

# Care service inspection report

Full inspection

## North Berwick Day Centre Support Service

St Regulus  
6 St Andrew Street  
North Berwick



HAPPY TO TRANSLATE

Service provided by: North Berwick Day Care Association Ltd

Service provider number: SP2014012357

Care service number: CS2014330984

Inspection Visit Type: Unannounced

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

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

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## Summary

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

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

### We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

North Berwick Day Centre provided good person-centred support for older people who live in the local community. There were a wide range of activities available in the centre. The people using the centre and their relatives were very positive about it. People told us that they benefited from the social contact and enjoyed the activities that were provided. Some of these activities had allowed them to develop new skills or re-engage with skills they previously had. The centre had a bright environment which was decorated by art work done by the people using the service. The staff and volunteers were dedicated to providing a good service and the people we spoke with were very positive about them.

### What the service could do better

The service needs to do develop further some of their paperwork such as support plans. They could also develop their quality assurance further. The service recognised the environment could be more dementia friendly so were committed to improving this over time through the use of a dementia audit tool.

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

This was the first inspection of this service.

## **Conclusion**

North Berwick Day Centre provided a valuable service to older people living in the local community. The service was committed to providing a person-centred service and being an integral part of the local community. The manager had a vision to improve the service provided and develop further the links with the local community. There were also plans to make the service more dementia friendly. Participation was also being developed. Everyone we spoke with was very positive about the service.

There were some areas in relation to support planning and other aspects of the paperwork that could be improved. Staff could also be provided with more opportunities to reflect on their practice.

# 1 About the service we inspected

The North Berwick Day Centre was registered on 30 March 2015 to provide a day service each day for up to eighteen adults with a physical disability or cognitive impairment. The service is open 5 days a week up until 5pm. Occasionally an event is planned in the evening or at the weekend. The service is provided to people living in North Berwick and the surrounding area.

The stated aims of the service are - 'to provide a first class, compassionate, individualised and supportive care service in their purpose-built day centre for older people who may be isolated, have medical conditions and may have a diagnosis of dementia living in North Berwick and the surrounding area'.

## 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 4 - Good**

**Quality of environment - Grade 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - 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](http://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. This was carried out by one of our inspectors. The inspection took place on Wednesday 24 February 2016 from 9.30am until 4.00pm and on Thursday 25 February 2016 from 9.30am to 12.30pm. We also spoke to family members on the telephone. We gave feedback to the manager on Friday 4th March 2016.

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

We sent twenty care standards questionnaires to the manager to distribute to service users. Twenty service users sent us completed questionnaires.

We also asked the manager to give out eleven questionnaires to staff and we received eleven completed questionnaires.

During the inspection process, we spoke with and gathered evidence from various sources, including the following -

- Six service users
- Two relatives
- The manager
- Deputy Manager
- Two support workers.

We looked at:

- The most recent self-assessment

- The most recent annual return
- Six service user files including the support plan and reviews
- Three staff files including supervision and training records
- Staff and volunteer induction
- Training Plan
- Service handbook
- Minutes of meetings
- Questionnaires
- Accident and incident reports
- Fire Logs
- Health and Safety Records
- Maintenance and Cleaning Records
- Staff code of conduct
- Participation Strategy
- Adult Support and Protection Policy
- Child Protection Policy
- Clinical Waste Policy
- Communication and Dignity Policy
- Complaints Policy
- Dignity Policy
- Equality and Diversity Policy
- Equal Opportunities Policy
- Finance Policy
- Fire Procedure Policy
- Food Hygiene Policy
- Food, Fluid and Nutrition Policy
- Health and Safety Policy
- Induction Policy
- Infection Control Policy
- Medication Policy
- Restraint Policy
- Supervision Policy
- Training Policy
- Volunteers Policy
- Whistleblowing Policy.

## 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](http://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:** No

## 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.

We received a fully completed self-assessment document from the manager. The manager identified areas they thought they did well, some areas for development and any changes planned.

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

We received the following comments from service users -

'The service is fantastic'

'I have re-engaged with previous skills thanks to the service'

'This is an excellent service'

'All the staff and volunteers are always so welcoming'

'The environment is very good and the carers are attentive'.

