

# Inspection report

## Seton Care Ltd - Housing Support Service Housing Support Service

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<b>Inspected by:</b> (Care Commission officer)	Janet Wilson
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	19 January 2011

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**Service provided by:**

Seton Care Ltd

**Service provider number:**

SP2004006508

**Care service number:**

CS2004068960

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## Easy read summary of this inspection report

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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

**Quality of Care and Support** 😊 **4** **Good**

**Quality of Staffing** N/A

**Quality of Management and Leadership** 😊 **4** **Good**

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

Seton Care Ltd - Care at Home service has a strong and established staff team who know all of the care and support needs of the people that use the service very well.

Seton Care Ltd - Housing Support Service was very proactive in listening to the people that used the service (hear after known as 'Tenants'), their families and any professionals involved with them. Evidence was found of many changes made within the service which had been decided on by the tenants and acted on by the service.

## **What the service could do better**

Outcomes from the services annual questionnaire need to be evidenced. All Care at Home training records need to reflect accurately training undertaken by staff. The consistency and quality of daily records in people's homes needs to be addressed. Staff need regular supervision and team meetings.

More evidence of how the service is gathering information from tenants' relatives and how this has been used will be looked at during the next inspection.

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

The service has appointed a new manager to help develop the Care at Home Support Service.

Through consultation with the tenants' all flats had been refurbished with showers and the service was in the process of upgrading all kitchens.

## **Conclusion**

Seton Care Ltd, provides a good service to both those who use it and their families. How the new service manager has further developed the Care at Home geographical teams, training records and personal support records and daily recording will be reviewed at the next inspection.

Seton Care Ltd - Housing Support Service provides a caring and fun environment for the tenants'. The management and staff were found to be very active in listening to what people wanted and accommodating their wishes, or dealing with any concerns in a prompt manner.

## **Who did this inspection**

### **Lead Care Commission Officer**

Janet Wilson

### **Other Care Commission Officers**

### **Lay Assessor**

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- 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 directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act 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 Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

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### **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

### **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Seton Care Ltd (referred to in the report as the service) was first registered with the Care Commission in September 2004, to provide a Care at Home and Housing Support Service to people living in their own homes. Although these services were registered separately an integrated inspection was carried out.

Seton Care Ltd is a not for profit voluntary sector organisation. The organisation was set up under the auspices of Berwickshire Housing Association to deliver care and support services.

Seton Care's Home Care service provides generic support to people with varying needs and is provided to individuals living in their own homes in the Scottish Borders area. This service operates 24 hours, seven days a week as required by people using the service.

The Housing Support Service is generally available throughout the day, seven days a week and has an alarm call service in place 24 hours per day all year round. There are three sheltered housing developments, situated in Eyemouth, Coldstream and Duns, within which the Housing Support staff offer hold up to a wide range of people.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Staffing</b>	<b>N/A</b>
<b>Quality of Management and Leadership</b>	<b>4 - Good</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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 activities did we undertake during the inspection**

From October 2010 the Care Commission has temporarily introduced an additional, less intense inspection approach for services which have previously reached a good level of performance. This service qualified for this reduced inspection report approach and was therefore inspected only against one quality theme at this inspection.

This service had 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.

The report was written after an announced inspection between the 17 and 19 January 2011, feedback took place at the end of the inspection. Before the inspection 30 questionnaires were sent to people who used the service and staff. Three questionnaires were returned by people who used the service, six questionnaires were returned by staff members. The inspection was carried out by Care Commission Officer Janet Wilson.

Seton Care Ltd had submitted an Annual Return and Self-Assessment form as requested by the Care Commission.

In this inspection we gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents, including:

- Evidence of the service's most recent self assessment
- Evidence of the service's most recent annual return
- Evidence of policies and procedures
- Documentation relating to people using the service
- Discussions with the director, managers, assistant manager and staff
- Information gained from visiting people that use the service
- Information from group discussions
- Observation of how staff worked with groups and individuals
- Consideration of the National Care Standards - Care at Home
- Consideration of the National Care Standards - Housing Support Services

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

### **Annual Return Received**

No

### **Comments on Self Assessment**

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

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

Three people were visited in their homes during the inspection. They said how much they appreciated the work the carers did and how happy they were with the service in general.

