

Care service inspection report

Full inspection

Grianan Resource Centre Support Service

Grianan
Westview Terrace
Stornoway



HAPPY TO TRANSLATE

Service provided by: Comhairle Nan Eilean Siar

Service provider number: SP2003002104

Care service number: CS2003009717

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

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

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

We gave the service these grades

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

What the service does well

The service provided a protected and supportive environment for people with disabilities including those people with complex needs. This enabled service users to try new experiences and explore their gifts and abilities safely.

The service offered a range of different activities which provided stimulation, physical activity and artistic expression for service users

The service had a good record for involving service users and their families in planning and hosting community events and projects. This helped to highlight the value of the service within the local community and promote social inclusion for people who use the service

What the service could do better

The service could develop their engagement strategies to provide greater opportunities for people who use the service, their relatives and other stakeholders to give feedback about the service and demonstrate how the service is responding to people's ideas and suggestions for improvement.

The manager needed to ensure that all service users had a service agreement in place that gave details of the service that would be provided.

Personal plans should identify outcomes for people and what they hoped to achieve by attending the service. They needed to be more detailed and specify what support individuals need to ensure that their needs are being met.

Risk assessments should be clearer and linked to activities that people are involved in. Staff should have good written information that will enable them to deliver support to people and keep them safe.

The system for quality assurance needs to be more robust. The manager needed to implement a rigorous audit cycle which identified areas of strength as well as areas for development, what changes were needed to improve the service, when these would be implemented and who was responsible for the implementation.

What the service has done since the last inspection

Since the last inspection, the service had introduced a service improvement plan with identified areas for focused work to develop the service and achieve improvements. Target dates for completion of this work had been set, however these tend to be the end of 2015. We saw that some progress had been made toward achieving identified goals.

Conclusion

The service offers a pleasant and safe environment for people to come and enjoy activities and social experiences. Staff have good relationships with

service users and their families and welcomes their input in developing the service. However, the provider needs to ensure that the service has Service agreements in place for people and that people's personal plans and risk assessments are sufficiently detailed to inform how they should be supported.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Grianan Resource Centre is operated and run by the Local Authority, Comhairle nan Eilean Siar, and is registered to provide a day care support service to a maximum of 44 adults/older people with learning disabilities, mental health problems and physical and sensory impairments, of which 24 can attend the Grianan Day Centre and 20 can attend the satellite Carloway Day Centre.

The service operates Monday to Friday between the hours of 09:30 and 16:30. The service provides transport for those who require some support to get to the service and also for community based activities.

The service is based in the main town of Stornoway on the Island of Lewis. The centre is close to a range of local amenities and people who used the service could easily access local amenities.

The Aims of the service included:

- to actively involve people as far as possible
- to work in partnership with other agencies and carers
- to work in a holistic and consistent way promoting a partnership approach which supports and encourages the development of appropriate communication

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 3 - Adequate

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - Grade 3 - Adequate

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection on 1 December 2015. The Inspection took place between the hours of 10:00 and 18:30

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

The manager had developed an action plan to describe the actions planned to address the requirements that were made of the service at the last inspection. We assessed the evidence presented and checked how this was influencing practice within the service.

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

We spoke with:

- the manager for the service and three members of staff
- we chatted in general to a number of people who were attending the centre at the time of the inspection
- we observed how staff spoke to and interacted with people who use the service

We looked at:

- the participation strategy, this is the service's plan for how they will involve service users
- minutes of meetings involving service user and carers
- staff meeting minutes
- staff training and supervision records
- communication records

- personal plans, risk assessments and review documents
- the environment and equipment.

We looked at other documents including satisfaction surveys, accident and incident records and quality audits which supported our findings.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under

The provider had identified what it thought the service did well, some areas for improvement and any changes it had planned .

Taking the views of people using the care service into account

We spoke with people who used the service informally during our inspection. In addition we spent some time observing people who used the service talking to staff. People who use the service appeared to be relaxed and comfortable in the centre. They were actively engaged in a number of activities that they seemed to be enjoying. We saw that people had good relationships with the staff working with them. We observed humorous exchanges between staff and service users and saw that people were encouraged to get involved in different activities which they told us they enjoyed.

