
Report To:	Health & Social Care Committee	Date:	22nd October 2015
Report By:	Brian Moore Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SW/18/2015/BC
Contact Officer:	Beth Culshaw Head of Health & Community Care	Contact No:	01475 715283
Subject:	Care Inspectorate Inspection of Learning Disability Day Opportunities, Fitzgerald Centre, Greenock		

1.0 PURPOSE

1.1 The purpose of this report is to advise Members of the outcome of the Care Inspectorate inspection held on 20 November 2014 in relation to the Fitzgerald Centre Day Opportunities Service.

2.0 SUMMARY

2.1 The Care Inspectorate carried out an unannounced inspection on 20 November 2014.

2.2 Summary of Grades:-

Quality of Care and Support - 5 - Very Good

Statement 1 5 - Very Good

Statement 3 5 - Very Good

Quality of Staffing - 5 – Very Good

Statement 1 5 - Very Good

Statement 3 5 - Very Good

Quality of Management and Leadership - 5 – Very Good

Statement 1 5 - Very Good

Statement 4 5 - Very Good

2.3 What the service has undertaken to meet the recommendations made at the last inspection:-

- The service has now implemented a person centred participation policy
- An audit of all service user care plans is now carried out annually

2.4 The feedback received from the people who use the service, and their relatives, was very positive.

- The Care Inspectorate met with three service users during the inspection and received 11 completed care standard questionnaires from the 45 sent out to service users,

with feedback received through the questionnaire being very positive towards the care and support received by service users. This was mirrored by Care Inspectorate discussions with service users during the inspection.

- One carer's comments during the inspection noted in the body of the report states "I am always made to feel very welcome when I come here, I am very, very happy with the centre"

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Learning Disabilities Day Opportunities Services are part of the Health and Social Care Partnership (HSCP). We provide services to adults with learning disabilities who live within the Inverclyde area.

Day Opportunities Services offer care and support to enhance an individual's quality of life and improve opportunities to be involved in lifelong learning, leisure and recreation, employment and social inclusion.

We promote independence, encourage and enable individuals to participate in community based activities of their choice.

The Fitzgerald Centre, along with Outreach and Community Supports, McPherson Centre and Golf Road Autism Unit, provide support for people to access a variety of resources within and outwith the local area.

- 4.2 For the Fitzgerald service, the Care Inspectorate carried out a low intensity inspection. This reflects the grading history of the service.
- 4.3 The grades this year consolidate the high level of achievement in previous years.
- 4.4 The actions and proposals in respect of the recommendations contained within the inspection report are listed below, with the details of action in response.

Action Plan

The service should ensure that all staff have access to regular, private and meaningful supervision with their line manager. This will ensure that all staff are given the opportunity to discuss their own development in their careers whilst allowing the line manager to monitor and document progress made.

Action Planned:

- A programme of supervision will be held with all staff on a 12 weekly basis
- Manager will supervise Senior Day Centre Officers and Day Centre Officers
- Senior Day Centre Officers will supervise support workers. They will also arrange 2 group supervision sessions for support workers per year
- All staff will receive an annual appraisal.

The service should develop a fully inclusive, outcomes focused service improvement plan which details areas for improvement to be addressed throughout the year and how these improvements will benefit the service as a whole.

Action Planned:

- A number of recording systems will be amended or introduced to record information.

Amendments:

- Care Plans, Activity Outlines, review paperwork have all been amended to record individual service users' outcomes. These have been piloted by Senior Day Centre Officers and have now been rolled out to all staff across the service.
- The service is currently setting up staff group sessions to discuss and gather staff views on SSSC Codes of Practice and National Care Standards to ascertain what we do well and where we could improve. This information will be recorded.

New Forms:

- New process of monitoring activities (spot checks) and gathering service users' views on

activities will be introduced. A monitoring form has been devised and we are currently planning the implementation of this new process.

- A questionnaire will be devised to send out to other stakeholders for feedback on our service.