## Taking carers' views into account

We received the following comments from relatives -

'The staff and volunteers at the centre are very compassionate and caring'

'The level of service is exceptional. Staff and volunteers are attentive and caring'

'This is an excellent service and the staff are great'

'Staff are very caring'

'The staff are extremely caring and treat people with respect'.

## 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: 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 was good at promoting the participation of service users in the support they received and how the service operated.

The service had a participation strategy which made a commitment to co-production, a personalised service, involving service users through surveys, meetings, management committee and suggesting activities.

When people started with the service they received an information booklet. This explained to people what service they should expect and how to make a complaint. The service also had a complaints policy. Most service users we spoke with were aware of the this policy. This ensured the people using the service knew the type of service they would receive and what to do if that was not being provided.

The service undertook regular surveys of the views of service users and relatives. From the surveys, the service produced reports with action points from them. We saw that these reports covered areas such as the environment, activities and improving feedback. We read that the feedback was generally positive with highlights being the positive atmosphere and the staffing.

The respect and dignity shown to service users was also highlighted. The relatives we spoke with told us that they were in regular contact with the service so had opportunities then to speak to the manager about the service.

On an individual basis, there were regular reviews of the support plans and these were signed by the service user. At these meetings the service user discussed how the support was going and whether any changes were required.

In the care standards questionnaires, eighteen people agreed or strongly agreed that the service regularly checked that their needs were being met.

### Areas for improvement

There were some areas where the service could make improvements.

Not all support plan and risk management plan reviews were taking place at least once every six months. The service should ensure that reviews of the support plan take place at least once every six months. The risk management plans should also be reviewed in conjunction with the support plan. All reviews should be documented and signed (see requirement 1).

The reviews could be improved by having more detail on how people were benefiting from being at the centre and the progress being made in relation to any outcomes they identified. This would also allow the service to evidence the benefits of the support being provided (see recommendation 1).

The complaints policy and information booklet need to be changed to state the people can contact the Care Inspectorate at any time in the process (see recommendation 2).

The service should consider developing a newsletter as a method of feeding back to service users and carers about service developments based on surveys done (see recommendation 3).

### Grade

4 - Good

## Requirements

### Number of requirements - 1

1. The service should ensure that the reviews of support plans and risk management plans take place every six months. The views of the service user and their family should be clearly evidenced.

This is in order to comply with Scottish Statutory Instruments (SSI) 2011. No. 210. The Social Care and Social Work Improvement Scotland (SCSWIS) (Requirements for Care Services) Regulations 2011. Regulation 5(2)(b) - a regulation regarding the reviews of personal plans.

Timescale for implementation: Immediately.

## Recommendations

### Number of recommendations - 3

1. The reviews could be improved by having more detail on how people were benefiting from being at the centre and the progress being made in relation to any outcomes they identified.

National Care Standards, Support Services, Standard 4, Support arrangements.

2. The complaints policy and information booklet need to be changed to state the people can contact the Care Inspectorate at any time in the process.

National Care Standards, Support Services, Standard 12, Expressing your views.

3. The service should consider developing a newsletter as a method of feeding back to service users and carers about service developments based on surveys done.

National Care Standards, Support Services, Standard 12, Expressing your views.

## Statement 5

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

### Service Strengths

The service provided very good person-centred support and supported people to achieve positive outcomes in their lives. The service respected people's rights and promoted choice.

Promoting the rights of service users was reflected in the documentation and policies of the service. There was an advocacy policy which made a commitment to supporting people to obtain an advocate. There were also a dignity policy, equality and diversity policy and an equal opportunities policy. The service had standards which prioritised dignity, privacy, choice, realising potential and equality and diversity. There was a staff code of conduct which promoted respect. There was also a policy to guide staff on how to communicate with service users respectfully and with dignity. All of these ensured that the staff and volunteers were fully aware of how people should be treated and to promote anti-discriminatory practice.