Taking carers' views into account

There were no carers visiting the service at the time of our inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. We concluded this after we spoke to people using the service and their relatives and carers and looked at a range of records and documents including a sample of people's support plans, review documents and risk assessments, and observing how staff worked with people.

The 'adequate' grade refers to performance characterized by services where there was some evidence of service user and/or carer involvement, but where opportunities to participate were likely to be more limited; for example only to those who are more able, or participation activities don't happen often.

The provider had a participation strategy that provided some opportunities for people who use the service, their families and carers and other professional visitors to the service to make comments and suggestions on how the service could be better. This included regular questionnaires about their care and support, service user meetings, including reviews and focus groups.

There was a system for ensuring that people's support plans were reviewed regularly. This helped to alert service users and their relatives and carers to prepare for the discussion and raise the issues that were important to them. There was information available about independent advocacy services. This meant that service users or their relatives or carers had a point of contact if they needed an advocate to support them or represent their views in any discussions with the service.

There was an effective complaints policy and clear procedure in place that was easily available for service users or their representatives. This helps to ensure that the service takes action to resolve concerns quickly and efficiently. The manager told us that the service had not had any formal complaints over the last year.

Areas for improvement

We found that the service had not fully implemented the participation strategy to engage with people who use the service and their carers to support service improvement. For example, service user and carer discussion forums did not happen; surveys and questionnaires were not carried out consistently or with regularity to encourage continued engagement with people to support service improvement and there was little evidence that the service had taken action on any of the suggestions made.

At this inspection we found that questionnaires had been sent out in 2009, 2014 and two other years to gather feedback on staffing, meals, the environment and activities offered. The responses from people who used the service and their relatives and carers indicated that they were satisfied with the quality of the staff, but people felt that there were insufficient to meet people's needs and provide a good range of interesting activities; people had identified several issues with the meals provided including menu choices and variety; responses to the survey on the quality of the environment highlighted concerns about the furnishings, décor and low room temperatures. The last survey conducted in 2014 focused on activities. The responses clearly indicated that some people were bored, but as the survey encompassed all day care services

operated by the provider it was difficult to see which comments applied only to the service at Grianan.

There was some evidence that the service had tried to improve the menu choice to include food that service users said they wanted, such as home made soup, but this had not been particularly successful in delivering the changes wanted. This meant that people who used the service could not be confident that any of their suggestions or ideas for service improvement would be acted upon and contribute meaningfully to service improvement. **See Recommendations**

We saw that reviews were carried out generally within the required timescales, however these tended to focus on the whole support package and there was little evidence of the discussion about the role of the day care service or how this was supporting people to achieve their outcomes. **See Recommendations.**

We noted that some reviews had slipped by several weeks. The manager needed to ensure that systems for managing reviews were robust so that reviews take place within statutory timescales.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should produce an overview of service developments and demonstrate how consultation feeds into and informs that. Action plans arising from feedback from people who use the service and other people who have made suggestions for service improvement should have reasonable timescales for action to be completed.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 12 - Expressing Your Views

2. The manager should ensure that the support that people's received at the service was fully discussed at reviews to ensure that people continued to get the service they required and that they were appropriately supported to achieve identified outcomes.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 4 - Support Arrangements and Standard 2 - Management and Staffing Arrangements

Statement 5

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

Service Strengths

We thought the service was performing to a good standard in the areas covered in this statement. This indicated service performance that is characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact.

We found that staff were using person centred values that helped promote independence and choice for people using the service. We thought this after we considered a range of evidence presented in relation to this statement. This included a sample of people's personal plans, review documents and risk assessments, talking to some of the people using the service, carers and observing how staff worked with people.

Some of the strengths we saw were:-

- Staff promoted the principles of good care such as offering choice, promoting independence and ensuring people have access to community resources which supported people's rights. Currently, some activities took place in the centre and were organised by staff, others were located in the community such social skills groups and the arts project at An Lanntair. This helps provide opportunities for people and assists in breaking societies' stereotypes and barriers to inclusion.