30 Questionnaires were sent out prior to the inspection, nine were returned. Some

information from these questionnaires included:-

Each person did not know about the services complaints procedure or how to complain to the Care Commission

One person did not know if their needs and preferences had been detailed in their personal plan.

One person said the service did not regularly check the service was meeting their needs.

One person said the service did not ask for their opinions on how the service could improve.

Otherwise the feedback was generally positive about the service overall.

During the inspection views from a group of tenants' were gathered. Everyone said how happy they were with the management and staff and help they received from the service. Those spoken to said how they always felt they were listened to and any ideas they had or changes the tenants' thought were needed were acted on.

#### **Taking carers' views into account**

No carer's views were available during this inspection.

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

The service had produced a questionnaire which was sent annually to people who used the service. The manager also said they produced themed questionnaires if there were any issues. Information was collated and any issues appropriately dealt with.

The people who used the care at home service, and their families if applicable, were fully involved in an initial assessment prior to the support starting. The information included personal information, health, mobility, likes and dislike. The assessment was reviewed annually or updated if people's circumstances changed.

Each person using the care at home service had an Information Pack which included essential information on policies and procedures, including how to complain and important contact details.

Senior staff for the care at home service carried out 'Welfare Checks' once a quarter or more often if they thought it would benefit a persons support plan. They also carried out annual reviews and covered home visits when short staffed. This gave them the opportunity to find out how the service was benefiting the individual, identify any changes needed and gather information on care staff. During these meetings senior staff had identified particular care staff people preferred and had tried to accommodate this when possible. This information was recorded centrally.

The manager said the service had an open door policy and actively encouraged families and staff to talk to management about any ideas or concerns that could help individuals and improve the service in general.

The staff team said all communal areas of the Housing Support Services were treated as a persons own home. Tenants' confirmed this and said how suggestions they had made about the environment and equipment had been listened to and acted on. This included a new communal television and all tenants' bathrooms being upgraded to a shower room. Each tenant was due to have a new kitchen, this work had started at the time of the inspection. The manager and staff team said they always consulted tenants' about any changes within the service.

The manager and team had regular contact with tenants' families, this was either face to

face, by telephone or written information. How often people were contacted depended on what each tenant and family wanted. Families were always welcomed within the Housing Support Services to meet staff socially or discuss any issues.

Each person using the Housing Support Service was fully involved in every aspect of their care and support. The service was very good at promoting tenants' independence and encouraging them to try something new as a group or individually.

Standardised detailed care plans had been produced for all sections of the service. These covered all personal details, care and support needs, next of kin and emergency contacts. These were updated at annual reviews or more often if a person's needs changed.

Prior to anyone using the Housing Support Service the manager and another staff member went through with them, plus any family member who had been asked to attend, what happened with the service. This included any routines, how the security systems worked, finances and any other areas that needed to be included in their support plan. Once a person moved into their tenancy these details were covered again.

The service had a comments box in each Housing Support Service.

The service worked closely with all agencies and professionals who supported the tenants'. All contact numbers were available in case of any emergencies.

All tenants' were fully involved when suggesting what type of social events or outings they would like. Tenants' said these suggestions were always listened to and acted on by management and staff. If there was a decision not to act on any suggestion, the full reason was always explained to the tenants'.

The service had a Participation Strategy which was available for all staff members, tenants' and families.

Tenants' within the Services had the opportunity to visit different Seton Care Ltd Housing Support services. This enabled them to compare and discuss any differences.

### **Areas for Improvement**

The manager agreed to inform everyone who uses the service of the outcomes and any actions from the care at home questionnaires that had been carried out.

Although the service had developed a Participation Policy which stated it involved all parties in the ongoing assessment of the service. There was very little evidence to back this up. The service still needs to be clearer regarding implementing and following through its Participation Strategy. How this has been done, by whom, with the outcomes and developments within the service being evidenced.

The care at home service needs to inform all parties who participated in giving

information and others that use the service, of the outcomes and developments on an ongoing basis. The manager agreed to include questions about Participation when staff carried out Welfare checks, Spot checks and annual reviews. The manager also agreed that more information in this area will be included in the initial contact with people, in their agreement and care plans. This will be reviewed at the next inspection.