Summary:

Incorporating the information gathered will inform a service improvement action plan (pro forma for recording action plan is in place) based on the information from the:-

- Quality Assurance form
- Service User Questionnaire
- Carer Questionnaire
- Consultation Folder

5.0 PROPOSALS

5.1 The Committee is asked to note the Care Inspection November 2014 report of the Fitzgerald Centre and the recommendations highlighted in the report, and progress made against these to date.

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

Any costs associated with this report will be met from existing budgets.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

Legal

6.2 None

Human Resources

6.3 None

Equalities

6.4 There are no equality issues within this report.

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YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Has an Equality Impact Assessment been carried out?

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate report, November 2014.

Care service inspection report

Fitzgerald Centre

Support Service Without Care at Home

110 Lynedoch Street

Greenock

PA15 4AH

Telephone: 01475 715800

Type of inspection: Unannounced

Inspection completed on: 20 November 2014



HAPPY TO TRANSLATE

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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003016286

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

What the service does well

The service demonstrated very good examples of how they involve each service user in assessing the quality of care provided by being involved in recruiting new staff and by working with existing members of the team to build their own care plans.

We observed very good communication techniques being used by the service in relation to those with more complex communication needs within the service.

The staff team were observed to be well trained, values based and very aware of the specific needs of each service user.

The service has developed an effective auditing system to ensure a quality service is provided and evidenced.

What the service could do better

The service will look to introduce a system of observational monitoring which includes the service users being involved in assessing the staff they work with.

The service should ensure that all staff are given more access to regular formal supervision sessions.

The service will use the information gained from surveys, questionnaires and its own quality assurance to develop an improvement plan for the service which can be used throughout each year to chart progress.

What the service has done since the last inspection

At the last inspection we made two recommendations, these have both been met.

The service has continued to match the needs and interests of its service users with the experiences and interests of its staff to ensure that service users can benefit from spending time with someone who shares their interests.

The outcome is the relaxed and jovial interactions between staff and service users that we observed throughout the inspection.

Conclusion

This is a very good service which provides good outcomes for each service user by consistently working to evolve and meet their changing needs

The service is eager to develop, evidenced by its willingness to take on board our suggestions for improvement.

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Managed by Inverclyde Council Education and Social Work Services, the Fitzgerald Centre registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 65 people with a learning disability.

The Centre's aims " to overcome personal and social disadvantage, inspire optimism, create opportunity, meet the needs and offer choice to those using our service."

There were a range of private and communal areas, including a garden, computer room and lounge available to those attending the Centre and visitors.

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 - N/A

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 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 after an unannounced inspection which took place on 20 November between the hours of 9am and 4pm

We provided formal feedback to the service manager at 4pm on 20 November 2014.

In the course of the inspection we spoke with:

- Manager
- One Senior day centre office
- One catering coordinator
- One day centre officer
- Two support workers
- Three service users
- One family members.

We examined the following documents:

- Certificate of registration
- Employers liability insurance certificate
- Public liability insurance certificate
- Six care plans
- Staff communication book and diary
- Staff supervision and appraisal records
- Staff training records and plans
- Staff team meeting minutes
- Service health and safety folder
- Service user participation policies
- Service user financial records
- Service user and carer questionnaires
- Quality assurance audits
- Service complaints policy
- Accident and incident reporting.

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.firelawscotland.org

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

Quality Theme 1 - Statement 1

The service should create a participation policy for the centre which details the various opportunities within the centre for people who use the service and their carers to get involved in the development of the service.

Findings:

The service has now implemented a person centred participation policy. Please see Quality Theme 1 -Statement 1 for more details on this.

This recommendation has been met.

Quality Theme 1 - Statement 1

The service should carry out an audit of care plans to ensure that they are up to date, old information is archived and plans are signed by relevant parties.

Findings:

An audit of all service user care plans is now carried out annually.

For more information please see Quality Theme 1 - Statement 3 and Quality Theme 4 - Statement 4

This recommendation has been met.

