

## Port Seton Resource Centre Support Service

South Seton Park  
Port Seton  
Prestonpans  
EH32 0BQ

Telephone: 01875 818 175

**Type of inspection:**  
Unannounced

**Completed on:**  
22 January 2026

**Service provided by:**  
East Lothian Council

**Service provider number:**  
SP2003002600

**Service no:**  
CS2003015679

## About the service

Port Seton Resource Centre is registered to provide a support service for people with learning disabilities and physical disabilities. As well as people attending the day centre at Port Seton the service now operated groups and activities across various locations in East Lothian and also provided support for people attending college courses. The service operates between the hours of 08:45 and 16:00, Monday to Thursday, and 08:45 to 14:00 on a Friday.

## About the inspection

This was an unannounced follow up inspection which took place on 16 and 19 January 2026.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service.

This included:

- previous inspection findings
- registration information
- information submitted by the service
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with twelve people supported, observed staff supporting people at the resource and visited a community group
- spoke with eleven staff and management
- observed practice and daily life
- reviewed documents
- spoke with 3 relatives
- spoke with 2 involved health and social care professionals

This inspection was carried out specifically to follow up on one requirement and six areas for improvement made in the inspection report dated 1 August 2025. These related to health and wellbeing and medication management, care planning, quality assurance and staff training.

## Key messages

- Leaders and staff had responded well to requirements and six areas of improvements made following our inspection in June 2025
- Staff training had improved and there were increased opportunities for reflective practice and learning and development
- People's medication information had improved and medication was managed well.
- The quality of people's support plans and risk assessments had improved
- Quality assurance systems had improved but further work was needed to monitor and record the quality of support across different locations
- The quality of the setting had improved with new equipment purchased and plans to further develop the spaces people use.
- Further work was needed to ensure that actions discussed at meetings were planned for and reviewed with records shared promptly. This would further improve staff's confidence in the leadership of the service.
- The provider had invested in technology to support staff in their work and improve internal communications.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

4 - Good

When we inspected Port Seton Resource centre in June 2025 we made three areas for improvement in relation to management and leadership and quality assurance systems. These related to monitoring and auditing the quality of support people experienced; improving internal communications and notifying the Care Inspectorate of events as detailed in the guidance for care providers.

We found the provider had made good improvements and progress and these were having a positive impact on the staff team and outcomes for people supported. There was further work to be carried out to quality assure the support people experience at their community groups and we have continued one area for improvement (See area for improvement one).

As the improvements had led to good systems for monitoring and auditing the service being implemented as well as the provider demonstrating commitment to continuous improvement we decided to re-evaluate from "Adequate" to "Good" in Key Question 2 - How good is our leadership.

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

### Areas for improvement

1. To provide people with confidence that the quality of their care and support is being regularly monitored the provider should include quality monitoring visits to the groups running in the various community settings in their quality assurance systems.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

## How good is our staff team?

4 - Good

When we inspected Port Seton Resource centre in June 2025 we made one requirement in relation to staff receiving mandatory and refresher training, carrying out observations of staff practice and keeping staff learning and development records up to date.

The provider had made good progress with all aspects of the requirement and staff training records were updated and monitored. There was further work to be done in relation to carrying out more frequent recorded observations of staff practice. The provider was changing leadership arrangements to accommodate this. This was so that all staff would have more regular support from leaders including observations of practice.

As the improvements had supported improved outcomes for people we decided to re-evaluate from "Adequate" to "Good" in Key Question 3- How good is our staff team.

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

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

### Requirements

#### Requirement 1

By 22 August 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staff knowledge, competency and development needs are met well.

To do this, the provider must, at a minimum:

- a) ensure that all outstanding mandatory staff training, including moving and handling training and medication training is delivered and recorded on the staff training plan.
- b) ensure that staff competency checks and observations of staff practice are regularly undertaken and recorded.
- c) ensure that the staff learning and development records are completed well and are linked to the needs of people supported.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

**This requirement was made on 1 August 2025.**

#### Action taken on previous requirement

The provider had taken action to address this requirement. A staff training day had been held to deliver practical moving and handling training and emergency first aid. Staff had also received medication training. There was improved planning for refresher training with alerts to staff when any training was needing refreshed. There was a much improved record of staff training demonstrating good performance in delivering key training. The provider had also checked relief staff's training records and these were included in the service's staff training plan. Dates were planned for further training sessions to capture any staff who had missed any of the mandatory training dates. Contingency plans were in place to ensure that all staff providing support to people had the required skills and knowledge. There were plans to increase the pool of moving and handling assessors so that more regular recorded competency checks could be carried out by trained assessors. The provider had made good progress with staff having their Personal Development Reviews where they could reflect on their practice and discuss their learning and development needs. The provider should sustain and build on improvements made to date and we will review progress at subsequent inspections of the service.