The service needs to evidence how it is generally encouraging families and professionals in assisting in the ongoing development of the service. This will be reviewed at the next inspection.

Information about the care at home services Welfare and Spot checks need to be given to people when they get their initial assessment. This information also needs to be included in the persons Service Agreement and any Care Plans kept at a person's house. This will be reviewed at the next inspection.

How the service and new manager have developed care at home teams in geographical areas, instigated regular supervision and team meetings will be reviewed at the next inspection.

Recording on daily comment sheets was found to be basic with 'as per care plan' regularly entered by some staff members. The care at home manager agreed to look at the quality and consistency of daily recording by all staff. This will be reviewed at the next inspection.

The Housing Support service needs more evidence of how it involves families in the ongoing development of the service as a whole.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

### **Statement 3**

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

#### **Service Strengths**

People's eating preferences, social likes and dislikes along with their mobility needs were recorded in their care at home initial assessment. The manager said staff were active in encouraging people to eat a balanced meal. How they do this needs to be evidenced more.

The manager said the service was proactive in promoting independence, encouraging people to carry out as many tasks for themselves as possible within the limited time available.

Risk assessments had been carried out for everyone using the care at home service. These covered areas such as slips and trips, medication, personal care, shopping, finances and prescriptions.

The manager said their complaints procedure was explained to people before they started using the service. A copy was also in their Information Pack.

Some care at home staff had up to date training. The manager said staff training included first aid, food hygiene, equality and diversity and health and safety. Specific training in the areas of mental health and epilepsy had also been attended by certain staff. An analysis of this area was under review by the new manager and progress will be reviewed at the next inspection.

The new care at home manager was in the process of reorganising the geographical areas of the service. This would enable the service to have a core group of staff to work with and get to know each person using the service even more than at present. This would also help in the consistency of recording and monitoring how the overall service was progressing.

The new manager was intending to start regular supervision and team meetings for all staff. She said the team meetings would involve updates on every person using the service in their area, training and updates on all policies and procedures. How this has progressed will be reviewed at the next inspection.

A copy of all policies and procedures were given to staff when they first started with the service. They had to sign a document to say they had received these, read them and understood them.

The staff team were very aware of the health and wellbeing needs of each tenant using the Housing Support Service. These were recorded in their Support Plans, details included personal details, emergency contacts, next of kin and any general information needed. Support Plans also included details of the service such as the environment,

security, health and safety, finances and communication with families. The tenant informed the management of the service about who they would / would not like to be contacted in an emergency.

The service held information centrally which detailed any appointments, health or medical checks needed. Every person was registered with their local health centre and had regular access to dental, physiotherapy and other services.

Care plans from the different agencies used for personal and / or domestic tasks were recorded in each person's tenancy. The staff team had access to these to ensure the tenant received the most appropriate care for their individual needs.

Each tenant had a daily comment sheet in their flat which staff completed, all tenants' and their families could see these at any time.

Each Housing Support Service staff member received regular supervision, this was appropriately recorded. Annual appraisals were carried out for each staff member, training schedules and meeting individuals personal and professional development needs were discussed.

Person centred training was given during the induction period, staff had had training in administering medication and safeguarding. Specific training in epilepsy and areas of mental health had been undertaken by staff that needed this.

Meetings were regularly held within the service, all tenants' and family members were invited to these to meet staff and discuss any developments or issues they had.

Coffee mornings and social events, which were held daily, were used as an informal method of collecting opinions / feedback from tenants'.

Each Housing Support Service had a comprehensive security system to ensuring each tenant was contacted on a daily basis. These 'health checks' happened each morning. Staff recorded when they had seen a tenant in person, or heard them over their intercom system. Each flat had a mat monitor just outside the room, this could detect if a person was up or not. Staff were very aware of individuals routines, whether someone preferred to get up later or if a tenant had a package of care during that day. Each room in a tenancy had an emergency pull cord. If a person had not been seen or heard staff checked on them to ensure they were safe and well.

### **Areas for Improvement**

All of the points below were discussed during the feedback session with the managers.

