

Inspection report

Belhaven Tenancy Support Housing Support Service

30 Gardiner Street
Prestwick
KA9 1JX

Inspected by: Michael Thomson
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 29 June 2010

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Service provided by:
Heatherpark Community Services Ltd

Service provider number:
SP2007009496

Care service number:
CS2007167426

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Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support  **5** Very Good

Quality of Staffing N/A

Quality of Management and Leadership  **5** Very Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

What the service does well

The service is provided to people in their own homes and clients state that the service is very good and that staff care for them very well. The service has continued to work very well at monitoring its own practice.

What the service could do better

The service should continue to develop on the very good practices already in place and continue to ensure the satisfaction of service users.

What the service has done since the last inspection

The management team have put in place significant checks to ensure compliance with medication support and record keeping to ensure the safety of service users and best staff practice.

The service has continued to develop and refine its feedback systems to ensure that it knows clients views and wishes. The service showed us that when issues are raised with them that these continue to be addressed quickly and people are usually very happy with the outcome.

Conclusion

The service is operating to a very high standard and continues to progress and develop through its own self assessment and action planning.

The service was very clearly communicating very well with all those involved in using the service and demonstrated a quick response to any comments or issues raised.

Who did this inspection

Lead Care Commission Officer

Michael Thomson

Other Care Commission Officers

n/a

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Belhaven Care at Home and Belhaven Tenancy Support services have their office and administration base in Troon, located in the town centre. They are part of the services provided by Heatherpark Communities Service Ltd. that comprises of four services within the care sector promoting specific care for their clients.

These services currently provide care and support to 190 service users in their own homes mostly within Troon and Prestwick, but some wider locations within South Ayrshire.

These services were registered with the Care Commission in August 2004.

The service aims to provide:

"A quality service to clients within their own homes in a safe, secure and stimulating manner"

"To support people within the homeless community to maintain their tenancies and assist with the transition from temporary to more permanent accommodation."

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

Quality of Care and Support	5 - Very Good
Quality of Staffing	N/A
Quality of Management and Leadership	5 - Very Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

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 activities did we undertake during the inspection

We wrote this report after an announced inspection that took place between 9.30am and 6.00pm on 29 June 2010. The inspection was carried out by Care Commission Officer Michael Thomson.

As requested by us, the manager sent us an annual return. The manager also sent us a self assessment form.

We issued 70 questionnaires to the service to give to clients and relatives who used the service. 34 completed questionnaires were returned before the inspection.

In this inspection we gathered evidence from various sources including:

- evidence from the service's most recent self assessment
- evidence from the focus area "Assuring Quality -care at home services"
- records relating to those who use the service including personal plans
- participation strategy
- questionnaires on service users views of the service
- Staff questionnaires
- stakeholder participation
- records on one to one conversations and visits with clients
- audit on questionnaires
- service information pack
- staff meeting minutes
- time schedules for visits to clients
- the Care Commission Officer had discussion with clients
- staff training and induction programmes
- risk assessments
- Care Commission questionnaires to clients and their families
- registration and insurance certificates
- complaints procedure
- complaints records
- records relating to external audit and management meetings

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Has the service had to take any actions as a result of or since our last inspection?

The provider must ensure that staff complete medication records accurately at all times. This is to comply with SSI 2002/114 4(1)(a) Health and Welfare of service users.

Action taken on the Requirement

This issue had been drawn to the attention of staff to ensure correct practice. The manager had put in place monitoring visits related to medication. We saw that these checks were being robustly followed up to ensure that guidance was put into practice.

The requirement is:

Met

Actions Taken on Recommendations Outstanding

The manager should review the service's recruitment policy to ensure that it reflects the services practice of checking professional registers for candidates selected for recruitment.

National Care Standards Care at Home, Standard 4.1 - Management and Staffing

Action:

This had been completed.

Outcome: Met

The manager should review the service's recruitment policy to guide staff on the limitations of retention of Disclosure Scotland checks which have been obtained by the service.

National Care Standards Care at Home, Standard 4.1 - Management and Staffing

Action:
This had been completed.
Outcome: Met

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a fully completed self assessment document from the service.

This gave us good information on the strengths and areas for development of the service.

The self assessment told us about the service and the location of evidence to support the claims it made for grades.

The manager in future self assessments should attempt to be more concise as this will assist in focusing on the service, preparation for inspection and reduce managerial time spent in completing the self assessment.

Taking the views of people using the care service into account

All of those who spoke with us or wrote to us were very positive about the service.

There were no negative comments made about any aspect of the service provided and service users were complimentary about staff and their knowledge and understanding of their care and support needs.

