

Notice of meeting and agenda



Performance, Review and Scrutiny Committee

Venue: Council Chambers,
Midlothian House, Dalkeith, EH22 1DN

Date: Tuesday, 24 April 2018

Time: 11:00

John Blair
Director, Resources

Contact:

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Further Information:

This is a meeting which is open to members of the public.

Audio Recording Notice: Please note that this meeting will be recorded. The recording will be publicly available following the meeting, including publication via the internet. The Council will comply with its statutory obligations under the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minutes of Previous Meeting

- | | | |
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| 4.1 | Minute of the meeting of 13 March 2018 submitted for approval | 3 - 10 |
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5 Public Reports

- | | | |
|------------|--|---------|
| 5.1 | Inspection of Newbyres Village Care Home - Report by Head of Adult Services | 11 - 28 |
| 5.2 | Inspection of Shared Lives Midlothian - Report by Head of Adult Services | 29 - 38 |
| 5.3 | Inspection of Housing Support services in Polton Centre and Pentland - Report by Head of Customer and Housing Services | 39 - 50 |

6 Private Reports

No items for discussion

7 Date of Next Meeting

The next meetings of the Performance Review and Scrutiny Committee will be held on Tuesday 5 June 2018 at 11 am

Minute of Meeting

Performance Review and Scrutiny Committee
Tuesday 24 April 2018
Item No 4.1



Performance, Review and Scrutiny Committee

Date	Time	Venue
13 March 2018	11.00am	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Johnstone	Chair
Councillor Alexander	
Councillor Baird	
Councillor Cassidy	
Councillor Hardie	
Councillor Lay-Douglas	
Councillor Munro	
Councillor Russell	
Councillor Small	
Councillor Winchester	

Also in Attendance:

Kenneth Lawrie	Chief Executive
Gary Fairley	Head of Finance and Integrated Service Support
Kevin Anderson	Head of Customer and Housing Services
Joan Tranent	Head of Children's Services
Grace Vickers	Head of Education
Alison White	Head of Adult Services
Ian Johnson	Head of Communities and Economy
Ricky Moffat	Head of Commercial Services
Garry Sheret	Head of Property and Facilities Management
Janet Ritchie	Democratic Services Officer

1 Apologies

Apologies were received from Councillors Parry, Alexander and McCall.

In the absence of the Chair, Councillor Johnstone was appointed by the Committee and took the Chair.

2 Order of Business

The order of Business was as set out on the Agenda

3 Declarations of Interest

No declarations of interest were intimated.

4 Minutes of Previous Meetings

- 4.1 The minutes of the meeting of 30 January 2018 were submitted and approved as a correct record.

5 Public Reports

Agenda No	Title	Presented by:
5.1	Adult Social Care Quarter 3 Performance Report 2017/18	Head of Adult Services
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Adult Social Care was presented by the Head of Adult Services highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Adult Services responded to questions and comments raised by the members of the Committee which included:</p> <ul style="list-style-type: none">• The new Carers (Scotland) Act 2016 and the work of the Carers Act Implementation Planning Group.• Reassurances that all voluntary agencies would be involved in the decision regarding the best use of the Recovery Hub.• The implementation of the Fall Strategy and as from 1 April there will be a Senior Manager with a strategic lead for falls.• The Audiology Clinic and the challenges in progressing new hearing aid maintenance and repair clinics in Libraries.		
Decision		
<ul style="list-style-type: none">• The Head of Adult Services agreed that Councillor Russell as the Carer's Champion would be provided with an update on the work undertaken with regards to the Carers Strategy and Action Plan 2017/19..• To otherwise note the report.		

Action
Head of Adult Services

Agenda No	Title	Presented by:
5.2	Customer and Housing Services Quarter 3 Performance Report 2017/18	Head of Customer and Housing Services
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Customer and Housing Services was presented by the Head of Customer and Housing Services highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Customer and Housing Services responded to a question raised by Councillor Baird regarding the changes in Universal Credit combined with the new Council Budget passed in February and if these would have any impact on meeting the housing targets in particular regarding homelessness.</p>		
Decision		
To note the report.		

Agenda No	Title	Presented by:
5.3	Children's Services Quarter 3 Performance Report 2017/18	Head of Children's Services
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Children's Services was presented by the Head of Children's Services highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Children's Services responded to questions and comments raised by members of the Committee which included:</p> <ul style="list-style-type: none"> • The temporary closure of the Residential House at Woodburn Court and the change to both this house and the one in Penicuik from four bedrooms to 5 en-suite bedrooms. • Increase in secure care and the impact on the Budget. Also the controls around secure care and looking at more creative cost reducing models as well as preventative work. 		
Decision		
To note the report.		