We looked at several support plans during the inspection. We saw that these were very person centred. They covered what was important to the person, what they wanted staff to know, how they would like people to communicate with them, their personal preferences and details of their family. It also stated their choices in relation to the activities. They were written in the first person and everyone we spoke with felt they had been involved in putting the plans together. They were also signed by the service user. The plans also held very good information on the person's personal history which allowed staff to know the whole person which enhanced the support provided. All the service users we spoke with told us that they were involved in putting together their support plan.

The service also had risk assessments in place which covered a wide range of areas. If risks were identified, a risk management plan was put in place so that staff had the necessary information to manage any risks to/from the service user.

The service is planning to develop one page profiles for all service users so that staff and volunteers have easy access to information about the person, which will enhance the support provided. Progress with this will be followed up at the next inspection.

We observed that people had the choice of a wide range of activities including music, yoga, carpet bowls, outings and regular entertainers. People felt that they had a good choice in the activities available and felt that this was an important aspect of the service. The service also supported people in relation to their well-being by providing a chiropodist and reflexologist on a regular basis.

We observed that the service provided high quality meals using fresh local produce. Everyone we spoke with told us that the meals provided were healthy and of a high quality.

Service users told us about the positive impact of attending the service. People enjoyed the activities and, in particular, felt that they were stimulating. They now had regular social contact and had developed friendships. This was particularly important as people had felt socially isolated before attending the service. People enjoyed reminiscing and re-engaging with skills they used to have, for example, painting or developing new skills such as singing. The service was committed to playing a role in the community and this was important to service users. Relatives also highlighted the same strengths of the service. The staff we spoke with felt that it was a person-centred service that was supporting people to socialise, develop friendships and take part in interesting activities.

In the care standards questionnaires, twenty people strongly agreed they were happy with the overall quality of the service.

In the staff questionnaire, all eleven strongly agreed that the service provided could care and support to the people who use it.

### Areas for improvement

There were some areas where the service could make improvements.

The support plans could be developed to be more outcomes focussed so they state what the person is wanting from the service and then these can be reviewed at reviews. Not all support plans were signed within 28 days of the person starting with the service. While acknowledging that the service does not always have the full information about the person when they start, they should ensure that the support plan is completed within 28 days in line with legislation (see requirement 1).

The detail in the risk management plan could be improved by having more detail on the risk and how it could be managed. For example, one stated that staff 'should assist to mobilise' but there needs to be more information on how the staff member should assist (see recommendation 1).

The service should also ensure that if there is a Power of Attorney or Guardianship in place for someone that they have copies held on file so they are aware of the powers. This will ensure that the service user's rights are being respected (see recommendation 2).

There did not appear to be a recording for every visit in the files. The service should ensure that each visit is recorded.

The service had done some life story work with the service users. However, these were kept on a shelf in the main room so could be looked at by anyone. The service should ensure that personal information such as this is stored securely to maintain privacy (see recommendation 3).

We noted that the service did not have service agreements for each person. They should ensure that there is a signed service agreement for each person detailing what service will be provided, the cost and how the service could be ended in-line with guidance.

The service is planning to change how service users pay for the service, so will develop service agreements as part of this process. This will be followed up at the next inspection.

### Grade

4 - Good

### Requirements

#### Number of requirements - 1

1. The service should ensure that the support plan is completed within 28 days of the person starting with the service, in-line with legislation. The support plans also need to state that outcomes the person is wanting from the service.

This is in order to comply with Scottish Statutory Instruments (SSI) 2011. No. 210. The Social Care and Social Work Improvement Scotland (SCSWIS) (Requirements for Care Services) Regulations 2011. Regulation 5(1) - a regulation regarding personal plans.

Timescale for implementation: Immediately.

### Recommendations

#### Number of recommendations - 4

1. The detail in the risk management plan could be improved by having more detail on the risk and how it could be managed.

National Care Standards, Support Services, Standard 4, Support arrangements.

2. The service should also ensure that if there is a Power of Attorney or Guardianship in place for someone that they have copies held on file so they are aware of the powers.

National Care Standards, Support Services, Standard 4, Support arrangements.

3. The service should ensure that personal information such as the life story books are stored securely to maintain privacy.

National Care Standards, Support Services, Standard 11, Exercising your rights.

4. The service should ensure that there is a signed service agreement for each person detailing what service will be provided, the cost and how the service could be ended in-line with guidance.

