

# Care service inspection report

Full inspection

## South Lanarkshire Lifestyles - Fairhill Support Service

62 - 88 Neilsland Road  
Fairhill  
Hamilton



HAPPY TO TRANSLATE

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003017673

Inspection Visit Type: Unannounced

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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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

We found that the focus of the service was to provide activities which reflected the choices, interests and abilities of the people who use the service. There was a focus on consultation within the service, with service users being actively involved in all aspects of decision-making about their own support.

The community centre itself had very good, well maintained facilities which enhanced the support service for the service users. This included accessible and well equipped bathrooms, a gym, computer room, café and relaxation room.

### What the service could do better

The service could improve on the consistency of information held within the personal plans. This would also include evidencing that a six monthly review of the plans had been completed. Further development work could be done to pull all the information together from consultation into an easy to read visual tool, such as a notice board within the centre with "you said we did format".

## **What the service has done since the last inspection**

Since the last inspection the service has developed how it provided the day service. The support was offered using three different models, activities within the community centre, activities in the local community supported by staff and also activities which were only facilitated by staff for the service users to attend independently. The change in how support was offered was a work in progress but to date had proved very successful in being able to achieve positive outcomes for the people supported.

## **Conclusion**

The manager and staff team ensured that consultation with service users happened as part of the day-to-day running of the service and as such offered a service which reflected the choices of all those who used it.

The staff and management team had continued to creatively develop the service to ensure it met the agreed outcomes for the people using it.

# 1 About the service we inspected

South Lanarkshire Lifestyles - Fairhill is an example of the model chosen by South Lanarkshire Council's Social Work Resources to provide day service to adults with learning disabilities. The service location is purpose built to integrate with the local community both by being within the service user's local community but also sharing facilities with the local community. The building is open plan and houses the local library, sports centre, credit union, crèche and accommodation for local community groups. Service users have access to all facilities and also have their own dedicated areas which are often shared out with service hours. The service also has its own transport which is used to transport service users to and from the service and enables it to act as a hub enabling service users to access a wide range of activities outwith the centre. There is also outreach from the local college which provides specialist education support to the service users and service users attend local colleges.

The service aim was to " not only integrate into our local communities but engage as part of a mainstream society, that values each and every member, as an equal, and affords us all the same opportunity to be all we can be."

## 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 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://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

The Inspector visited the service and carried out an inspection on 7 and 9 December 2015.

In this inspection we gathered evidence from various sources, including:

- Evidence from the service's self assessment
  - Ten personal plans including activity records and daily notes
  - Quality assurance documentation
  - Staff training records, appraisal and supervision records
  - Team meeting minutes
  - Feedback from consultation and outcomes from the staff development day
  - Discussions with service users attending the centre activities
  - Discussions with five day centre officers, the deputy manager and the manager
- Observation of staff interaction with the people supported

### 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](http://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.

A fully completed Self Assessment document was submitted by the service and gave relevant information for each of the Quality Statements under the three Quality Themes. The service identified its strengths and areas for future development. The self assessment was completed to a very good standard.

## Taking the views of people using the care service into account

We joined in three groups over the two days of inspection and also spoke with service users in the groups about their experiences of attending the centre. Everyone we spoke with said they enjoyed going to the centre, liked all the staff and felt very happy with what was provided.

We could see the staff had very positive, respectful and trusting relationships with the service users. We saw there were very good, fun, enjoyable groups for the service users to take part in which were very well facilitated by the staff. We saw that the staff knew the service users really well and this created a relaxed informal atmosphere within the groups and the centre itself.

## Taking carers' views into account

We sent out nineteen questionnaires prior to inspection, sixteen were returned from relatives.

We also met with one relative on the day of inspection. The majority of comments were very positive and included:

- Groups are enjoyable and stimulating
- The staff are very special
- I am extremely happy with the service
- Staff are very helpful
- Communication is very good, staff always pass on any information

Three people felt at times there were staff shortages and one relative gave specific feedback which was discussed with the manager. However overall relatives were very happy with the support and service 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: 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 service had very good opportunities for service users and carers in assessing and improving the quality of care and support.

Service users have individual support through having an identified keyworker. The keyworker supports the individual take part in what is called a "key group meeting" where issues shared by the group are discussed. Each key group elects a member to the "service users committee" which discusses issues and advocates on behalf of the service user group as a whole. The service user committee was chaired by an external advocate. This meant that discussions in the group were independent of the service. Any actions from the committee were fed back to the manager who would follow these through. This showed us that service users had a direct impact on how the service operated.

