
Report To:	Health & Social Care Committee	Date:	21 April 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/22/2016/BC
Contact Officer:	Beth Culshaw Head of Health & Community Care	Contact No:	01475 715283
Subject:	Inverclyde Learning Disability Support and Care at Home/Supported Living Service: Care Inspection Report		

1.0 PURPOSE

- 1.1 To advise Members of the outcome of the Care Inspectorate inspection held on 13 January 2016 in relation to the Support and Care at Home James Watt Court/McGillvary Avenue and Supported Living Services.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 13 January 2016 to the Supported Living Service's 3 locations.

2.2 Summary of Grades

Quality of Care and Support – Grade 5 – Very Good

Statement 1 5 – Very Good
Statement 5 5 - Very Good

Quality of Staffing - Grade 5 – Very Good

Statement 1 5 – Very Good
Statement 4 5 - Very Good

Quality of Management and Leadership - Grade 5 – Very Good

Statement 1 5 - Very Good
Statement 3 5 – Very Good

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

- The service has reviewed service users risk assessments.
- The service has reviewed service users support plans to ensure that they are more outcome focussed.

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

- Several relatives commented that their thoughts and opinions are sought on the service, which makes them feel involved in the service.
- Others commented that they are always made to feel very welcome.
- All carers were happy with the care and support being delivered by the service.
- Service users were very positive about the service they receive.

3.0 RECOMMENDATIONS

3.1 To note the outcome of the inspection and to implement the area for improvement detailed within the report.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The inspection was unannounced and carried out on a low intensity basis. These inspections are carried out when the Care Inspectorate is satisfied that the services are working hard to provide consistently high standards of care and support. This also reflects the grading history of the service.
- 4.2 Three Quality Themes were inspected. The grades in all three themes have improved from Good to Very Good.
- 4.3 There were no Requirements or Recommendation from this Inspection.
- 4.4 There were several areas for improvement which the service has already begun to work on.
- A new shorter satisfaction questionnaire will be sent to all stakeholders.
 - Support plans will be the same across the whole service.
 - Observational monitoring of support workers practice will be implemented.
 - There will be greater service user involvement in producing support plans.
 - Support plans will detail how the service user's finances are being managed and there will be evidence that this management is being reviewed regularly.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

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

- 5.2 There are no legal issues within this report.

HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

EQUALITIES

- 5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

REPOPULATION

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with team leadership and staff at the Supported Living Service.

7.0 BACKGROUND PAPERS

7.1 Care Inspectorate Report: Inverclyde Learning Disability Support and Care at Home Service/Housing Support Service – January 2016

Care service inspection report

Full inspection

Inverclyde Learning Disability Support & Care at Home Service Housing Support Service

CHCP
Kirn House
Ravenscraig Hospital
Inverkip Road
Greenock

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2004078035

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.

Contact Us

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

What the service does well

The service demonstrated very good methods of involving a range of stakeholders in commenting on and developing the way support is delivered.

Care plans that we examined were focussed on outcomes for individual service users. We could see that each individual had been consulted in the make up and continual review of their care and support plans.

We noted through observations that relationships built between support staff and those using the service were very strong and built on mutual respect and trust.

The support team across all three locations demonstrated care values consistent with those of the service provider.

The management team have developed an ethos within the service which encourages all staff to be leaders on their own by utilising their skills developed through practical experience.

All staff we spoke with advised that they feel well supported within the team while also being confident in their ability to provide a high standard of care in a lone worker setting.

What the service could do better

We have made suggestions with regards to providing a more uniform care and support plan across all areas of the service in order to promote consistency of support.

We also suggested that the service re-examine their support agreements in order to clearly detail the financial and medical arrangements in place for each individual service user.

The service should review the way questionnaires are used within the service and develop them in order to gain feedback from more stakeholders.

A system of observational monitoring introduced across the support team would enable the competencies of the team to be reviewed and developed throughout the year.

What the service has done since the last inspection

As well as meeting the recommendations made from the previous inspection, the service has also been audited recently by the local authority with regards to its financial arrangements.