Agenda No	Title	Presented by:
5.4	Communities and Economy Quarter 3 Performance Report 2017/18	Head of Communities and Economy
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Communities and Economy was presented by the Head of Communities and Economy highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Communities and Economy responded to questions and comments raised by members of the Committee which included:</p> <ul style="list-style-type: none"> • Child Poverty Action Plan. • Update of Dalkeith Town Centre improvements. • The Tyne Esk LEADER programme. • Tobacco testing and the appointment a Tobacco Monitoring Officer. 		
Decision		
<ul style="list-style-type: none"> • To set up a development session for Members to provide an update on the Child Poverty Action Plan. • To congratulate Midlothian Council's Planning Service on the two national awards. • To otherwise note the report. 		
Action		
Head of Communities and Economy		

Agenda No	Title	Presented by:
5.5	Education Quarter 3 Performance Report 2017/18	Head of Education
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Education was presented by the Head of Education highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Education responded to comments and questions raised by members of the Committee which included:</p> <ul style="list-style-type: none"> • Budget challenges. • Lifelong Learning and Employability Service and positive destinations. 		

- Education (Scotland) Act 2015 and Gaelic provision.
- Expansion of 1140 hrs by 2020 and plans to implement this.
- Scottish Index of Multiple Deprivation in relation to the expansion of 1140 hours

Decision

To note the report

Agenda No	Title	Presented by:
5.6	Commercial Operations Quarter 3 Performance Report 2017/18	Head of Commercial Operations
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Commercial Operations was presented by the Head of Commercial Operations highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the Report.</p> <p>Thereafter the Head of Commercial Operations responded to questions and comments raised by Members which included:</p> <ul style="list-style-type: none"> • Challenges during the bad weather and the good work done by the staff in keeping the roads open. • Recruitment issues affecting income. • Health and Safety Audit which consists of three phases, planning and implementing which is complete and the final stage auditing which is now in place. 		
Decision		
To note the report		

Agenda No	Title	Presented by:
5.7	Finance and Integrated Service Support Quarter 3 Performance Report 2017/18	Business Services Manager
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Finance and Integrated Service Support was presented by the Head of Finance and Integrated Service Support highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p>		

Thereafter the Head of Finance and Integrated Service Support responded to questions and comments raised by Members which included:

- Newbattle High School and any financial issues.
- Equal pay cases and any outstanding settlement.
- The development and improvement of the purchasing process and contract management.
- Best Value Audit timescale.
- Reserves and the impact of the bad weather.

Decision

To note the report.

Agenda No	Title	Presented by:
5.8	Property and Facilities Management Quarter 3 Performance Report 2017/18	Head of Commercial Operations
Outline and summary of item		
<p>The Quarter 3 Performance Report 2017/18 for Property and Facilities Management was presented by the Head of Commercial Operations highlighting the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Commercial Operations responded to questions and comments raised by Members which included:</p> <ul style="list-style-type: none"> • Dalkeith Toilets repair costs and the procedure in place in assessing the damage and the cost of repairs. • Destination Hillend project. • Proposal to reduce the Janitorial Primary School estate. • Catering in schools and the issue of queuing for school lunches. 		
Decision		
To note the report.		

Agenda No	Title	Presented by:
5.9	Midlothian Council Quarter 3 Performance Report 2017/18	Chief Executive
Outline and summary of item		
<p>The Chief Executive presented the Midlothian Council Quarter 3 Performance report detailing the delivery of Midlothian Council's priorities through the Community Planning Partnership and the Single Midlothian Plan. The Council Transformation Strategy and Individual Service Plans outlined how Midlothian Council would deliver its contribution to the Single Midlothian Plan.</p> <p>Thereafter the Chief Executive responded to questions and comments raised by several members of the Committee regarding the complaint procedure and the timescales in responding to complaints.</p> <p>The Chief Executive also responded to questions raised with regards to any projected overspend and the financial challenges moving forward. He further provided examples of joint working across all Directorates as well partnership working with communities.</p>		
Decision		
To note the report.		

The meeting terminated at 1.15 pm

Inspection of Newbyres Village Care Home

Report by Alison White, Head of Adult Services

1 Purpose of Report

The report outlines the outcome of the above inspection as carried out by the Care Inspectorate.