There was also a service user forum group which was supported by a resource worker. The forum group was made up of service users from different lifestyle services. The groups were held six to eight weekly and discussed any future developments, issues or good things that were happening in the services. This gave an opportunity for service users to share experiences and develop the service.

Service users met in their key groups every morning. The key group would discuss the activities for each person for the day as well as give feedback on any consultation, any changes or plans. The key groups were supported by one of the day centre officers. The group enabled everyone know what was planned for the day and also gave the opportunities to raise any questions about their support or activity choices.

We saw that reviews of support were held six monthly and where possible also yearly with the input of a social worker. We saw that family were invited to the reviews and that all aspects of support was discussed. This included any changes to support or any future plans. We saw that outcomes for each person were recorded and these would link into future reviews. This would enable everyone to see if the expected outcomes for each person had been met and what the barriers had been if these had been less successful.

Each year a conference was held where service users and their relatives could attend. Service users could be part of the conference planning group to discuss what they wanted as part of the day. We saw that advocates also attended the day to support the service users to facilitate the discussions.

Whilst larger events with carers had been unsuccessful, the service showed evidence of continued attempts to engage with carers. As at the last inspection we found this was most successful at the individual level with key workers and management maintaining good communication with carers on everyday matters within the service through personal contact and newsletters. The service also makes use of questionnaires seeking the carers' views on the service. Carers almost always attended service user reviews. This enabled the service to promote very good outcomes for service users through sharing information and discussing issues.

The service had continued to liaise and seek feedback with a number of other professionals involved in the service users' support. These included area team social workers, advocacy workers, community learning disability nurses, community psychiatric nurses, occupational therapists and physiotherapists'. The contribution of these workers is noted in detail in individual personal plans and/or activity plans and was discussed in service users reviews. This allows

the service to effectively meet a wide range of service users needs.

We saw there were easy read guides in place on how to make a complaint and how to access an advocate. The brochure introducing people to the service was also in easy read format. This allowed as many people as possible to access information.

We saw that a newsletter was produced with the support of the service users called Fairhill Voice. The newsletter was used to give feedback from consultation, events that were coming up, changes to the service and also to share stories and experiences from the people using the service.

South Lanarkshire Council have a participation and involvement strategy which gives detail on what involvement is and the methods used to gain feedback.

In summary we saw that there was a strong focus on consultation and feedback with service users being at the heart of the support.

### **Areas for improvement**

We discussed that feedback from the various groups and from questionnaires could be given in a more visual way. We suggested using a "You said we did" format" on a notice board within the centre. Service users could help with this and this would collate the feedback from all the groups and consultation methods.

We also thought that further development of minutes from meetings could be developed in easy read formats to support people who had fewer abilities with reading.

Although the Involvement strategy had been transferred to an easy read format, this did not give details of the methods used, the timeframe for feedback or the methods of feedback. As an area for improvement further development of this should be considered.

We could see that activities were discussed with the service users and also work had started to discuss if outcomes from the activities met the expectations of the service users. However we thought as future development service users could be involved in giving evaluations of each activity to a set time frame. This

would be especially useful for new activities in the community, where accessibility, facilities, experience of the activity could all be evaluated and recorded.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

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

### Service Strengths

All staff supported individual service users in a person centred way meaning the service users directed their own support including choices of activities and social events.

Prior to deciding on whether to access the service people were invited along to try it. An initial assessment was completed to find out their expectations and if these could be successfully achieved for them.

The service has a number of activities promoting a healthy lifestyle through including service users in active pursuits such as swimming, gym, walking, ten pin bowling, keep fit group and bowling. In addition there are core skill groups such as budgeting and shopping. This helps the service users achieve very good outcomes in terms of health and confidence through access to activities, learning skills and being given relevant information.

Service user's health care needs are recorded and risk assessed with the information being held in the service user's personal plan and a separate health care record is maintained. The service has access to the Community Learning Disabilities Team which is a dedicated health resource for people with learning disabilities. This enables the service to call on the appropriate resource to meet the service user's needs.

There had been a focus on the Keys to Life, a Scottish Government strategy for improved outcomes for people with a learning disability, within the service. This had included ongoing reviews by South Lanarkshire Council on meeting the recommendations in the Keys to Life as well as the service users making their own DVD about what this means for them. We thought the DVD, which was a work in progress, was a very good piece of work, giving easy to understand explanations of the Keys to Life, self-directed support and personal outcomes.