A number of remedial actions have been suggested however these have either been completed already or are on course to be completed within the allotted timescales.

Conclusion

Inverclyde Learning Disability Support and Care at Home services provides very good support to a range of service users across a wide spread of locations. The support provided was noted as being consistently person centred and outcome focussed.

Service users reported feeling very happy about the support they receive from a committed staff team.

The service continues to develop itself by utilising the skills of all stakeholders and staff.

1 About the service we inspected

Inverclyde Learning Disability Support and Care at Home has been registered with the Care Commission since November 2004. The service provides a Housing Support and Care at Home service to people with a learning disability living in their own homes. There were 41 people using the service at the time of the inspection.

The service provides 24 hour support to people living in James Watt Court in Greenock and two houses within the east end of Greenock. The service also has a team of support workers who provide support to people living in their own homes throughout Greenock.

The service aims to "provide high quality person centred services that support and encourage people with a learning disability to live valued, fulfilling lifestyles in their own homes, as part of the community."

Recommendations

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

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

Requirements

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

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of 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 following an unannounced inspection of the service 7, 8 and 11 January between the hours of 9am and 4:30pm.

Feedback was given to the management team 13 January 2015 at 9:30am

During our inspection we spoke with:

- the resource officer
- two senior support workers
- four support workers
- eleven service users
- one carer.

Documents we examined included:

- service participation strategy
- quality assurance self-assessment and monitoring procedure
- service user survey questionnaires
- eight support plans
- daily recordings file
- medication records including MAR sheets
- staff meeting minutes
- service user's meeting minutes
- service user's review minutes
- supervision records
- staff training records
- accident/incident records.

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.

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Self-Assessment was well completed and submitted in good time.

Taking the views of people using the care service into account

We met with eleven service users throughout this inspection, their views have been recorded throughout the body of this report.

Taking carers' views into account

We spoke with one carer during the inspection.

Comments from this conversation included:

"The staff are amazing, very attentive to all my sons needs."

"We are always encouraged to come in to see our son and are always made to feel very welcome when we do. Our opinions on how to improve things are sought and encouraged."

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.

We noted that the service has a local participation policy in place, explaining the way in which the service involves all stakeholders in continually assessing and trying to develop the supports being delivered to the service users.

A number of ways in which the service users can be involved have been noted in this policy and have been identified as being very worthwhile during the course of the inspection.

A number of groups are organised locally with the intention to involve stakeholders in the continued development of the service.

This includes the Get up and Go forum as well as the Carers group.

These allow service users and their family members to remain actively involved and have their opinion heard by the team providing support on a regularly scheduled basis.

One carer that we spoke with commented "We are encouraged to give our opinions on the way we see things within the service, we feel very good about this, it has allowed us to develop very good relationships with the team."

Carers have also been asked for their opinions with regards to the six monthly reviews held within the service, advising that they felt welcomed and involved on each occasion.

Service users are fully involved in the review of their care and support packages, formally conducted every six months. These reviews have each individual service user at its centre with a multi-disciplinary team of professionals, involved in the care package, giving their opinion and contributing to action plans for the continued development of the support.

The service has continued to develop a strong partnership with local advocacy services who will work with service users and their families on a case-by-case basis, as and when necessary.

This benefits those using the service as it provides them with independent guidance on any area of concern they may have.

We saw good use of questionnaires within the service. At the moment these are sent to service users and their families annually requesting feedback on the performance of the staff and the quality of support delivered. Prior to the inspection we also sent out 30 Care Standards Questionnaires to those using the service, with 26 of the 27 returns agreeing with the statement:

"The service asks for my opinions about how it can improve."

Comments from respondents included:

"I am more than delighted with the care and support my brother receives."

"I am made to feel welcome at any time I visit and my thoughts and opinions are sought after."

Tenants meetings are organised monthly in order to provide another regular forum where those using the service can get together in one location to discuss their care packages with their peers and address any issues that they feel are worthy of wider discussion.