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

We made some suggestions regarding the involvement of service users and staff in the self assessment process, these can be found under areas for improvement in Quality Theme 4 - Statement 4.

Taking the views of people using the care service into account

We spoke with three service users during the inspection and received 11 completed care standard questionnaire from the 45 we sent out to service users.

The feedback received through the questionnaire was very positive towards the care and support received similar to our discussions with service users during the inspection.

Their comments are included in the main body of the report.

Taking carers' views into account

We spoke with one carer during the inspection, comments from this meeting are noted in the body of the report.

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

During the inspection, we gathered evidence relating to participation; in particular, we examined support plans, minutes of reviews and participation meetings. We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

On entry to the centre, local advocacy groups advertise their services which are available to service users, we found evidence of continued use of this resource and could see that good working links have been made between the centre and the advocates. By involving this group, the centre can show that service users are given the chance to have their views heard by an independent source other than their own staff.

The views and experiences of service users on recently organised events are recorded through their contributions to the quarterly centre newsletter. This allows service users to review activities they have taken part in, providing encouragement for their peers to join in the social aspect of life in the centre.

We examined the centre's local participation policy, which sets out goals for service user involvement within the Fitzgerald centre. The main aim is to ensure that service users are able to choose how they get involved at a level appropriate to their needs. It states

"For some service users and carers within our day Opportunities Services receiving information about the service is enough. Others may want to be more actively

involved, both by giving their views and expecting to take part in decision making etc."

The centre also has a Consultation and Involvement strategy which is an outcomes focussed document outlining the processes for involving both internal and external stakeholders in the work of the service. Using this document specific outcomes are planned throughout the year.

(See area for improvement for further information).

The centre requests feedback from service users and families by using a series of questionnaires throughout the course of each year. These focus on areas such as their person centred plans, six monthly reviews and community involvement facilitated by the centre.

Carers are also asked for feedback through a more specific location based, local authority produced survey where questions relate to how valued and involved they feel in relation to the work of the service as well as a chance to comment on their experiences as carers.

The analysis of both kinds of questionnaires sampled were found to be positive.

We met with some carers during the inspection, asking them about the centre and how they feel in relation to the care provided to their relatives.

One commented;

"I am always made to feel very welcome when I come here, I am very very happy with the centre"

We examined service users care reviews which we could see are taking place every six months and are attended by the service user and a multi-disciplinary team of professionals involved in their care and support.

From speaking with service users, their families and by reading the reports and minutes of the meetings we could see that all are given a platform on which to have their say and that decisions on future plans are made by the service users themselves by being fully supported.

Areas for improvement

The service could re-examine their consultation and Involvement strategy to allow for updates to be added throughout the year when outcomes are achieved or marked progress made. This would allow the service to display its progress made on stated goals at any time during the year.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

During the inspection, we gathered evidence relating to the health and wellbeing of service users; in particular, we examined support plans, medication records, accident/incident records and risk assessments.

We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

During the inspection we sampled six care plans, finding that each was very well laid out with good information relating to each specific area of the service user's care and support needs. The person centred and outcome focussed nature of each plan made it very easy for staff to be able to provide the appropriate support to each individual using the centre.

Healthcare information is also contained within the care plans, again giving the reader precise and up to date information regarding this important area of support. The centre has worked hard to develop strong links with medical professionals who are involved in the care of service users to ensure that specialist needs such as speech and language are properly addressed.

Each person using the service has a Person Emergency Evacuation Plan (PEEP) which has been developed to be specific to their needs and to be used in the event of an emergency to support them to safety.
(See area for improvement)

The centre provides each service user with a nutritious meal prepared by fully qualified catering staff at lunchtime each day. Feedback is sought from service users on the quality of the food and for their preferences regarding choices of meal.

This feedback is analysed and the menus changed to suit the choices made by service users. Pictorial menus are produced to assist in understanding of what is on the menu each day and staff will provide person centred support to anyone requiring more specific support to eat their meals.