**Met - within timescales**

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

### Areas for improvement

#### Previous area for improvement 1

To promote people's safety and wellbeing the provider should review internal communication systems to ensure that key information about people's safety and protection is shared promptly with the staff team.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

**This area for improvement was made on 1 August 2025.**

#### Action taken since then

The provider had taken action to improve internal communications. New technologies had been invested in to promote sharing of information. There were daily handovers and regular staff team meetings for discussing people's needs. These allowed staff to contribute their views and raised any issues. Some staff commented that more could be done to ensure issues discussed at team meetings and supervisions were actioned and planned for.

We advised the provider to ensure that there is improved recording of actions following meetings. These action points would then be regularly reviewed with any outstanding action carried forward to subsequent meetings. We heard that internal communications could be improved further to share information about people who attended different groups in the community. The provider was changing the way people's staffing arrangements were organised through giving staff more opportunities to be involved in the community groups which operated out with Port Seton Centre.

The provider was responsive to looking at systems to further improving key information as the service operated across different community settings. We discussed how the new technologies introduced could be used so that all staff could be involved in daily handovers. We advised the management team to have internal communications as a running agenda item so staff could raise any specific issues for attention. This would support continuously improving internal communications.

We saw that sufficient progress had been made in relation to this area for improvement though further improvements could be made to ensure robust internal communication processes. The majority of staff told us that communications with leaders had improved and there were regular opportunities to meet as a team. The core team groups had proved effective in sharing key information about people's individual needs and circumstances.

This area for improvement has been met

### Previous area for improvement 2

To promote people's health and wellbeing effectively the provider should review people's medication support plans and ensure all risk assessment information is readily available to staff and updated when people's support needs change.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

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

**This area for improvement was made on 1 August 2025.**

#### Action taken since then

People's medication support plans had been reviewed and there was good detail in these for staff to follow about people's regular and when required' medication. Medication was audited and recorded well. Medication storage arrangements had been reviewed to ensure that staff could access people's medication whenever they needed it.

This area for improvement has been met.

### Previous area for improvement 3

To provide people with confidence that the quality of their care and support is being regularly monitored the provider should include quality monitoring visits to the groups running in the various community settings in their quality assurance systems.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This area for improvement was made on 1 August 2025.**

#### Action taken since then

There was limited recorded evidence of quality monitoring visits to ensure that people's support in different community settings was being regularly observed by leaders of the service. Some visits had been carried out but these needed to be more frequent both in terms of supporting staff and monitoring the quality of care and support people experienced. The provider planned to improve the frequency of monitoring visits. Revised leadership arrangements to achieve this were being progressed at the time of the inspection. This area of improvement had not been met.

### Previous area for improvement 4

To provide people with assurance that there are effective leadership arrangements to promote collaborative practice and staff involvement in decision making, the provider should continue to progress and regularly review the service action plan.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work together well.' (HSCS 3.19)

**This area for improvement was made on 1 August 2025.**

## Action taken since then

The majority of staff consulted spoke positively about the way leaders had addressed issues raised at the previous inspection. This included staff having regular discussions with leaders. Staff appreciated the open door approach and always having people in leadership positions to support them when needed. One member of staff described the difference since the previous inspection as being like 'night and day'. Other members of staff expressed feeling well supported by their leaders. The development of core teams of support staff had proved effective in involving staff in decision making. Some staff commented that supervision could be more frequent and that minutes of meetings could be shared for review more promptly. It was clear that the provider was dedicated to continuing to improve staff morale and promoting collaborative practice. Involved professionals and relatives consulted considered that communications were very good with them and spoke positively about the quality of leaders and staff. People had experienced some changes to their key working arrangements so it would take time to build relationships with people supported and their families. There were systems in place to ensure that key information relating to people's support and involvement in activities was shared on a more regular basis with people important to them.

This area for improvement has been met.

## Previous area for improvement 5

To ensure the information relating to the safety and protection of people is shared with all relevant parties, the provider should notify the Care Inspectorate of all reportable events as outlined in the notification guidance for care providers.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4:18)

**This area for improvement was made on 1 August 2025.**

## Action taken since then

The provider had the most recent Care Inspectorate guidance for providers on records they must keep and events they must notify us of. The provider made relevant notifications since the previous inspection of the service and maintained records of incidents, accidents and adult protection issues. Senior management were involved in the service's quality improvement processes which included monitoring of incidents and checking that the Care Inspectorate and relevant agencies had all required information.

This area for improvement has been met.

## Previous area for improvement 6

To evidence that people are being supported to achieve their full potential, the provider should ensure that the goals and outcomes sections of people's personal plans are recorded well and demonstrate regular review.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state



that:

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

**This area for improvement was made on 1 August 2025.**

#### Action taken since then

The provider had taken action to audit the quality of people's personal plans and make improvements to the goals and outcomes sections of the plans. The provider should continue to review people's plans and sustain and build on improvements made to date.

This area for improvement has been met.

## Complaints

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

## Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

  

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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