her go without a single worry"

"While the service does ask about my needs, there is not always sufficient follow through to ensure the relevant action is taken to implement agreements"

"Happy, good at resolving issues"

"Been a good bit better in the last six to nine months, good service from lifeways, staff now staying, not as much change as before, its calmed down a bit"

"Staff are skilled and trained to look after me well"

"Staff always treat me well, I tell them if I am unhappy"

"Nothing to compare support to, but I love lifeways, I am quite happy with Lifeways, I always say better the devil you know"

"Carers are all well trained, they're all okay in their own way, everything is well recorded in the house"

"Communication is good, they'll tell us who's coming and if they're going to be late"

"The service makes a big difference"

"You're never consulted with the recruitment of staff, we would like to be"

"They deal with medication very well"

"Spoken to the manager and team leader before when I was unhappy, things got sorted"

Generally, people supported were happy with their support as it enabled them to live in their own homes and to access their local community. People felt there was a high turnover of staff and were aware of frequent changes in the management team, however felt recent changes had been more positive. People felt the new senior service manager was more visible and relatives felt more included, they said they were asked for their views and felt listened to when they expressed them.

Self assessment

The service was not asked to complete a self assessment in advance of this inspection. We looked at their development plan and quality assurance systems. These demonstrated their priorities for improvement and how they were monitoring the quality of provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found people were experiencing an adequate quality of care and support. We saw examples of how people with different needs were assisted to live at home and to undertake some household or social activities. Relationships between staff and people supported were positive and we could see how the support staff helped to improve their lives on a day to day basis. People can expect to have an active life and participate in a range of activities, one relative told us "they are very good at looking after him and good at encouraging him to do what he wants to do" another person said "I go out a lot with staff, wouldn't be able to do so without staff, makes a big difference to me having support"

People can expect to receive high quality care and support that is right for them and to experience compassion, dignity and respect; we found experiences varied. Some of the people we met told us they were cared for in a way that they were comfortable with and that staff understood their needs well, they felt they were treated with dignity particularly with personal care or support with mobility. However, we heard from other people who had experienced issues with unsuitable members of staff which had been disruptive and upsetting to them. We could see that the consistency of staff and the care received also varied because people were affected by support staff being moved or by the turnover of staff. One person said "the company don't seem to be able to keep their staff, I don't like the changes in people".

Other people experienced consistency, their had been no changes in staff therefore good relationships had been built and people relied upon and trusted their staff. We found that people were supported with their basic needs and activities, however there was a lack of information about what people could do for themselves and how staff should support the development of skills and independence. The service could be much more proactive in encouraging and enabling people to achieve better outcomes meaning they get the most out of life.

People could be confident their health and wellbeing benefitted from care as staff recognised when a person's presentation changed or their health deteriorated and took the appropriate actions. One person told us "staff know what they are doing, they know when I'm not at myself, they have called the doctor and they regularly collect prescriptions for me". We could also see examples of where health needs had been identified and emergency medical attention sought. Being assisted to attend activities and mix with other people was contributing to improved mental health and general wellbeing. The service supported people with their medication and had effective systems in place to manage this safely.

We found that efforts had been made since the last inspection to ensure that everyone being supported by the service had a support plan in place. People supported can expect to have a personal plan that sets out how their needs will be met, as well as their wishes and choices. We saw examples of good person centred plans containing details of how support should be delivered and examples of very poor support plans. Support plans did not always contain sufficient information about a person's condition and/or needs assessment. Support plans were not all being regularly reviewed or updated; people supported and their relative(s) were not always included in their development or review. People can expect to be fully involved in assessing their own needs and regularly reviewing these and if the support is right for them.

We expressed concern that support plans did not provide staff with essential information about a person's needs, their diagnosis and health conditions; how to best support them and how to manage any associated risks. From support plans it was difficult to see the impact of the service and how it supported people to achieve their outcomes. We discussed support plans in detail with the senior service manager and a service manager during the inspection who acknowledged the need for improvement. (see requirement 1)

Requirements

Number of requirements: 1

1. The provider must ensure that everyone accessing the service has a support plan in place which reflects the current needs of the individual and provides staff with appropriate guidance on how to best support them and manage any risks presented.

Plans should identify individuals outcomes, needs, wishes and choices and should be regularly updated (as and when required but at least once every 6 months).

People supported and their relative(s) should be included in the development and review of support plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12)

I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) – requirement for the health and welfare of service users.

Timescale for completion 31st December 2019

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

The service was performing at an adequate level in relation to the quality of staff. Staff that we met were committed to their roles and appeared to have developed positive relationships with those they were supporting. While there was evidence of efforts to support and supervise staff, the previous requirements relating to staff induction and development have not been met. To give people trust and confidence in the service and to consistently experience high quality care and support the up skilling and development of staff is a key area.