2 Background

Newbyres Village Care Home is registered to provide care and support to 60 residents. In September 2015 the Care Inspectorate found some significant issues in the quality of care being provided and grades of 2 – weak were found across the themes. A significant change programme was implemented to improve quality of care, staffing and management and there has been steady progress in the intervening time. Senior managers have ensured oversight and scrutiny of these changes.

A whole scale staffing review, which introduced nurses, and care practitioners to the home has significantly improved day to day practice and has ensured that staff feel more supported in their role.

2.1 Newbyres was inspected on the 19th January 2018. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.

2.2 Following inspection, Noted below are the evaluations for Newbyres Village Care Home:

Quality of Care and Support	5 – Very Good
Quality of Staffing	5 – Very Good
Quality of Management and Leadership	5 – Very Good
Quality of Environment	5 – Very Good

This is the first time since opening that Newbyres has achieved grade 5's and over the last 2 years has shown significant improvements in quality delivery.

2.3 The following particular strengths were indicated by the inspection team:

- Steady and continuous improvement in the home over the last three inspections

- Residents and their relatives were complimentary about the care received.
- Staff felt supported in their role and had access to appropriate training
- The home environment was well maintained throughout

2.4 There were no areas for improvement identified by the Care Inspectorate and all previous requirements and recommendations have been met.

2.5 Conclusion

The Care Inspectorate was satisfied with the work of the team and had seen a steady improvement in the support since the last inspection. They highlighted improved outcomes for the residents within the home.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

Monitoring, review and evaluation of progress by the Quality Assurance Team is the control measure in place to reduce the risk of failure of the service to demonstrate its capacity to improve.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☒ Adult health, care and housing
- ☐ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

3.4 Impact on Performance and Outcomes

The setting will continue to improve its work in line with its improvement plan and the Quality Assurance Team will continue to challenge and support the setting in relation to developing and implementing a range of quality improvement strategies.

3.5 Adopting a Preventative Approach

Newbyres supports people within the home to lead ordinary lives with the right level of support.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Service Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

The Performance Review and Scrutiny Committee is asked to:

- (i) Consider and note the content of the inspection report.
- (ii) Congratulate the carers and staff connected with Newbyres Care Village on the key strengths highlighted in the report and note the significant improvement journey that has been made.

2017

Report Contact:

Tel No:

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Background Papers:

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656/7

Type of inspection: Unannounced
Inspection completed on: 19 January 2018

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

About the service

This service has been registered since May 2008.

Newbyres Village is a care home in Gorebridge, Midlothian. It is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite).

The home is all on one level in five separate residential wings named "streets". There is also a wing that houses the kitchen and laundry. The home has been planned in a "village" layout with five streets, named First, Second, Third, Fourth and Fifth Street.

Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. Each resident has a bedroom with en suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

A mission statement was in place for the service:

"Health and Social Care working together to develop a professional and flexible workforce who fully understands the core values that make a service unique in delivering the highest standard of care to our residents.

Together we respect each resident as an individual and feel honoured to work within their home.

We will strive to make their home welcoming, friendly, warm and safe from harm. Together we will build meaningful relationships and continue to improve and develop the service we provide."

What people told us

In all of the pre inspection questionnaires, residents and relatives/carers overall strongly agreed or agreed that they were happy with the quality of care provided in this home. However, there were mixed views about having enough staff, the key worker arrangements and the quality and variety of meals. Negative comments included:

'the main area of concern is the lack of variety of food.'

'there could be more going on and a minibus to take residents to church as relative can't follow their faith.'

'looks as if short-staffed at times, many residents need care from two staff this leaves the floor unattended.'

In three of the 19 pre inspection questionnaires relatives/carers were not aware of the home's complaints procedure or that they could make a complaint to the Care Inspectorate. This was also the view of one resident who returned a pre inspection questionnaire (eight returned).

We shared the contents and comments made in pre inspection questionnaires with the manager, in order that these could be followed up where necessary through resident and relatives/carers meetings and or care reviews. We did not share who had made the comments.

During the inspection we visited each street and saw most residents but we also respected the privacy of residents who did not want to speak with us. Residents were complimentary about the work of the staff teams to ensure their wellbeing comfort and safety. Positive comments by residents included:

"I'm fine here, carers are good, no complaints, good there are such places, needed when you are old and unwell."