The service users committee have regular meetings with the catering staff to discuss the options available for lunch and have successfully put in place a pictorial menu to enable the service users to make an informed choice regarding their meal.

We sampled ten service users' personal plans. We saw these were on a pictorial format and part of the plan included an introduction to the person likes, dislikes, inspirations and goals. The plan format included things the person wanted to happen and how they could be supported in this. We saw for the new community based groups that there were details recorded on whether the activity that day had met the agreed outcome for that person. We also saw that the activities chosen by the service user had the outcome they wanted to achieve from this recorded. This meant that outcomes for each person could be measured to see if they were being successfully met.

We saw that an allocated day centre officer had been given the responsibility to look at community opportunities and activities for the service users in all of the lifestyles services. We spoke with the staff member who was very motivated and enthusiastic in their role. Hopefully at the end of the exercise there would be a data base of activities to allow service users more choice in what they could attend in the community and new experiences for them to try. This could only be of benefit to everyone supported.

We saw that all staff had taken part in training on outcome focused conversations to support them in speaking with service users about what they wanted to achieve. A recent staff development day had also looked at outcomes for individuals using the three models of support. These were groups that were building based, community based activities and staff facilitating activities then withdrawing, allowing service users develop independence. We thought the three models in use allowed a range of people be supported based on their own strengths and confidence.

Reviews of support included discussion on all aspects of support and gave an opportunity for service users, family members and representatives to discuss any issues. Relevant professionals such as community learning disability nurses and care managers would also be invited to the reviews where appropriate, to give input on any specific need.



We saw and were given feedback on very positive outcomes for the people supported. These included two service users being very successfully supported to learn English when this was not their first language. We also saw service users that were now able to attend local activities themselves after being given the confidence and skills to do so.

In summary we saw a very supportive, relaxed environment for service users with staff who clearly wanted the best outcomes for the people they supported. We saw service users with limited communication being actively supported to join in with activities by staff and enjoying these.

### Areas for improvement

We discussed that whilst there were risk assessments in place we thought these were difficult for the service users to have access to and understand. We suggested that risk assessments used a "traffic light" system to identify the level of the risk. This would enable staff to see at a glance the level of risk identified and give an easy format for service users to understand. We also thought as good practice the risk assessment format could be discussed in the keeping safe group.

Whilst we saw everyone had a personal plan there were variations in the quality of information within these. We saw often there were very limited descriptions of how the person was to be supported if they became upset or had any specific issues. We also saw variations in the detail of information about choices, outcomes and general support. We gave examples of these to the manager.

We also discussed that whilst we could clearly see that six monthly reviews of support were consistently achieved, these did not link to the review dates in the personal plans. We could see that when changes to support happened plans were updated. However information within the plan could be from 2013 and whilst this may not have changed there should be evidence of review of the information. (See recommendation 1)

We saw that all keyworkers complete quarterly summaries of support. We discussed that these should link to the outcomes to be achieved for each

person as good practice. This would enable everyone to see at a glance if outcomes were being achieved and if not what the barriers were to these.

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. Information within the personal plan should describe detail how the person is supported with any identified need. The personal plan should show clear evidence of review of the information held in it at least once in a six month period.

National Care Standards Support Services, Standard 2, Management and staffing

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

### Service Strengths

The service had very good opportunities for service users and carers in assessing and improving the quality of the environment.

We saw that the service user committee fed back any issues within the Lifestyles day resource to the manager. The manager would meet with the facilities manager of the centre to discuss these and then give feedback to the committee on any actions.

The resources available were of a very high standard but should there be any issues from service users or relatives these would be addressed.

We saw that specialist equipment had been sourced for any one requiring this and that there was access to the community learning disability team on site.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

### Areas for improvement

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

**Grade**

5 - Very Good

**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 that the environment allows service users to have as positive a quality of life as possible.

We sampled policies and procedures and found these were used to underpin staff practice. Policies sampled included, Health and Safety, Medication and Adult Support and Protection. All staff had been given training on all the policies and had also completed mandatory training such as Moving and Handling, whistle blowing, infection control and Adult Support and Protection.

We sampled staff files and saw that Protection of Vulnerable Groups (PVG) or enhanced disclosure checks had been completed for staff. There was a comprehensive recruitment process and policy in place. Staff files sampled reflected the policy for recruitment. All staff were aware of the future requirement to be registered with the Scottish Social Services Council (SSSC). A plan was in place towards achieving registration to the set timeframes.