People can expect that staff have been appropriately recruited. We found that the practices of the provider could have been more robust by applying their own policy and being aware of safer recruitment guidance. We discussed our concerns with the registered manager and area manager, these included:

- * The need to scrutinise and verify all references and ensure appropriate reference checks are carried out for internal recruitment
- * The need to review how personal information gathered during recruitment was being retained to ensure this was in line with General Data Protection Regulations
- * The need to clarify their policy on Disclosure Scotland Protection of Vulnerable Groups checks for returning employees or those being promoted internally
- * The exclusion of people supported and families routinely from recruitment.

People should have confidence in the those supporting them because they are trained, competent and skilled. One relative told us, "no we are not confident staff have the skills needed, there is not enough time given for new people shadowing before being put in full time" and another said "No I don't think they have the right skills some of the staff argue with our relative and others find it difficult to cope with them".

All newly recruited staff attend a short induction to the organisation and support worker role prior to shadowing experienced staff. There was a lack of evidence of on going induction, competence assessment and training beyond this initial period and line managers had not received an induction appropriate to their role. Team leaders were predominantly covering shifts supporting people so had inadequate time to carry out their line management tasks, to develop their knowledge and skills or demonstrate their competence during their probation period in the role. We were told some time had been spent 'on the job' with new service managers around systems and tasks relevant to the role, however, induction and probation review records were poor and did not reflect this. (see requirement 1)

People supported could not have confidence that staff were trained, competent and skilled and able to reflect on their practice. The provider has an internal training department that supports staff development through different learning methods such as e learning and face to face events. We were provided with training records for a range of topics including adult protection, medication, manual handling and infection control. We could see there were gaps in training and in staff attending refresher training in risk areas such as medication administration, adult protection and data protection. There were infrequent and inconsistent observations of staff competence in medication administration and of observations of practice. Overall, we could not see staff training being delivered to safeguard and meet the needs of those being supported.

We discussed with the registered manager how crucial recruitment, induction and training were in ensuring people had the appropriate skills, knowledge and experience relevant to their role. We were concerned that these factors and the lack of capacity to develop line managers were a barrier to the service meeting the required improvements. (see requirement 1)

We could see that efforts had been made since the last inspection to carry out supervision and appraisal for staff and line managers in line with the organisations policy. There remained scope to develop supervision discussions to include reflective practice and explore how individual practice could be improved to enable people to achieve their outcomes.

People can expect to experience high quality care and support based on relevant evidence, guidance and best practice. Whilst we could see that team meetings had been held in some of the support packages; these were infrequent and focussed on issues and operational changes in the service; we would like to see team meetings providing regular opportunities for staff to share or develop their practice which would have a positive impact on the care experience of the person supported. (see requirement 2)

All social services employees are required to be registered with a professional body such as the Scottish Social Services Council. Since the last inspection the registered manager's understanding of these legal requirements had improved, there was a monitoring process in place and senior staff were actively explaining registration to staff, meaning that staff were appropriately registered for their roles.

Requirements

Number of requirements: 2

1. All staff must have appropriate induction, training and support in accordance with their job role and responsibilities. This is to ensure that care and support is consistent with the national health and social care standards which state that:

I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes (HSCS 3.14)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15 (a) and (b) - staffing
Timescale for completion 31st August 2019

2. The provider must improve upon approaches to staff supervision, appraisal, training/education and team meetings across the service to ensure that staff practice and knowledge reflects the needs of service users. In order to demonstrate this:

- * Supervision, appraisal and team meetings must take place as per the organisational policy
- * Take steps to improve the quality of supervision and appraisal
- * Ensure that training is attended and recorded in accordance with organisational policy
- * Ensure staff have access to training to meet their development needs and in line with the needs of people being supported
- * Provide a range of opportunities for staff to reflect on and share good practice

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes (HSCS 3.14)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (15) (a) - staffing. A requirement to ensure that at all times suitably qualified and competent persons are working in the care service.

Timescale for completion 31st December 2019

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found the leadership and management of the service to be adequate. As an organisation Lifeways have a robust quality assurance system which includes a process of self assessment, audit and monitoring of key areas such as supervision and appraisal, accidents and incidents, adult protection and complaints. We could see that senior staff had a better understanding of how to utilise this system and had started using it as a planning and monitoring tool. While managers and team leaders carried out audits and observed some areas of staff practice, we did not see these identify or record areas of improvement. We discussed how the service was undertaking audits and suggested the manager look at how these could be better used to focus on quality and practice improvements. (see requirement 1)