Relatives also spoke of being made welcome of the lovely clean and well maintained environment and the good quality of care they saw provided to residents. Positive comments included:

"We can't fault the care at all, 100% confident and reassured about the quality of care provided to mum."

"No problems about the care provided here at all. We looked at lots of care homes in the area and this had to be the one. Staff are helpful we have no concerns at all. It's a lovely place and kept so clean."

"Very happy with the care my relative receives, the meals appear varied and offer a good choice, my relative is given the option to participate in activities and the majority of staff appear well-trained and work with a person centred approach."

Self assessment

We did not ask the service to submit a self assessment before this inspection. However, we discussed the need for a development plan to be created. This is to help to identify how any changes and improvements could be made to the service and evidence the continuous development of the service provision.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

Residents looked well presented in their personal appearance and were comfortable and at ease in the home and with staff on duty. The small street layout of the home and the deployment of staff may also be a reassurance for residents to know which staff were available to assist them.

We saw that the care staff teams and district nurses worked in a supportive manner with each other which helped all care staff to deliver very good standards of care which we saw and which was reported to us at this inspection.

The atmosphere in the home was quiet and orderly, call buzzers were responded to promptly and we did not see any instances where residents had to wait long for assistance from staff. Individual care and support plans had been developed, from assessments of needs linked to everyday living skills and any healthcare needs. Care plans also noted residents' preferences in how their care was to be provided.

Regular evaluation of care plans and associated records, such as charts helped staff to identify any changing care needs and to update care plans where needed. Care plan reviews also gave residents and their relatives/ carers the opportunity to discuss the care plan and to agree the contents.

However, we saw differences in the quality of information in care plans. Some gave good detail about the management of stress and distress while others lacked detail to direct staff. We also saw good evaluations on different aspects of care provision but no changes to the overall care plan. This meant that staff needed to read all of the evaluations to be clear on what care was to be provided.

Although further improvements could be made to care planning we had no concerns about the care we saw being provided during the inspection.

We discussed care planning with the deputy manager who confirmed that she would review and update care plans with staff to make the improvements identified. Therefore we have not made a recommendation about this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

The home environment was well maintained throughout. Private bedrooms and all of the shared areas were clean, tidy and comfortably furnished. However, we also saw some areas of wear and tear to carpets and some chairs. The manager was aware of this and plans were in place to replace these and make further improvements to the environment. Therefore we have not made a recommendation about this.

Housekeeping staff told us that they had ample supplies of cleaning materials and equipment to keep the home clean and odour free. Supplies of protective clothing such as gloves and aprons were available and used to assist staff which helped them to maintain safe infection control practices.

Risk assessment informed staff in the provision of resident care and accidents and incidents were recorded and evaluated to inform any preventative actions needed. This meant that prompt attention could be given to reviewing and implementing any changes to care plans and any changes needed to staff practice.

Bedrooms were furnished and decorated to suit the preferences of the occupant and all had been made more individual with residents' personal belongings. Having personal belongings and familiar things around them may also assist residents to be comfortable and at ease in their environment.

Systems were in place to record any repairs and maintenance work needed and this was reported to work well.

Safety checks on equipment and installations were up-to-date as was equipment checked and maintained in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Training was provided for staff to assist them to maintain a safe environment including, Adult Support and Protection, moving and handling, health and safety and fire safety. This was also supported by policies and procedures.

The emergency call system was accessible throughout the home for staff and residents to use to summon assistance when needed.

Overall we concluded that the above arrangements helped to make the home a pleasant comfortable and safe environment for residents to live in.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

Residents and relatives/carers we spoke with were complimentary about the quality of care provided by the staff teams in the home.

Staff we spoke with said that they felt supported in their role and that this had further improved over the last year. Staff considered that they received enough training to undertake their work and the training records showed the range of training provided.

Regardless of their role in the home, staff spoke of being committed to doing a good job to improve residents' care and ensure their comfort and safety.

Staff training was provided and a system was in place to ensure any refresher training took place within the given timescale. This helped staff to maintain their skills and provide care and support based on up-to-date best practice guidance. We also saw improved record keeping, completion and evaluation of charts which indicated that staff training had a positive impact on their competency and practice.

In addition to mandatory training e-learning and SVQ training was also available to staff. This assisted them to keep up-to-date but may also help them to evidence their learning and attainment of an SVQ (Scottish Vocational Qualification) as required for their registration with SSSC (Scottish Social services Council).