- Staff had some awareness of the "Keys to Life" document. The service had introduced the "Keys to Life" through discussions with the staff group. "Keys to Life - improving quality of life for people with learning disabilities" is a Government strategy which has recommendations about improving care. An "easy read" version of "Keys to Life" was available and could be used by the service to inform people who use the service and their carers. This would help people to see how services might need to improve to make sure their human rights were respected and upheld and that their care and support used person centred values.

- We saw that the service worked closely with a number of key professionals who worked with people who use the service. This included home care personnel, Learning Disability nurses, Social Workers, psychology and Speech and Language Therapists (SALT). This meant that they could access advice, guidance and support to help them achieve better outcomes for service users. We saw some evidence of this in people's files; for example with nutritional advice and suggestions for physical activity.

Areas for improvement

We noted that service agreements were very basic and did not include relevant information that informed people of the agreed level of service they could expect. The provider needed to ensure that service agreements include all relevant information about what support the service will provide, any limitations of the service and any costs service users would be liable for. The manager should ensure that service agreements are signed and dated and subject to regular review. This will help to clarify how the service will support people to achieve meaningful active lives. **See Recommendations**

We thought that personal plans were too wide ranging, encompassing care at home, housing support & day care services. This was to enable a consistent approach to be taken; messages reinforced and progress monitored. However, the focus appeared to be on issues that were not relevant to the support service such as a night care plan house maintenance or religious persuasion. The provider should consider developing one page profiles in consultation with people who use the service. This would provide a simple, person centred way of capturing key information about the things that are important to people on a single page. Developing a one-page profile provides a helpful focus for discussions which prioritises what is important to that individual and how they feel best supported.

We thought that personal plans should include more detail about the activities people were involved with and include identified outcomes to help clarify why support is provided and ensure that as people skills develop, support is adjusted and tailored to individual needs. This will help to promote greater independence for people and improve people's self-confidence over time.

We thought that outcomes could be more clearly identified in people's personal plans. Staff needed to have a better understanding of outcomes and how these link to personal goals. Personal plans should have more emphasis on people's abilities showing what they can do for themselves and demonstrate how people are supported to develop choice and independence. For example in one support plan we saw that someone enjoyed walking and photography and these activities acted as a motivator and helped improve levels of engagement, however, this was not included in their personal plan. **See Recommendations.**

We found that although reviews generally took place every six months some we sampled had slipped by a few weeks. From the review documents we sampled, we thought that the review meetings were not well documented and did not seem to focus on how the support provided by the service met identified needs of people who use the service and led to better outcomes. For example, one review record we looked at identified someone with weight issues who was being supported with food shopping and cooking by a different service, however was not losing any weight. The review did not discuss how the support service could support with this. **See Recommendations.**

We thought that risk assessments were too generic in nature and did not reflect person centred values. For example for people with significant mental health issues we saw a general risk assessments for evacuating the building, but not one for when there was a risk of a decline in their mental wellbeing. Risk assessments needed to be more robust, identify any control measures that may be in place and provide guidance for staff on how to manage risks safely. **See Recommendations.**

We saw that the service supported some people who were subject to Guardianship. We discussed the implications of this with the manager who agreed to get copies of the orders granting Guardianship for individual files and letters from the named guardians detailing which, if any responsibilities and decisions they have delegated to the service.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 4

1. The provider should review and update service agreements for everyone using the service. This would help to clarify what people are using the centre for and the support that will be provided to them.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 3 - Your Legal Rights

2. The provider should ensure that personal plans include relevant information about the support each person needs, including arrangements for personal care, assistance with taking medication, any health needs and how the service will assist with these including any specialist equipment required, preferences, choices and leisure interests and link to robust risk assessments.

In making this recommendation the following National Care Standards have been taken into account; Standard 4 - Support Arrangements

3. The provider should ensure that review meetings were appropriately documented and included a record of those consulted, the discussion held and the decisions arising from that discussion.