The facilities manager oversees the maintenance, equipment checks and cleanliness within the Lifestyles day resource. The manager has regular meeting with the facilities manager to discuss any issues within the building.

The manager oversees and audits reviews of complaints and accidents/ incidents. The manager had responsibility for ensuring any identified actions were put in place.

Risk assessments were in place where limited or specific areas of support were highlighted as a risk. We saw that further information was recorded should the person have any specific equipment such as hoists, walking aids or wheelchairs.

Visitors arriving at the main entrance and reception area were required to sign

in and out of the building. This assists staff to know who is in the premises and helps to provide a safer environment.

The building was accessible to people who used a wheelchair or walking aids and they were able to access all parts of the Lifestyles building. The building itself was very well maintained and had very good facilities for the people who used it. This included an adapted gym, café, computer area, library, group room, toilets with push button access and bathrooms with tracking hoists and showering facilities. Service users who require assistance with personal care are offered this by staff trained in moving and handling and infection control.

The manager was based in the service and therefore observation of staff practice happened as part of the day-to-day service. The manager was available to discuss issues in the service, these included changes to service users' needs, environmental issues and staffing issues.

We saw that an assessment tool was available to assess if the staffing met the needs of the people using the centre. We also saw that should one to one workers, who supported service users independent of the centre, be unavailable, then the person could not attend the centre. This minimised the risk to service users of not being adequately supported during activities.

### **Areas for improvement**

Whilst we saw that a dependency tool was available to assess staffing levels, this had not been consistently used in the centre. We had no concerns about staffing and did not see any issues with regard to this, however the dependency tool should be used and reviewed on a four weekly basis to ensure that staffing continued to meet the needs of the people supported. This is highlighted under the Care Inspectorates document "Records registered Services must keep". This should also be shared with services users and relatives. We found that three relatives who returned questionnaires felt that on some occasions staffing was not sufficient to meet individual needs.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

The service had very good opportunities for service users and carers in assessing and improving the quality of staffing in the service.

A working group had been looking at how to further involve service users in the recruitment of staff. This also included looking at core competences of staff to match service user's interests and abilities. In the future this would link into the recruitment policy.

The manager and deputy manager would ask service users to give feedback on their keyworker. This would be recorded and fed back to the individual staff member.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

### Areas for improvement

Although we saw some very good practice of gaining feedback from service users, we could not always see where this was recorded in staff appraisals. We discussed that a section could be added to both staff one to one supervision and performance review documentation to show direct feedback from service users both individually and from key groups.

We will follow up the progress of the recruitment group at the next inspection.

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

### **Grade**

5 - Very Good

**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

We found that everyone working in the service had an ethos of respect towards service users and each other.

South Lanarkshire Council had a comprehensive range of policies and procedures in place to support staff and practice. These included adult support and protection, confidentiality, equality, professional boundaries and whistleblowing. Policies were discussed in team meetings and one to one supervision meetings when necessary. The values of the service underpinned all practice and were the foundation of induction training for new staff. Equality and diversity training had been given to all staff previously and also at the initial induction. Staff were also given a copy of the Scottish Social Services Council (SSSC) Codes of Conduct.

As part of the inspection we spoke with five staff members. Staff told us that they felt valued and that the team were very open to listening to ideas and suggestions. The staff we spoke with felt that everyone in the team worked to the same value base for the best interests of the people they supported. Staff we spoke with came across very professionally with a commitment to improving the lives of the people being supported.

We saw from the team meeting minutes and from the staff development day in November 2015 that staff were respectful of each other's opinions and feedback from staff was that they always felt listened to supported by their colleagues.

We sampled one to one meetings between the line manager and staff. We saw that recent meetings had taken place for all staff. They were able to discuss their work, difficulties they had and training they required. Supervision for all staff was undertaken a minimum of six to eight weekly. We saw that the line manager challenged staff practice where relevant and supported individual staff

to develop their skills to meet the expectations of their role. We also saw that service users feedback could be part of staff supervision. This evidenced an ethos of respect in the service and showed that service user's opinions mattered.

We sampled staff development and appraisal records. These showed that goals were discussed with staff to aid their own professional development. We saw that staff were supported to achieve their goals and this showed us that staff were valued by the manager and provider.

We saw that both supervision and appraisal included elements of self-reflection of work practice. This encouraged staff to look at their practice and look at the positive outcomes from this or any areas to improve upon. This also highlighted to us that staff were encouraged to develop to the benefit of the people supported.

Staff we spoke with came across as professional, motivated and respectful of service users. We saw that staff interaction with service users was professional, respectful and knowledgeable, with service users being able to relax in their company.