Service users have commented to us that they feel this is a valuable resource as it affords an additional group exercise where they can air their thoughts and suggest improvements if necessary.

Areas for improvement

During feedback, we discussed amending the current service agreement document to include explicit information relating to the financial arrangements in place for each service user.

Through our discussions with those using the service we were satisfied that all arrangements in place had been organised with their involvement, however this was not stated anywhere within their care plans.

Therefore we have suggested that formal documentation be developed which allows for a description of these plans as well as a continuous review, with signatures from the service user, staff involved and care manager if appropriate.

As mentioned earlier, we noted that questionnaires are sent out to service users from the local authority to gauge feedback on the performance of the service in a number of areas.

We have suggested that the service could devise a shorter, more directed questionnaire which takes into account the views of not just service users, but of all stakeholders including care managers, medical staff involved in the care and support of each service user, local advocates and any other individual with

knowledge of the service. Information gathered within these questionnaires could be beneficial to the service in developing its annual development plan, which we will discuss at greater length, later in the report.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

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

Service Strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services.

We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability.

The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings.

Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings:

During the inspection, we gathered evidence relating to person centred values; in particular, we examined outcomes based support plans, health and medical protocols and staff training plans.

We observed practice between service users and staff as well as speaking 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 our time spent in the service, we observed staff practice in a number of scenarios with those using the service. Our observations confirmed that a values based approach to care is promoted across all the service locations with the rights of service users being at the forefront of the support provided.

Inspection report

We could see that positive relationships have been built, based upon trust and continuing choice for the service users.

We examined six different care plans across the service during the inspection, finding them to contain person centred information such as support plans, risk assessments, hospital passports, daily/weekly routines and health care information for all service users.

The plans showed that individuals have been supported to attend a range of appointments with different medical professionals, according to their care needs over the past year.

We will make further comment on the make up of the support plans examined during the areas for improvement to follow this statement.

"Keys to Life" is the Learning Disability strategy launched by the Scottish Government in 2013.

This document plays a large part in the continuing development of the service.

Staff we spoke with are all aware of the recommendations of the guide and as a group during team meetings and development days, have spent time understanding the practicalities of this document and how it will affect the way in which support is to be delivered across the service.

The Get up and Go forum within the service provides regular opportunities for the service users to become active members of the community in a variety of ways.

During the inspection we sat in on the weekly group meeting where those in attendance were discussing how they wish to spend their time in the coming weeks and which new community resources they would like to utilise.

Those attending the group spoke of the improvements that have been made to their physical health by involving themselves in some of the activities organised by the group while also feeling the benefits to their mental health by spending time with people that they now consider to be friends, engaging in activities which they have helped to organise and that they are genuinely interested in.

Specific health related training courses have been offered to staff members in locations across the service, including information on bowel and breast cancer. Staff have commented that by undertaking such courses they can offer increased knowledge in certain areas to service users who have been affected personally or through family members by such illnesses.

Areas for improvement

During discussions with the management team during the inspection and at feedback, we have advised that we would like to see a uniformity to the care and support plans across the services.

At present the plans examined within James Watt Court and MacGillvary Avenue services are similar in layout but differ significantly from those held within the Supported Living service.

As all three locations are part of the one registration, we would prefer to see a similar approach to the presentation and make up of the support plans across all locations. This will ensure consistency across all service locations and make for easier auditing and reviewing as and when appropriate.

We acknowledge that the types of support delivered across the services can differ according to the needs of each individual and the contracted support hours, however we would maintain that a uniform approach to care plans would ensure that support is delivered in a consistent fashion across the locations.

As mentioned previously within the report, we would advise clearer notification of each service user's involvement in the development of each plan as well as a signed acceptance of their understanding of the support being offered, particularly around financial matters.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

During the inspection, we found that the service was very good at encouraging the people using the service 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 strengths identified within quality theme 1, statement 1 are also applicable here.

In addition:

We spoke with a number of service users and one carer who talked of how they have been asked to and have taken part in the recruitment of new staff to work in the service.