Training and staff practice was supported by a range of policies and procedures, staff team meetings, supervision and appraisal. These gave staff the opportunity to discuss the expected standards of care practice, training needs and policy developments.

Safe recruitment practices were in place which helped to ensure that appropriate staff were employed in the service.

Outcomes of regular resident dependency assessments informed the staffing arrangements in the home. Samples of staffing rotas indicated that staffing met or at times exceeded the hours assessed as necessary. Staffing in the home also met the minimum as stated in the staffing schedule for the home.

However, three of eight pre inspection questionnaires from residents and six of 19 returned from relatives indicated that they did not agree that there were always enough staff available. We shared this with the manager in order that staffing arrangements could be further discussed through residents' and relatives' /carers' meetings.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

We have seen a steady and continuous improvement in all aspects of service provision in Newbyres Village over the last three inspections.

Established methods and systems were in place to measure, develop and improve the quality of the service in the home. These included:

- consultation with residents, relatives/carers and staff
- care planning/reviews
- safe recruitment, staff training and supervision
- policies and procedures including complaints
- quality assurance audits
- safety audits including checks on equipment, maintenance arrangements and general health and safety
- accident and incident records
- pharmacy/medication audits
- menus and meal arrangements
- an overview of residents' legal status
- palliative care register.

We saw that where needed an action plan approach was used to progress any improvements identified as a result of the outcomes of checks and audits. This helps to show the actions taken to rectify any deficits and show ongoing improvements and developments in the home.

The manager was supernumerary to staffing provision in the home while the deputy also had supernumerary time. This allowed them to be available to residents, relatives/carers and staff and to oversee staff practice. This has meant that any good practice was acknowledged and any concerns addressed accordingly.

Overall the consistent management arrangements and the development of quality assurance systems has resulted in improved outcomes for residents in this home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

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

Previous requirements

Requirement 1

The provider must ensure that the nutritional needs of residents are met. In order to do so, the provider must:

- a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
- b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.
- c) Ensure that any food and fluid intake charts are accurately completed and evaluated.
- d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvement in care planning relating to nutritional needs:

- assessment of nutritional needs and associated risk assessments were included in care plans.

- monitoring of food and fluid intake and guidance for staff was included in the care plan where assessed as necessary.
- samples of food and fluid intake charts were accurately completed and evaluated and informed any changes to the care plan.

Met - within timescales

Requirement 2

The provider must ensure that the oral care needs of each resident are met. In order to do so, the provider must:

- a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.
- b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.
- c) Charts to monitor the provision of oral care are consistently completed.
- d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We looked at a sample of oral health care plans and associated charts and saw that assessment of oral health and outcomes of the assessment informed the care plan. The completion of oral care charts had improved sufficiently for us to consider that the requirement had been met. However, senior staff should continue to monitor the completion of these charts.

Met - within timescales

Requirement 3

The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance.

In order to do so the provider must ensure that:

- a) Each resident receives their medication as prescribed including topical medicines and creams and these are recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- c) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

d) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvements in the general management of medicines in the home and the management of "as required" medicines. We saw that handwritten entries had been counter-signed and there was more use of the carers' notes.

Covert medication pathways and "as required" protocols were in place to guide staff in the administration of these medicines.

Met - within timescales

Requirement 4

The service provider must ensure that all staff have the skills for the work they are to perform and this should include but not be limited to:

a) Care planning, associated documentation such as charts, risk assessments, dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example, accidents and incidents.

This requirement was made on 24 January 2017.

Action taken on previous requirement

At this inspection we saw that sufficient improvement in care planning and associated records keeping for us to consider that the requirement had been met. We also discussed further improvements to care plans with the deputy manager who agreed to consider these suggestions.

We also saw improvements in the recording of accident and incident records.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
24 Jan 2017	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
29 Sep 2015	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
20 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

Date	Type	Gradings	
4 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Mar 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	2 - Weak
29 Oct 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Feb 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Nov 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
15 Sep 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Apr 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good

Date	Type	Gradings	
29 Oct 2009	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
30 Apr 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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Inspection of Shared Lives Midlothian

Report by Alison White, Head of Adult Services

1 Purpose of Report

The report outlines the outcome of the above inspection as carried out by the Care Inspectorate.

2 Background

Shared Lives (Midlothian) provides Adult Placement services to a number of adults with mild to moderate learning disabilities within Midlothian. The range of services provided includes day care, short breaks and long term placements and some befriending.