People can expect to be protected from harm, neglect or abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. There was a system in place for recording and monitoring of incidents and accidents and monthly logs were kept giving the manager an overview of all incidents and identified actions. We could see the managers understanding of safeguarding requirements had developed and were satisfied that the relevant notifications to the Care Inspectorate and appropriate Adult Protection referrals had been made. We explored with the manager aspects of incident recording where improvements could still be made, (see requirement 1), these were:

- * Ensuring that the content of incident reports is factual and includes key information such as dates, times and details of those involved
- * The outcome of all Adult Protection referrals should be followed up, recorded and actioned
- * A consistent approach to updating support plans, risk assessments and reviews to reflect changes and outcomes as a result of an incident
- * Following up on all actions identified to ensure they have been carried out and recorded

It is important that people know how to and can be helped to make a complaint or raise a concern about their care and support. Also that where a person has a concern or complaint, this will be discussed with them and acted upon. The service had not received any complaints since the last inspection and managers told us that issues were addressed with people speaking to staff or at reviews. People we spoke to told us they would raise any concerns with their staff and knew who the team leader or service manager was should they need to contact them. We heard examples of when an issue had been raised and it had been resolved which was a positive step forward and demonstrated a growing confidence in the managers.

People can expect to have confidence in the organisation and people providing their care and support and for the service to be well led and managed. People told us that since the new senior manager had been in post there was clear leadership and the service was gradually improving. One relative said, "The new manager is very good she's very interested to make sure things are going well". People supported told us the service was better than it had been because they more recently felt they could trust that managers would do the things they said they would.

Staff on shift continued to be using their personal mobile phone or the telephone of the person supported to contact someone for advice or support. To ensure people's rights and privacy are respected staff must have access to a telephone provided for business purposes. (see requirement 2)

People can expect to be supported to give regular feedback on their experience of the care service and for the organisation to use this feedback to improve. We could see that efforts were being made to include people and ask for their views through reviews, forums and a number of participation events that had taken place. We will look at our next visit at how these activities and feedback received have impacted on individuals or the service.

We were pleased to see that there had been some progress and stability in the service since the last inspection, however considerable work was still needed to meet the previous requirements. We have combined the outstanding elements of the previous requirements under leadership and management into one requirement. We continue to have concerns about the services capacity to improve and the providers approach towards achieving sustainable improvements. (see requirement 2)

Requirements

Number of requirements: 2

1. The provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- * Routine and regular management monitoring of the quality of care and support across all areas of the service must be provided
- * Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported
- * Clear recording and evidence of actions taken following an incident or quality of care concern being identified

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed (HSCS 4.23)

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.)

If I experience care and support where I live, people respect this as my home (HSCS 3.2)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

Timescale for completion 31st December 2018

2. Immediate action must be taken to ensure that management arrangements are suitable to effectively and urgently improve the quality of the service. In order to achieve this, the service provider must ensure that:

- * Managers are provided with appropriate support, supervision and resources to address the requirements imposed by the care inspectorate and ensure the service provider is fulfilling its statutory responsibilities
- * Managers have the necessary experience, training and skills to address the requirements imposed by the care inspectorate and ensure the service provider is fulfilling its statutory responsibilities

- * The effectiveness of the management team is rigorously, regularly and systematically evaluated and documented
- * Support staff have access to telephones for business use

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed (HSCS 4.23)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (1) (a) – a requirement to make proper provision for the health and welfare of service users.

Timescale for completion 31st December 2018

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

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

Previous requirements

Requirement 1

The provider must ensure that everyone accessing the service has a support plan in place which reflects the current needs of the individual and provides staff with appropriate guidance on how to best support them and manage any risks presented.

Plans should identify individuals outcomes, needs, wishes and choices and should be regularly updated (as and when required but at least once every 6 months).

People supported and their relative(s) should be included in the development and review of support plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12)

I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

We could see that some progress had been made in that everyone had a support plan, however the quality of support plans varied and did not always adequately reflect the current needs of individuals or provide staff with appropriate guidance on how best to support the person. Support plans did not always demonstrate regular review and inclusion.

Not met

Requirement 2

All staff must have appropriate induction training and support in accordance with their job role and responsibilities.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes (HSCS 3.14)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15 (a) and (b) - staffing

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

We found a lack of evidence of induction appropriate to the different job roles in the service. All new employees attended a mandatory organisational induction pitched at support workers, we found limited evidence of induction and support beyond this.

Further induction or training for senior staff was not adequate to equip them for the role. Team leaders had insufficient time to carry out their line management tasks, to develop their knowledge and skills or demonstrate their competence during their probation period in the role.

Not met

Requirement 3

The provider must improve upon approaches to staff supervision, appraisal, training/education and team meetings across the service to ensure that staff practice and knowledge reflects the needs of service users. In order to demonstrate this:

- Supervision, appraisal and team meetings must take place as per the organisational policy
- Take steps to improve the quality of supervision and appraisal
- Ensure that training is attended and recorded in accordance with organisational policy
- Ensure staff have access to training to meet their development needs and in line with the needs of people being supported
- Provide a range of opportunities for staff to reflect on and share good practice

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes (HSCS 3.14)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (15) (a) – staffing. A requirement to ensure that at all times suitably qualified and competent persons are working in the care service.