This has included sitting on interview panels, contributing to the questions to be asked at interview and meeting/greeting prospective candidates.

This ensures that stakeholders can be included in the continued development of the staff team who will be supporting them.

Areas for improvement

The areas for improvement noted within quality theme 1, standard 1 are also applicable here.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

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.

Service users we spoke with during the inspection commented on how they have developed trusting relationships with staff over a period of time.

They reported that they feel they are treated very well by a staff team who offer choice and provide support with professionalism and dignity.

Comments from family members during the inspection included:

"I am delighted with the level of care that my cousin receives....She is well supported not only in her home life but mentally, physically and socially."

"The service is excellent, and in addition to the direct support that my sister receives, I have people with whom I can discuss matters and gain piece of mind through this."

Our observations of the staff team at work with service users confirmed these comments. We were happy to see a very good level of support being provided in a number of different situations both within service users home and in the wider community.

The values of the team were consistent with that of the service provider.

Staff interviewed throughout the inspection spoke of a love for their job and in making a difference in the lives of vulnerable people.

Comments from the team included:

"I enjoy trying (each day) to make a difference in people's lives by encouraging them to be as independent as they can be at all times."

We spoke with a newer member of the team who spoke of her recent induction process within the service.

In her experience, the strong values base within the team went a long way to helping her settle within the service in a timely fashion, with each member of the team eager to assist individually or as part of the wider team, as and when required.

Morale throughout the team, across all locations was noted to be very good, with all staff happy to work together in order to provide better outcomes for each service user.

All staff were aware of how a positive ethos and atmosphere within the service will translate into better support for each service user.

We noted the training available to the staff within the service to be wide ranging, with all spoken to advising that the courses offered are appropriate to the continually changing needs of each service user.

The national care standards were developed by ministers to ensure that everyone using support service services receive the same high quality care regardless of their circumstance. These standards are currently under review.

The Scottish Social Services Council codes of practice are professional conduct guidelines for employers and workers within care services.

From our discussions with staff and through observations of support being provided we could see that staff work within these policies and other relevant

documents such as the Keys to Life to ensure better outcomes for all service users.

Supervisions are provided regularly to staff along with annual performance appraisals.

Staff commented that they feel 100% supported by the management within the service who they report as operating an "open door policy".

This encourages all to make their voices heard as and when necessary and not to always have to wait for scheduled meetings to raise any points.

Regular team meetings provides ample opportunities for peer to peer support within the team and to openly and honestly discuss any issues affecting anyone within the team or in general. These supports all contribute to the positive morale which exists within the team and which translates into a high standard of care for each service user.

Areas for improvement

During the inspection and in the feedback session we discussed how the service as a whole could benefit from the introduction of a formal process of Observational Monitoring sessions.

Prior to every third supervision session conducted with members of the team, we have suggested that the manager or senior undertake a monitoring session in a different range of support areas to ensure that staff are receiving regular guidance and praise for the work done within their roles.

This system will also be beneficial in ensuring that staff competencies are kept up to date throughout their time working with service users.

The monitor should also speak directly with service users about their experience of working directly with particular staff and incorporate the evidence gathered here into the supervision session. Not only does this make the supervision more person centred and relevant to the role of each staff but further involves the service user in assessing the continuing development of staff team.

During feedback we also discussed the benefit from staff having access to specific training on issues such as Human Rights to further develop their knowledge and provide more effective support in this area to service users.

An example of this type of training is provided by the Scottish Human Rights Commission and can be found at www.scottishhumanrights.com

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

During the inspection, we found that the service was very good at encouraging those being supported to assess the quality of management and leadership in the service.

We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The strengths covered in quality theme 1, statement 1 are also applicable here.

Areas for improvement

The areas for improvement noted within quality theme 1, standard 1 are also applicable here.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

During the inspection we found that the service was performing to a very good standard under this quality statement. We came to this conclusion after we spoke with people who used the service and family carers, observed staff interacting with and supporting service users and examined records such as outcome support plans and minutes of meetings.