Care at home risk assessments had been completed for people using the service. Some of those looked at during the inspection did not have information about the severity and likelihood of the identified risk, the risk level or if the risk level had been achieved. The manager agreed to review all risk assessments as a matter of urgency and produce a

system that evidenced these were updated correctly on a regular.

Every person using the care at home service had a daily written record of what had happened whenever a carer visited. The records of the people visited during the inspection were found to be inconsistent and sometimes lacking in useful information. The records were also found to differ, depending on the staff member, locality and person using the service. How the consistency and quality of recording has improved will be reviewed at the next inspection.

The services care at home Care Plans need to include more details of what service was agreed to be provided to each individual, their preferences for all aspects of care and what the individual is able to do for themselves. The Care Plans were also found to be quite restricted, especially when identifying peoples likes and dislikes for meals. This will be reviewed at the next inspection.

How the service is encouraging a healthy eating menu for every person using the service will be reviewed at the next inspection.

Some newer care at home staff had stated they had not seen their senior care worker or the manager since they started with the service, nor had they had any supervision. This issue was highlighted to the Director who agreed to address this immediately. How this area has progressed will be reviewed at the next inspection.

The Housing Support Service was maintaining the level of care and support to meet statement 1.3 and was continuing to improve in line with their service development plan.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### 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

Information in this statement was gathered in conjunction with the Inspection Focus Area 2010/11: Assuring Quality - Care at Home Services evidence gathering tool.

The service contacted people using the service and when appropriate their families by telephone or in writing if they needed to be told of any changes within the service. This also happened when a senior care worker or manager made home visits or did Spot checks on staff. Staff were also informed of any changes to a person's service and passed on this information as and when needed.

Some people had requested a rota of staff providing their care, this had been supplied.

Anyone using Seton Care Ltd - Care at Home was introduced to a new carer. Carers were inducted over a period of a few weeks and shadowed existing care workers. The service had a stable staff group and had started to ensure each person using the service had a core group of carers who were aware of the persons individual care needs.

Before a staff member started to support an individuals care needs they were required to read information in the persons file, this included the Initial Assessment and Care Plan. Staff were also expected to speak to existing staff members about the care provided.

The manager or senior staff carried out 'Spot checks' on all Care at Home staff members on a periodic basis.

If a package of care was shared by the service and another agency, the service was aware of the contact details of the Care Manager and the agency. Each person using the service had a daily comment sheet in their house. All staff members were expected to pass any concerns onto their management. Some people had requested a diary as a use of communication, every carer was expected to complete the diary and / or comment sheet.

### Areas for Improvement

The services manager agreed to tell people using the service and their families about the Spot checks senior staff carried out. This information is to be passed on at all initial meetings, included in the persons Service Agreement and also included in the Service

Users Pack. This will be reviewed at the next inspection.

Information about the Welfare Checks and Participation Strategy is also to be included in each persons Service Users Pack. This will be reviewed at the next inspection.

How the service gets comments and feedback from professionals or a Care Manager visiting someone needs to be investigated. How this has been achieved and recorded will be reviewed at the next inspection.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **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**

Seven staff questionnaires were returned to the Care Commission prior to the inspection.

One questionnaire indicated the person did not know of opportunities to gain qualifications. This person did not have planned supervision, did not contribute to support planning or help people to manage/take their medication. The person had not answered the questionnaire as to whether they had a copy of the Scottish Social Services code of conduct or other relevant professional codes of conduct.

Another questionnaire indicated the person did not help people manage/take their medication and did not have a copy of the Scottish Social Services code of conduct or other relevant professional codes of conduct. They did have planned supervision, contributed to support planning, met up with other staff and confirmed care plans were in use.

Otherwise the feedback about the service in general and the support staff received was positive.

### **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 Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## Summary of Grades

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<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - Not Assessed</b>	
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 4	4 - Good

## Inspection and Grading History

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Date	Type	Gradings	
4 Mar 2010	Announced	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	<i>Not Assessed</i>
9 Mar 2009	Announced	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

This publication is available in other formats and other languages on request.

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

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هذه بایتسد میم وونابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

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

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Improving care in Scotland