National Care Standards, Support Services, Standard 3, Your legal rights.

## Quality Theme 2: Quality of Environment

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 environment within the service."

### Service Strengths

The information detailed in Quality Theme 1 Statement 1 also applies to this quality statement.

Service users were asked their opinion of the environment in the yearly survey. All the service users and relatives we spoke with were positive about the environment and felt it was safe.

### Areas for improvement

The service should ensure that questions relating to the environment always feature in any questionnaires or other forms of feedback. Service users and relatives should also be fully consulted when there are any changes being planned to the environment including its decoration. There should be action plans to evidence that people's views are being acted upon.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 2

“We make sure that the environment is safe and service users are protected.”

### Service Strengths

The building had a bright environment with the walls having artwork done by the service users. There were computer screens which had photographs of service users undertaking activities. There were also resources such as books with historical photographs of the local area that people could look at. There was a well maintained garden area which the service users could use. All of this ensured that there was a stimulating environment. There were also photographs of the management committee and the staff so that service users could identify who they were.

The service had several policies to support staff in relation to health and safety. As well as a general health and safety policy, there were policies on clinical waste, fire procedure, food hygiene and infection control. This ensured that staff were fully aware of what was required to create a safe environment.

The service had robust health and safety procedures in place. There were regular equipment and first aid box checks. There were also regular infection control, food temperature and food hygiene tests. We read the fire log which evidenced staff fire training, checks of fire equipment, lighting and doors. There was evidence of fire alarm test and drills. The local council fire officer made yearly visits to the service which ensured that fire safety was maintained. We saw in the maintenance log that the service regularly undertook repairs. The bus used by the service was also well-maintained. There were also cleaning schedules including the kitchen.

In the care standards questionnaires all twenty people agreed or strongly agreed that the service had the equipment to meet their needs.

### Areas for improvement

There were some areas that the service needs to address. There was an unlocked cupboard with a freezer and also shelves of equipment and boxes.

The kitchen was also unlocked. This poses a risk to service users if they enter either of these when there is no staff present. The service should ensure that the kitchen is locked if staff are not in it and the cupboard should be locked at all times and opened only for a staff member to get something out of it (see recommendation 1).

We noted that there were some glass fronted cupboards in the main room. These could potentially be confusing for people with dementia so the service should consider replacing them as soon as possible (see recommendation 2).

The service had recognised issues with accessing the garden and are hoping to address this. This will be followed up at the next inspection.

The service will be using an audit tool used to determine what changes are required to the environment to make it dementia friendly. The service also had a presentation on dementia from the Care Inspector's dementia professional adviser to volunteers to enhance their knowledge. The service will work towards a dementia friendly environment over time and progress this will be followed up at the next inspection.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. The service should ensure that the kitchen is locked if staff are not in it and the cupboard should be locked at all times and opened only for a staff member to get something out of it.

National Care Standards, Support Services, Standard 5, Your environment.

2. The service should consider replacing the glass fronted cupboards as soon as possible.

National Care Standards, Support Services, Standard 5, Your environment.



## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service Strengths

The information detailed in Quality Theme 1 Statement 1 also applies to this quality statement.

The service's participation strategy made a commitment to involving service users in recruitment and the choice of staff who worked with them. We were told that service users were involved in putting together the job advert. One service user or more would then meet with the applicant at the centre before the formal interview. The volunteer co-ordinator also took part in this. After the formal interview, feedback was obtained from the service user and co-ordinator from the management team. This information was taken into account in the final decision.

Service users were also asked their opinion of the staff in the yearly survey.

### Areas for improvement

The service could make improvements to the quality of the participation of service users in staffing.

Although service users were involved in recruitment, this needs to be evidenced better with documentary evidence of their involvement being made available for inspection. The service also needs to develop the recruitment process further so that service users are involved in the adverts, job descriptions, short-listing, interviews and that their views are evidenced to have contributed to the final decision (see recommendation 1).

The service should consider introducing a system of 360 degree feedback so that staff and service users can contribute to assessing and improving the quality of staffing through supervision and the yearly appraisal (see recommendation 2).