Group activities account for a large part of each day in the centre with service users being offered the chance to take part in activities such as Music sessions, Gardening and Cooking/baking. This is run by staff with the aim of giving service users basic cooking skills and promoting their independence.

Service users are also offered the choice of attending external activities such as Bowling, Swimming or trips to the Cinema.

The daily recording diaries held by the service records the movements of each person using the service on a daily basis. We found that these diaries illustrated the wide range of activities undertaken within the centre and the huge amount of choice open to each individual.

All of these activities display a willingness on the part of the centre to maximising the time spent with service users and in turn allow them to increase their own health and wellbeing by involvement in meaningful activity.

Areas for improvement

The PEEPs we examined in the centre had not been signed by the person who compiled them. The service could add a sign off sheet to each PEEP indicating who has made these plans for service users, when they were put into place and how often they are reviewed for accuracy.

We found protocols within care plans which detailed guidance for staff support in areas such as diabetes and food management. As above the service should try to ensure that not only are these protocols signed and dated for review but that they contain a degree of information which puts the guidance into some sort of context for the reader to understand why they are necessary.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

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

During the inspection, we found that the service was very good at encouraging those using it to have their say on the staffing in the service. We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The service has continued its policy of involving service users in the recruitment and selection of new members of staff. Service users have been involved in meeting and greeting prospective candidates, asking questions at interview and showing them around the centre itself.

The service users and carers we spoke with during the inspection were very complimentary about the quality of staffing employed in the centre.

One commented:

"I like the staff, they treat me with respect" while another said "The staff are very good to XXX and are always very helpful".

The strengths noted in Quality Theme 1 - Statement 1 are also applicable here.

Areas for improvement

The service should consider implementing a system of observational monitoring of staff practice, involving the service users and allowing them to add their comments to the sessions. This would display further willingness to have service users contribute to the development of staff practice

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

During the inspection, we gathered evidence relating to professionalism, training and motivation of the staff; in particular, we examined staff training records/schedules, team meeting minutes and supervision records. We observed practice and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

During our time in the centre we observed interactions between service user and staff, finding this to be warm, caring and professional at all times.

The staff team meets regularly to discuss issues relating directly to their work in the centre. This provides good peer to peer support for the team and allows for full and frank discussions to take place and future plans to be made.

We spoke with a number of staff members while in the centre all of whom were very positive in their remarks with regards to the training opportunities provided to them and in their experience of working the Fitzgerald Centre in general.

We examined a list of staff training records, finding a wide range of courses which had been undertaken by the team and which were appropriate to the needs of the service users being supported.

Some centre staff have been trained to deliver service user specific training such as Epilepsy/Rescue Medication and Dementia training. This is a positive to the service as it allows training to be delivered at its own pace as and when necessary.

New staff are subject to a comprehensive induction period which new staff have remarked as being helpful.

One staff member commented

" It allowed time to be introduced to all service users and staff with plenty of opportunities for shadowing and to read appropriate materials before being expected to work on my own."

The manager is currently registered with the Scottish Social Services Council.

A number of staff members are qualified to the appropriate level to register with the Scottish Social Services Council when this is required.

The management of the centre has devised a schedule for ensuring all staff will meet the criteria within the allotted timescales.

Areas for improvement

While supervisions have been occurring in small numbers lately, the service management themselves acknowledge that they have not been able to conduct as many supervisions as they would have wished to do over the past months due to staff shortages.

We have discussed the frequency of intended supervisions and the merits behind ensuring that all staff are afforded a private and protected time for discussing their own career development issues and any work related agenda items.

We have suggested increasing the time between planned supervisions to every 10-12 weeks to ensure enough time has passed between sessions to avoid them becoming tokenistic.

This being said all staff we spoke with during the inspection have indicated a high level of morale throughout the staff team at present with everyone being aware of the pressures of smaller amounts of staff with which to work. We would reiterate however that protected supervision for staff is necessary to ensure all have adequate opportunities to address their own work related issues.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that all staff have access to regular, private and meaningful supervisions with their line manager. This will ensure that all staff are given the opportunities to discuss their own development in their careers whilst allowing the line manager to monitor and document progress made.