Timescale for completion 31st January 2019

This requirement was made on 25 October 2018.

Action taken on previous requirement

We could see that since the last inspection significant efforts had been made by senior staff to provide supervision in line with policy and the process of annual appraisal was underway. Other elements of this requirement have not been met and have been restated.

Not met

Requirement 4

The care service provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, may carry out work in the care service in a post for which such registration is required.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I am confident that people who support and care for me have been appropriately and safely. (HSCS 4.24)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15 – staffing

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

We were pleased to see that the registered manager's understanding of these legal requirements had improved, there was a monitoring process in place and senior staff were actively explaining registration to staff. We found that staff were appropriately registered for their roles.

Met – within timescales

Requirement 5

The provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- Routine and regular management monitoring of the quality of care and support across all areas of the service must be provided
- Quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay
- A service development plan must be made available to show how and when improvements will be made
- Provide telephones for business use

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed (HSCS 4.23)

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.)

If I experience care and support where I live, people respect this as my home (HSCS 3.2)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (1) (a) – a requirement to make proper provision for the health and welfare of service users.

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

We could see that senior staff had a better understanding of how to utilise the internal quality assurance system and had started using it as a planning and monitoring tool. Senior staff were carrying out audits and observations of some areas of staff practice however, we did not see these identify or record areas of practice improvement.

We discussed with the manager how the service was undertaking audits and suggested the manager look at how these could be better used to focus on improving quality and practice. There was a development plan in place for the service and we discussed with the senior service manager the value in this being updated and their taking ownership of this to give the team smart objectives.

Whilst we could see some progress we have restated several elements of the requirement as there is further work required to ensure there is a robust and effective quality assurance process in place.

Not met

Requirement 6

Immediate action must be taken to ensure that management arrangements are suitable to effectively and urgently improve the quality of the service. In order to achieve this, the service provider must ensure that:

- Managers are provided with appropriate support, supervision and resources to address
- the requirements imposed by the care inspectorate and ensure the service provider is fulfilling its statutory responsibilities
- Managers have the necessary experience, training and skills to address the requirements imposed by the care inspectorate and ensure the service provider is fulfilling its statutory responsibilities
- The effectiveness of the management team is rigorously, regularly and systematically evaluated and documented.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed (HSCS 4.23)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4 (1) (a) – a requirement to make proper provision for the health and welfare of service users.

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

We could see that senior staff were receiving supervision and support from the area and senior service manager and senior staff were supervising support staff on a more regular basis. Staff told us they felt more supported and had confidence in the senior service manager. The quality manager for the area had been monitoring the use of the quality assurance tools and supporting the service with developing its use.

There continued to be gaps in resources and other departments in the organisation, such as recruitment and training could do more to support the manager to evidence the requirements in these areas. Their senior manager had met regularly with local authority commissioners and the area manager to evaluate progress. We have restated some elements of this requirement as they have not been fully met.

Not met

Requirement 7

Internal quality assurance systems must effectively identify any issues which have a potential negative impact on the health and welfare of service users and ensure they are timeously addressed. The provider must ensure that appropriate actions are taken to safeguard people using the service. This includes (but is not limited to):

- Accurate and effective recording of incidents, both on incident forms and in people's daily notes
- Clear recording and evidence of actions taken to manage the incident and reduce the risk of recurrence
- Adult support and protection referrals are made and followed up as appropriate
- Notifications of adult protection issues are reported to the care inspectorate as required
- Record and respond appropriately to any concerns or complaints

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20)

If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me (HSCS 4.21)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 31st December 2018

This requirement was made on 25 October 2018.

Action taken on previous requirement

This requirement focussed on safeguarding and we could see that the main areas of concern had been addressed. Incident and accident records were being filed; these were better organised and monthly logs gave the senior manager an overview of all incidents and identified actions. We could see the managers' understanding of safeguarding requirements had developed and were satisfied that the relevant notifications to the Care Inspectorate and appropriate Adult Protection referrals had been made. We have detailed where improvements could still be made in this report.

Met - within timescales

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.

Enforcement

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

Inspection and grading history

Date	Type	Gratings
25 Oct 2018	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 3 - Adequate 2 - Weak

Date	Type	Gradings
27 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
31 Oct 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed Not assessed 4 - Good
26 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
19 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
18 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
25 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
20 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good Not assessed
10 Nov 2010	Announced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good

Date	Type	Gradings	
24 Jul 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
14 May 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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