Peoples comments included:

"The whole team work together well, to me that indicates good management from the person in charge"

"...understand it is difficult to have the same carers in the evening" [given limits of hours worked each day]

"My support worker takes a weight off my shoulders"

"My support worker is very helpful"

"The carers are all very good and do everything very well"

"morning routines of X hours is very tight and possible consideration should be given to maybe extending by Y minutes each day" [We saw some records which showed us that comments like this were passed on to the purchasing authority]

Taking carers' views into account

There were very few comments from carers. However, in the questionnaires returned all regarded the service as good or very good.

No issues or concerns were noted and people felt able to contact the service if they had the need to.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The grade awarded for this quality statement at the previous inspection on 5 August 2009 was 5 - Very Good. The evidence we sampled at this inspection maintained the grade of 5 - Very Good. We concluded this after we read the available evidence and also took account of what had been written and stated by those using the service.

We looked at how the manager involved the clients and their carers in assessing the quality of their care and support and found that this was done very well. For example we saw the service had continued with the initial face to face meeting with new service users prior to them using the service. At these times changes could be made based on people's preferences. Service users told us that they had access to the service's complaints system from this time. The service continued to have an initial review of the support and care plan for each service user within the first 21 days. This gave the service user and their family further opportunity to influence the care being provided.

Service users told us that reviews had taken place and they had been given the opportunity to express their views and wishes about the support to be provided.

The manager demonstrated how the service was flexible and very responsive to requests for changes, even when these were at times at short notice. Questionnaires continued to be used to establish people's views and were now addressing all aspects of the themes examined by the Care Commission. The manager had a development plan and changes had taken place based on the feedback given.

The service had a variety of ways to ensure that the agreed package of care was being delivered. These included reviews of care, spot checks on service users, supervised practice of staff and monitoring of times of attendance and departure from clients. Where any specific issues or concerns were noted which required extra vigilance the service user had a "Care Alert Sheet" in place at the front of their folders to ensure staff paid the required attention. These were checked regularly by home visits to ensure staff compliance.

Staff were familiar with the company policy on participation as they had been given training and a copy of the service's participation strategy.

The provider employed a Monitoring Officer who carried out her role relating to the service's quality assurance. Questionnaires had been reviewed to make them more suitable for the clients and they were now based on the National Care standards and a grading system.

Where issues were raised by service users on preferences and wishes which related to the purchasing authority these preferences were passed on for service users.

The manager was in the process of developing a 3 or 4 monthly Summary of Support and Progress. He was considering the suitability of sharing this with the service users' social workers to ensure best monitoring and communication of people's progress.

Areas for Improvement

The manager should monitor records in relation to the standard of writing to ensure that all entries are legible. (See recommendation 1 in statement 1.1)

The service should continue to offer the very good standard of care currently being provided within the service.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The manager should monitor staff records and ensure that written records are easy to read.

National Care Standards Care at Home, Standard 4.1: Management and staffing

Statement 5

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

Service Strengths

The grade awarded for this quality statement was 5 - Very Good. We concluded this after we read the available evidence and also took account of what had been written and stated by those using the service.

Service users' initial meetings gave a focus on their preferences. This information further refined their preferences from the initial referral information received regarding their care.

A support and care plan outlined their needs and wishes to ensure that staff focused on agreed outcomes. To remain focused on people's needs and wishes the service initially reviewed service users' packages of care around 21 days from having started with the service.

Further changes agreed, whether influenced by the providing authority or change in need or personal preference were recorded in an Amendment to Service form. Where a new care plan was subsequently needed it was copied and retained in service users' homes to ensure staff remained focused on agreed outcomes.

Spot checks carried out by senior care staff when visiting clients during daily care or managerial visits allowed the service to review care plans, any risk assessments and ensure that staff were adhering to all instructions within service users' plans. At these times management were able to ensure that staff were documenting correctly agreed care or where changes were required these could be discussed with service users.

Care Plan Alert documents were used to ensure specific needs were addressed.

Supervised practice of staff was used to ensure that staff worked to the service's required standards of care. Training needs when identified were addressed through the service training programme. Records were kept in individual staff files along with certificates of achievements.

Most clients told us that they had a regular carer or small group of carers who helped them. They felt this was important because the consistency ensured that their needs were understood and they also got to know the carers.

If a carer was unable to attend a visit to a service user at short notice the service's policy was to phone the client before the visit and explain why change of carer was necessary. At these times the service hoped to send a carer who was known to the client. There were no significant issues reported to us of regular carers not being able to attend a client.

The service had a telephone log book. Reviewing this showed us that people were able to change their care and were informed about any significant changes. Where service users had distant family members and their communication was not particularly good these family members had been able to make contact with the service to ensure they were updated on their progress.

Service users told us that "...requests are respected. I have always found the staff easily approachable, bright, cheery and ever ready to helping any way they can."

Other records from two service users showed us "X [name of staff] is the only one I allow to shave me, he's really good, always cheery" and "...can I have Y [name of staff] for housework" the management action was to care plan staff member X and Y to these clients in response to the statement and request.