NCS - Support Services - Management and Staffing Arrangements - 8

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The strengths highlighted in Quality Theme 1 - Statement 1 are also applicable here.

In addition:

The centre is in the planning stages of a period of redecoration. We have seen evidence of the management team speaking with service users to gain their thoughts and opinions on how the place should look particularly in relation to colour scheme.

The centre operates to serve those who attend on a daily basis therefore it is pleasing to see that the service involves its users in deciding on all manner of issues affecting everyone.

Areas for improvement

The areas for improvement highlighted in Quality Theme 1 - Statement 1 are also applicable here.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

During the inspection, we gathered evidence relating to the quality assurance systems used by the management team in the service; in particular, we examined auditing paperwork and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

The centre audits the service user's files including care plans for each service user in line with each six monthly review.

Each audit is completed by the Senior Day Centre Officers (SDCO's) who then feeds the information back to Day Centre Officers (DCO's) in the form of action plans with timescales clearly set out for any remedial work to be completed. The manager will monitor progress through supervision.

An ethos of shared responsibility has seen all members of staff take ownership of different audits ranging from financial recordings, medication checks, health/safety and environmental checks.

By sharing the responsibility for completing these regular audits, quality assurance has become the concern of all within the team, not just the management. All using and working within the service then benefit from the increased awareness of personal responsibility.

The centre has a widely available complaints procedure which has been posted on its noticeboard and also distributed to all service users and their families.

The carers we spoke with advised that they have never had the need to make a complaint however should they wish to they were aware of the process and have always felt that the managers door is open to anyone who wishes to discuss any concerns they may have.

100% of those who returned completed care standards questionnaires to us agreed or strongly agreed with the statement Overall, I am happy with the quality of care this service gives me.

Comments included:

"The day centre is a perfect time for me to get some respite, they know everything about XXX needs and they do it well".

The positivity found in the responses here was mirrored in the responses gained by the service's own questionnaires sent out

The service provider has developed and implemented adult support and protection guidelines, staff are all fully aware of the policy and their responsibilities within it.

The manager of the centre completes a Quality Assurance and Self Assessment monitoring form twice annually.

This audit looks at all aspects of the service under headings such as Safe Services, Healthy Environment for all, Achieving Choice and Achieving Potential and Outcome Focussed Support. Action points are raised from the findings of this piece of work. (Please see area for improvement).

Areas for improvement

The service should seek to use the action points coming from the monitoring form mentioned above (along with all other feedback gained from stakeholders) to compile a service improvement plan for the year ahead. This will be an outcomes focussed document which will have inputs from all using and working within the service to ensure it is fully inclusive of all point of view.

The document should lay out the service aims to achieve specific aims and will include clear guidance on who is responsible for individual tasks and the timescales involved. Updates should be added to the plan periodically to ensure it is being reviewed for continued accuracy. (See Recommendation 1).

We received a completed self-assessment from the centre prior to beginning the inspection. While it was well put together and contained relevant information relating to the service at the moment, we suggested involving service users and staff more in the make up of the document.

This can be done by placing the topic of the self-assessment on the agenda for each team meeting and service users review throughout the year. This means all stakeholders can make comment on what they believe the strengths and areas for development of the service are, which in turn can help to shape the future development of the service delivery.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should develop a fully inclusive, outcomes focussed service improvement plan which details areas for improvement to be addressed throughout the year and how these improvements will benefit the service as a whole

NCS - Support Services - Management and Staffing Arrangements - 4

4 Other information

Complaints

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

Enforcements

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

Additional Information

No additional information recorded.

Action Plan

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

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - Not Assessed	
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
14 Dec 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
11 May 2010	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
4 Jun 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
1 Sep 2008	Announced	Care and support	4 - Good
		Environment	3 - Adequate

Inspection report continued

		Staffing	3 - Adequate
		Management and Leadership	4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Translations and alternative formats

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

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