In making this recommendation the following National Care Standards for Support Services were taken into account; Standard 2 - Management and Staffing Arrangements and Standard 4 - Support Arrangements

4. The provider must ensure that risk is considered as part of the planning for all activities that people are supported with. Where risk is identified then a risk assessment should be completed to include the control measures in place and any additional supports and adjustments individuals may require to help maintain their safety.

In making this recommendation the following National Care Standards

for Support Services were taken into account; Standard 2 - Management and Staffing Arrangements and Standard 4 - Support Arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of the environment, are detailed in Quality Theme 1 Statement 1.

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We thought the service was performing to a good standard in the areas covered in this statement. We thought this after we looked at spaces and rooms available to people using the service and considered a range of evidence including people's support plans, risk assessments, the activities on offer and our observation of the environment and equipment. We also took into consideration the views of people we spoke with and observed the experiences of service users during our inspection.

Some of the strengths we noted included:

- There was good disabled access to the premises which meant that people with mobility problems could access the building independently.
- There was garden ground surrounding the premises which could be used by service users for outdoor activities
- Safety checks were carried out annually on all electrical equipment, including hoists, slings and other mobility aids, to ensure they were safe and in good condition.
- Personal care room enabled service users to be assisted with personal care in a dignified and respectful manner.
- people who used the service benefitted from a well equipped gym and hydrotherapy pool located in the service. This meant that people could be supported to keep active make healthier choices and improve their wellbeing,
- There was ample space for different activities to take place at any one time. This meant that people could choose between a group or individual activities

Areas for improvement

The facilities within the building were well used by the service and some facilities such as the gym and hydrotherapy pool were accessed by other services and some members of the public. Although an effort had been made to create an inviting entrance, the interior décor looked tired and dated with some areas showing obvious signs of wear. We thought that this aspect did not help to cultivate an attractive and welcoming environment that would promote wellbeing for service users. On our tour around the building we could see that some essential repair and maintenance to the building was needed. This included exterior doors where the wood was rotting, guttering and drainpipes were overflowing with rainwater and areas on the footpath to the main entrance and around the building where pools of water and leaves gathered. This presented a safety hazard for people using the service, staff and visitors.

See Requirements

During our visit we noted that the ambient temperature throughout the building was low. This was an issue raised by service users and carers in a satisfaction survey conducted by the service some time ago, but we did not see how this had been addressed by the service. Some of the people who use the service have mobility issues and others are quite sedentary which make it difficult to maintain a comfortable body temperature to enable them to enjoy positive experiences. For example we observed one group who were making decorations for Christmas, but people who were using the service were huddled into chairs observing the support workers crafting rather than participating in the activity. **See Recommendations**

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider must undertake a refurbishment programme so that the fabric of the building, fixtures and fittings are maintained in a good state of repair and the premises provides an attractive, welcoming and safe environment for people.

This is in order to comply with SSI 2011/210 Regulation 10 - Fitness of Premises. In making this requirement, the following National Care Standards for Support Services have also been taken into account; Standard 5 - Your Environment
Timescale for implementation - six months from receipt of this report.

Recommendations

Number of recommendations - 1

1. The provider should ensure that they have adequate heating and cooling systems to enable appropriate temperatures to be maintained throughout the building and provide a comfortable environment for all of those that use the service.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 5 - Your Environment. We have also taken account of guidance from the Health and Safety Executive

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of staffing, are detailed in Quality Theme 1 Statement 1.

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

During the inspection we found that most people working in the service were very good at respecting people who used the service and their relatives and carers. We decided this after speaking to people, their relatives or carers and staff and by observing the interactions between staff and people who used the service. We also looked at a sample of team meetings and supervision records.

Everyone who used the service had a keyworker to help make sure they have the support they need and with whom they could build trusting relationships. People we spoke with told us that they had very good relationships with their keyworkers and other staff who worked with them. People we spoke with said that their keyworkers were helpful and kind; supporting them in different ways such as, helping to prepare for meetings, choosing activities and considering opportunities for employment and volunteering. This meant that people were confident that staff listened to them and that their ideas were valued and respected. We found that the key worker system worked well and helped to promote an ethos of trust and respect.