Through examination of staff files and our discussions with members of the team, we found that supervisions are provided regularly across the service along with annual performance appraisals.

Staff commented that they feel completely supported by the management team across the various locations within the service. An open door policy encourages all to make their voices heard as and when necessary and removes the need to wait for scheduled meetings to raise any points with their line manager.

Regular team meetings across the service also provide staff with added support, not just from the management team but also peer to peer support from colleagues. From our examination of the minutes of these meetings we have seen open and honest discussion of issues affecting individuals and the group in general.

By providing these opportunities for individual and collective discussion within the service, we have found that staff feel more empowered to execute the responsibilities of their individual roles and in turn work hard to ensure the service succeeds in providing a high level of support to the service users.

Development opportunities within the service have meant that senior support workers are undertaking more leadership courses in order to develop professionally and in turn be able to provide a better service to each staff and service user in turn.

All of the staff spoken with during the inspection advised us that they feel an ethos of collective responsibility is adhered to within the service.

Each member of the team is encouraged to make their own decisions with regard to the delivery of support and is accountable for their own actions.

All feel they have been trained sufficiently, are experienced in their roles and maintain high professional standards enabling them to discharge their duties at all times.

Staff spoke of a learning culture being fostered within the team. In the event of any mistakes being made, all are encouraged to learn from the situations by examining their role and ensuring that lessons are learned.

This culture has ensured that the morale within the team is consistently high and that the service users are the main beneficiaries of this.

A number of quality assurance procedures are adhered to within the service which ensure that the service users are being provided with not only the highest standards of care but that it is also being fully documented as such.

Financial systems within the service have changed dramatically over the past 18 months following a number of incidents.

A recent internal quality assurance check was performed by external management within the local authority. This provided the service with a number of areas in which improvement could still be achieved.

We are happy to see that these areas are on course for signing off as complete within the relevant timescale.

Communication between all stakeholders in the service is very good, leading to good standards across the service and an informed team.

We were happy to see that effective communication within the service

stemmed from the registered manager and was easily identified throughout the team.

Areas for improvement

We have suggested a system of observational monitoring of staff practice and performance be examined and introduced within this service.

During feedback we discussed how this could be used to maintain high standard of staff competencies in a number of practice areas (medication administration, financial management, personal care etc). By observing the staff working directly with service users in scenarios such as this, line managers can be sure of the skills shown by the staff while also gathering feedback from service users being supported and gaining an idea of how they have felt during the delivery of this support.

We will examine this at the next inspection.

We have suggested improvements to the auditing of care plans, making this a more regularly scheduled quality check which can be stored within each plan and worked upon by the key worker in tandem with the line manager.

We do acknowledge that this is occurring in some areas at present where key workers will bring their folders into their supervision sessions, however we would like to see this across the entire service.

We have suggested that the management team within the service look into the SSSC 'Step into Leadership' programme which provides training materials for all levels of staff within the team. In doing this the entire team are encouraged to take more responsibility in their different roles. We have also suggested that the service make use of the Care Inspectorate's learning resources hub. This can be found at www.hub.careinspectorate.com.

This is an online resource aimed at promoting best practice guidelines and providing up to date information regarding legislation and policy.

Grade

5 - Very 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

1. quality theme 1, statement 3.

The service should ensure that information held about service users and their support is current and accurate. In particular risk assessments should be reviewed and outcomes - focussed support plans should chart the progress and outcomes achieved.

This recommendation was made on 26 January 2015

We have made comment on the support plans examined in quality theme 1, statement 5.

While we have suggested a few areas for improvement, we found that the plans were focussed on outcomes for service users and that risk assessments were comprehensive, ensuring the service users themselves were aware of the risks they take in their lives and the work done by the service to reduce the risk to them.

This recommendation has been met.

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
26 Jan 2015	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
31 Jan 2014	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
4 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good

28 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
27 Jan 2011	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
26 Jan 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
19 Feb 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 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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