### Areas for improvement

We fed back that the staff team should continue to maintain the current high standards shown at this inspection.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

We found there were very good opportunities for service users to participate in assessing and improving the quality of management and leadership in the service.

People using the service can take part in service user forum meetings in the wider organisation aimed at improving the quality of services.

We saw some very good work being done on the Keys to Life with the support of a staff member. The service users had been supported to look at the government strategy as well as self-directed support and put how this affected them in their own words and pictures. Once completed this will be a very good tool to share with other service users and organisations. We thought this would also help service users to look at the development of the service and understand why changes happen.

See under theme 1, statement 1 and theme 3 statement 1 for further strengths which are also relevant to this statement.

### Areas for improvement

Whilst there was a yearly conference which service users attended we thought as future planning people using the service could be asked to take part in the service's development day. The development day would set objectives for the

service for the coming year.

As a future area of improvement we suggested that service users could visit and audit each of the lifestyles centres and give feedback on their findings. This would include speaking with service users and staff.

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

### **Grade**

5 - Very Good

**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 that leadership values were promoted throughout the service.

All staff practice was subject to a yearly appraisal and follow up of any identified actions. The content of the appraisal evidenced discussions about work practice and where appropriate included objectives for the staff member. Development of practice was also part of the performance appraisal. This gave the staff the opportunity to discuss what they would like to achieve over the next twelve months, including any relevant training to achieve this.

Newsletters and communication from South Lanarkshire Council were sent to all staff. These gave information on organisational achievements and feedback on and shared good practice.

The service expects support workers to undertake training and gain qualifications at Scottish Vocational Qualifications (SVQ). This showed an investment in staff to develop skills and practice. All the staff held relevant qualifications to enable registration with the SSSC.

We looked at a sample of five staff members' supervision notes. Supervision is where staff meet with their Manager or senior worker in a one to one session to discuss work, performance and training needs. This also included feedback on their role and ensuring all relevant objectives were up to date. Minutes also reflected discussion on training, policies, teamwork and any issues. All staff we spoke with said they were well supported.

Team meetings were held monthly. The minutes showed a range of topics were discussed including policy and procedures. Staff could raise issues at meetings and felt they were listened to by colleagues and the manager.

Staff were expected and encouraged to take on individual responsibility on a

day-to-day basis. Where support was requested this would be given but often advice was sought from colleagues.

The deputy manager provided supervision to day centre officers. The Senior day centre officer had completed the Social Care Leadership program as recommended by the Scottish Social Services Council. This would give a foundation for practice and enhance their knowledge. The manager held relevant qualifications and were registered with the SSSC.

Staff fed back they felt well supported in their roles and thought the access to training was very good. We saw that staff were encouraged to develop in their roles. This included being supported to move onto promoted posts as well as undertaking further roles within the service.

A staff development day was held in November 2015. This day looked at the development of the service and enabled staff to raise any concerns they had about changes to opportunities for the people supported. Staff we spoke with felt the day was very good and helped them to be part of the development of the day care services.

The manager had action plan for the development of the service which was regularly updated as to the progress of meeting the actions. This was shared with staff.

### **Areas for improvement**

We sampled staff supervision, development and appraisal records. Whilst these showed that objectives were discussed, often we saw that the same reflective account was used in staff supervision for the year. As good practice and considering the abilities of the staff, consideration should be given for staff to give further examples of work practice throughout the year. These would all then link into the appraisals and show how individual performance has reflected the values of the service.

Whilst we saw that keywork objectives were part of the performance review for staff these were not consistently completed in all staff files. The general outcomes were in place for everyone but often self-reflection on the achievement of the objectives were missing.

Each member of staff would be expected to keep their own continuous professional development folder once registered with the SSSC. This contained training, reflective accounts and how they would put the training into practice. We suggested as good practice staff should be encouraged to commence this to prepare for registration with the SSSC.

We also discussed that whilst we saw a staff recruitment policy and supervision policy we could not see a staff probationary policy. (See recommendation 1)

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. All staff should be given clear guidance on what the probationary expectations are. This would include:
  - A policy/guidance on probation
  - Assessed competency throughout the probationary period to enable an informed decision to be made about the individual's practice
  - Record of all meetings/support with new staff to enable this to link into a probationary review

National Care Standards, Support Services, Standard 2, Management and staffing.

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

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

## 7 Enforcements

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



## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
7 Dec 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
15 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
15 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good
17 Nov 2008		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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