People who use the service had very good opportunities to spend 1:1 time with their keyworkers. During our inspection we observed how staff worked with service users at several points over the inspection visit. We observed that staff were genuine in their conversations with people using the service and demonstrated warmth, humour and respect which helped enhance the experience for people using the service.

Team meeting minutes discussed the work of the centre and how activities would be managed. We saw that the management team were supportive of staff and made positive comments on good work. This showed that the management team valued staff's input.

We looked at staff training records and spoke to staff about their training needs. Staff felt that they had good opportunities for training and development.

We saw from the records that training was appropriate to the work with service users, for example in protecting people, promoting communication and nutrition, managing medication and First Aid.

Staff told us that they had good networks and support from allied professionals such as Health, Social Work and Education. This helped to ensure that knowledge and information was shared so that staff could work in a person centred way with people who used the service. Close communication with allied services helps to nurture an ethos of respect throughout this and other services.

Overall we found the staff to be skilled, experienced and worked well together. They had a good value base and were very much valued by people who used the service and their relatives and carers.

Areas for improvement

We thought that staff supervision should evidence the reflective element of staff practice. This would demonstrate individual learning for staff and enhance professional development. This would help to promote ethical practice that leads to improved outcomes for service users.

Direct observation of staff practice could be included as part of staff supervision and appraisal. This would help to assess staff competence in their practice and support staff to develop professionally.

Although training was discussed with staff in supervision and their suggestions were included in the annual training plan for the service, the provider should ensure that this continues to develop so that an evaluation of individual staff skills was embedded in supervisory practice.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of Management and Leadership , are detailed in Quality Theme 1 Statement 1.

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We considered a range of evidence presented in relation to this statement, including the self-assessment document submitted by the manager, supervision and training records. We also spoke with people using the service, the manager and staff. We concluded that the service encouraged good quality care by promoting leadership values at a good level.

Staff had access to a good range of training to support them in their roles. Staff were also supported to achieve professional qualifications through the SVQ awards. Senior staff were registered with a relevant professional body. This meant that they were required to keep their learning and knowledge updated and ensure their practice met appropriate standards.

We could see from individual supervision meetings and staff meetings that staff were encouraged to identify any training and development needs that they felt would improve outcomes for people who use the service. This included managing aggression and dementia.

Staff were encouraged to work on their own initiative and manage key working and support planning which provided opportunities for them to demonstrate leadership skills. Staff told us that the manager had identified leadership opportunities for individuals to help their learning and development. This included opportunities to lead shifts and take on additional responsibilities for issues such as Health and Safety. The service had procedures in place to assess levels of competency and shift leaders must pass this before they could take this level of responsibility. This supported people to improve their knowledge and practice.

We saw from looking at minutes of team meetings and staff supervision records that the manager had a positive approach with staff, encouraging them to take a more active role in developing their skills and knowledge, for example in

looking at their professional development and training needs. We saw that annual appraisals were in place for each member of staff. This meant that they had feedback about their performance which helped to focus on developing their skills and professional practice.

We found staff to be enthusiastic about their work and enjoyed talking about the various projects they had worked on with people who used the service. Staff told us that they enjoyed their job and that the staff team worked well together.

Overall there was a positive attitude and culture towards staff development and leadership skills.

Areas for improvement

The manager had started to delegate tasks and responsibilities, however, she needed to further develop the championship roles for staff in different areas of practice; for example in involvement activities, infection control issues, positive behaviour strategies or other relevant areas of service delivery. This will help staff to develop a level of expertise and demonstrate leadership that will assist in the cultivation of a skilled and confident workforce.

Consideration should be given to supporting staff to complete the 'Step into Leadership' programme by SSSC to support leadership development.

The manager should consider how to encourage and develop leadership skills for the people who use the service. This good practice will help to develop confidence and help to achieve better outcomes for people.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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	
29 Nov 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
29 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
16 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
8 Dec 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very 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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