Areas for Improvement

Some service users had a visit list posted out to them to let them know the times of their scheduled visits and which staff had been allocated to them for the visit. This was not in place for all service users. This list given to all service users would have ensured that there could be no confusion over the time of scheduled visits or those staff whom service users should expect. (See recommendation 1 statement 1.5)

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The manager should ensure that all service users receive a list of those times of visits and the staff who will be attending at these visits.

National Care Standards Care at Home, Standard 4.6: Management and staffing

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

The grade awarded for this quality statement at the previous inspection on 5 August 2009 was 5 - Very Good. The evidence we sampled at this inspection maintained the grade of 5 - Very Good. We concluded this after we read the available evidence and also took account of what had been written and stated by those using the service.

Please see Quality Statement 1.1 for information on how the service involved clients and carers in assessing the quality of the service.

The service had a development plan in place. This showed us that the manager had reviewed service delivery and the service's quality assurance tools. This allowed them to continue to develop and review the service's aims and objectives. The service users' questionnaires had played a part in developing the service's development plan. The questionnaires gave very positive feedback, which indicated that the service responded to service users' views in delivering the service to meet their needs and wishes. The feedback through the service's quality assurance reflected the findings of the Care Commission questionnaires and feedback from service users.

An example of the service's development from feedback was the creation of specific quality assurance training. The themes of this training were based on feedback from clients and targeted areas which had been directly highlighted by them. This had been very successful and had influenced the planning in relation to service delivery for complex cases.

Another example was the development of the food preparation and hygiene training programme. This was due to client feedback about particular domestic supports they wanted along with a proposal from a member of staff. These ideas formed developments within the service's training programme, a pilot course was run and evaluated. This development became part of the company's training programme.

Areas for Improvement

The service was continuing to stream line paperwork to ensure best practice. During this time the management should remain vigilant with all records as review information was highlighted in one set of records reviewed which did not accurately reflect what had been contained in the service user's care planning. (See recommendation 1 in statement 4.1)

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The manager should ensure that records are accurately maintained at all times.
National Care Standards Care at Home, Standard 4.1: Management and staffing

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

This statement was used to record findings in relation to the Inspection Focus Area 2010/11: "Assuring Quality - care at home services", as determined by the Care Commission.

The grade awarded for this quality statement was 6 - Excellent. We concluded this after we read the available evidence and also took account of what had been written and stated by those using the service.

There was evidence that the service told people who used the service about any changes made to the scheduled service which they were expecting. When staff were on holiday, were liable to be late or needed to be changed due to arising difficulties there were phone entries evidencing that contact and alternative arrangement had been made to service users.

Some people received written information on a regular basis to tell them who would be attending and at what times their care was scheduled. Everyone who answered Care Commission questionnaires or with whom we spoke told us that they knew the names of the staff who would be attending at their scheduled times, except one who said she could not remember names because of poor memory. The service told us that staff were allocated on the basis of small groups and geography to ensure consistency and ease of transport if there were any unexpected changes. The service also had a system which allowed them to manage allocation of staff based on particular requests or points raised, examples of this were gender, age and points raised as reported in statement 1.5. This was confirmed by service users in feedback to the service and Care Commission.

Client feedback told us that those providing hands on care new and understood their needs. Comments included:

"Good support service"

"My support worker takes a weight off my shoulders"

"My support worker is very helpful"

"This service provides more support to me than X [competitor]"

"Great service for me"

"The service tries to match carers with client "personalities..."

"Mr X likes continuity of the service and finds all carers pleasant"

"I think this service and person who helps me is /are amazing. I'm helped when I need it and I really feel helped"

The service had a variety of checks in place which ensured that service users' care was

delivered as agreed. We saw evidence that any emerging changes were either addressed or reported to the appropriate staff or agency to have these needs re-assessed. This was done through various review systems, spot checks, supervised practice of staff, monitoring of staff arrivals and departures against scheduled attendance times. These issues were also addressed through the service's quality assurance system which included visits by the Monitoring Officer to people's homes to establish the service's compliance with agreed care and support.

The service was aware of only a few services users who received support from another provider. However, they were not involved in any packages of joint care. For those people who responded or spoke with the Care Commission any comments on care received from other home supports reflected service users' preference for the standard and friendliness of this provider and their staff.

There was only one negative comment made about any aspect of this service. This comment related to the duration of the care package being provided. Whilst this was outwith the control of the service we did see records which showed us that when this feedback was given to the service they referred the issue to the purchasing authority.

Areas for Improvement

The service should continue with the excellent service which is provided in this area of care and support.

Grade awarded for this statement

6 - Excellent

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

Summary of Grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 5	5 - Very Good
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	6 - Excellent

Inspection and Grading History

Date	Type	Gradings
30 Jan 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website www.carecommission.com or by telephoning 0845 603 0890.

Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

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