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. Although service users were involved in recruitment this needs to be evidenced better with documentary evidence of their involvement being made available for inspection. The service also needs to develop the recruitment process further so that service users are involved in the adverts, job descriptions, short-listing, interviews and that their views are evidenced to have contributed to the final decision.

National Care Standards, Support Services, Standard 2, Management and Staffing. National Care Standards, Support Services, Standard 12, Expressing your views.

2. The service should consider introducing a system of 360 degree feedback so that staff and service users can contribute to assessing and improving the quality of staffing through supervision and the yearly appraisal.

National Care Standards, Support Services, Standard 2, Management and Staffing. National Care Standards, Support Services, Standard 12, Expressing your views.

### Statement 3

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

#### Service Strengths

The service had a well-trained and motivated workforce who were committed to providing a person-centred service. The service was committed in its supervision and training policies to supporting and developing staff. There was also a team of volunteers who provided valuable support.

All staff members and volunteers had to undertake an induction. The induction policy for staff covered the services policies and codes of practice. There were also briefings in Adult Support and Protection, dementia, first aid, food hygiene, medication and moving and handling. Training in these areas would follow when available. Volunteers also undertook an induction and a volunteer pack provided them with information about the service. The service also had a detailed Adult Support and Protection information folder which staff and volunteers could refer to at any time. The induction processes ensured that staff and volunteers were well prepared for working in the service.

We noted that the service had a training diary and we could see from this that staff had training in Adult Support and Protection including financial harm and capacity and consent, child protection, health and safety, moving and handling, and restraint. Staff felt that they received good training and if they required additional training the service would try to put this in place. Staff were also supported to complete SVQs. The service was part of the East Lothian association of day centres so can link into training through them.

The service had a wide range of policies to support staff in their practice including an Adult Support and Protection Policy and Child Protection Policy. There were also policies on food hygiene, nutrition and infection control. Staff confirmed they had easy access to the service's policies.

We saw from staff files, that staff received regular supervision and a yearly appraisal. In the yearly appraisal, staff discussed their achievements and objectives for the coming year. Staff development was also discussed. Supervision covered ongoing work issues. Staff confirmed that they received regular supervision and were well supported in their roles.

We observed staff supporting service users. They clearly had very good relationships with them and created a positive environment. However, they were also aware of people's support needs and, for instance, offered drinks whenever possible. Service users spoke highly of the staff team. They felt that the staff were well-trained and professional. They always treated service users with respect and dignity.

Staff felt that there was a good team spirit and were well supported by their manager. Although, staff had mixed views on whether they get the opportunity to contribute to the development of the service. There were weekly team meetings where service issues and training were discussed.

In the care standards questionnaires, twenty people strongly agreed that all staff treated them with respect and had the skills to support them.

In the staff questionnaires, all eleven agreed or strongly agreed that all staff treated people with respect and that they had the skills to support people.

### **Areas for improvement**

There were some areas where improvements could be made.

The service should ensure that all volunteers have some training on Adult Support and Protection to ensure that they are aware of what to look for and how to report it.

Reflecting on practice is an important aspect of support work. The service needs to develop this further.

The supervision and appraisal system could be improved by having more staff reflection on their practice. There should also be an opportunity to discuss the

staff's well-being at all supervision sessions. Team meetings could also be improved by having more reflection and discussion on staff practice.

Although there was incident recording, these were not based on the ABC (Antecedent, Behaviour, Consequence) model, as a result there was little reflection. The service should consider adopting this model so that staff have the opportunity to reflect on the incident and the implications it has for their practice (see recommendation 1).

The whistleblowing policy needs updated to state that staff can contact the Care Inspectorate at any time in the process (see recommendation 2).

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. The service should improve supervision, team meetings and incident recording to provide more opportunities for staff to reflect on their practice.

National Care Standards, Support Services, Standard 2, Management and Staffing.

2. The whistleblowing policy needs updated to state that staff can contact the Care Inspectorate at any time in the process.

National Care Standards, Support Services, Standard 2, Management and Staffing.

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.”

### Service Strengths

The information detailed in Quality Theme 1 Statement 1, Quality Theme 2 Statement 1 and Quality Theme 3 Statement 1 also applies to this quality statement.

In particular, the service received regular feedback from regular surveys of the views of service users, relatives and volunteers.

The service have a management committee which has a service user representative. There was also a carers' representative as part of this group. There were regular carers meetings which have a good attendance. Their feedback fed into the management committee.

### Areas for improvement

The service should work to a co-production model and look at other ways to involve service users in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed including the Care Inspectorate self-assessment.

All service users should have the opportunity to participate and the service should ensure that they are supported to do so. The service user and carer representatives on the management committee could be given voting rights to enhance their involvement.

The service should also ensure that all service users have the opportunity to contribute regularly to what their representative takes forward to the management committee (see recommendation 1).

When the service introduces 360 degree feedback, they should ensure that it also forms part of the appraisal of the managers so that service users, relatives and staff can participate in the assessment of the management and leadership of the service (see recommendation 2).

The service could also look at involving service users in wider consultations relating to service provision and issues in their local community.

## **Grade**

4 - Good

**Number of requirements - 0**

## **Recommendations**

**Number of recommendations - 2**

1. The service should work to a co-production model and look at other ways to involve service users in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed including the Care Inspectorate self-assessment. The service user and carer representatives on the management committee could be given voting rights to enhance their involvement. The service should also ensure that all service users regularly have the opportunity to put their views to their representative.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements. National Care Standards, Support Services, Standard 12, Expressing your views.

2. The service should consider introducing a system of 360 degree feedback as part of the appraisal of the managers so that service users can participate in the assessment of the management and leadership of the service.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements. National Care Standards, Support Services, Standard 12, Expressing your views.

## 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

The service had good processes in place to involve stakeholders in quality assuring the service.

Information detailed on Quality Theme 1 Statement 1, Quality Theme 2 Statement 1, Quality Theme 3 Statement 1 and Quality Theme 4 Statement 1 also applies to this statement.

The service undertook regular surveys of the views of service users, relatives and volunteers. From the surveys, the service produced reports with action points from them. We saw that these reports covered areas such as the environment, activities and improving feedback. We saw that the feedback was generally positive with highlights being the positive atmosphere and the staffing. The respect and dignity shown to service users was also highlighted.

The service had also involved an external professional to do an audit of the service which involved speaking to service users and relatives. The results of this will be fed back to the service. This will be followed up at the next inspection.

There were monthly management committee meetings to which reports were submitted from the manager, carer's report and volunteers report. This ensured that the management committee were regularly updated on the performance of the service.

In the care standards questionnaires, eighteen people agreed or strongly agreed that the service regularly asked their opinions on how it could improve. However, when speaking to people some were not aware of being asked their opinion of the service. All the staff members who completed the questionnaire felt they were asked their opinion on how the service could be improved.

## Areas for improvement

There were some improvements the service could make to the quality assurance of the service.

The service should consider introducing regular internal audits such as a file audit to ensure the quality of the support and paperwork is monitored (see recommendation 1).

The service should include all stakeholders including other professionals in quality assuring the service so should issue questionnaires to them for feedback. Feedback should also be obtained from service users when they leave the service through an exit interview (see recommendation 2).

When the service develops their support plans, it should develop a system for capturing quality assurance data on whether personal outcomes have been met. This will evidence the positive impact the service is having. The service should also regularly gather feedback from service users at reviews and from staff at supervision. Generally, the service should ensure that there is a process in place for bringing together all the feedback including feedback provided at supervision and reviews (see recommendation 3).

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 3**

1. The service should consider introducing internal regular audits such as a file audit to ensure the quality of the support and paperwork in monitored.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

2. The service should include all stakeholders including other professionals in quality assuring the service so should issue questionnaires to them for feedback. Feedback should also be obtained from service users when they leave the service through an exit interview.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements. National Care Standards, Support Services, Standard 12, Expressing your views.

3. The service should develop an overarching quality assurance system that demonstrates that the service is supporting people to achieve positive outcomes and brings together feedback from all sources including review meetings and supervision.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements. National Care Standards, Support Services, Standard 12, Expressing your views.

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

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

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

This service does not have any prior inspection history or grades.

## To find out more

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