2.1 Shared Lives was inspected on the 29th November 2017. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.

2.2 Following inspection, Noted below are the evaluations for Shared Lives:

Quality of Care and Support	5 – Very Good
Quality of Staffing	Not Assessed
Quality of Management and Leadership	5 – Very Good

2.3 The following particular strengths were indicated by the inspection team:

- Carers felt valued and supported in their role.
- Comprehensive assessments were in place
- The manager and his team knew the people supported very well

2.4 The following areas for improvement were agreed between Shared Lives and the Care Inspectorate:

- Improve recording at the 6 monthly reviews.
- Improve Quality Assurance recording

2.5 Conclusion

The Care Inspectorate was satisfied with the work of the team and had seen a continuity in the support since the last inspection. They highlighted that users thrived on the support that they received.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

Monitoring, review and evaluation of progress by the Quality Assurance Team is the control measure in place to reduce the risk of failure of the service to demonstrate its capacity to improve.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- Community Safety
- X Adult health, care and housing
- Getting it right for every Midlothian child
- Improving opportunities in Midlothian
- Sustainable growth
- Business transformation and Best Value
- None of the above

3.4 Impact on Performance and Outcomes

The setting will continue to improve its work in line with its improvement plan and the Quality Assurance Team will continue to challenge and support the setting in relation to developing and implementing a range of quality improvement strategies.

3.5 Adopting a Preventative Approach

Shared Lives Midlothian supports people within the community to lead ordinary lives with the right level of support.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Service Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

The Performance Review and Scrutiny Committee is asked to:

- (i) Consider and note the content of the inspection report.
- (ii) Congratulate the carers and staff connected with Shared Lives Midlothian on the key strengths and areas for improvement highlighted in the report.

Report Contact: Alison White

Tel No: 0131 271 3402

E-mail: Alison.white@midlothian.gov.uk

Background Papers:

Shared Lives (Midlothian) Adult Placement Service

Fairfield House
8 Lothian House
Dalkeith
EH22 3AA

Telephone: 0131 2713 706

Type of inspection: Announced (short notice)
Inspection completed on: 29 November 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007149597

About the service

Shared lives (Midlothian) provides adult placement services to a number of adults with mild to moderate learning disabilities in Midlothian. The service is a "community based service that seeks to support people to achieve better outcomes they have identified, through providing personalised support to individuals in their own communities.

The service provided the following aspects of care:

- Day care
- Short breaks
- Long-term placements.

Shared Lives vision is "To assist every service user to achieve independence, dignity, choice, rights and fulfilment. We seek to do this by using the strengths of individual families and the community".

For the purposes of this report, the following terms are used:

Adult placement carer - The adult placement carer is the person you go to stay within the placement. The adult placement carer is recruited and approved by the adult placement service to provide support and care in his or her own home.

Adult in placement - The adult in placement is the person receiving support and care from the adult placement carer in their own home. For the purposes of this report, this person will be described as the service user.

Shared lives worker - The worker who is employed by the adult placement service to supervise and support the placement with the adult placement carer. For the purpose of this report this description also included the shared lives co-ordinator.

What people told us

We spoke with six adult placement carers and six service users either in person or over the telephone. The feedback we received from people was very positive. Many of the service users had been supported by their carers for a long time and had built very good working relationships.

Comments from service users:

"My carer takes me to music events and helps me to learn to sing and play the drums".

"My carer takes me to places I like to go to. He listens and understands me".

"I understand my carer sometimes has to attend training and meetings which helps me as he is a better carer".

"Shared lives helps me feel safe. Has helped me to get telecare installed".

"The staff know what I like to eat, the things I like to do and how to be treated".

"The service helps me to do things that I like to do and it gives mum a break to do what she wants and mum knows I am very happy with my carer".

"I feel very safe in X's care".

Carers felt supported by the shared lives workers through regular support meetings and on-going training and development opportunities.

Comments from carers:

"Short breaks and day care are the greatest support that vulnerable adults can have. In my own experience I have found that once my service user has begun to trust me, I feel that I have become their prop and I am very protective of them. It is an extremely satisfying job."

Self assessment

We are not asking services to submit a self-assessment for this inspection year. Instead, we will ask services for their improvement or development plan and discuss any improvements they may have made or intend to make since the last inspection.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

We found the overall quality of care and support to be very good. This has been largely achieved through the service users being supported by their carers for many years, knew each other well and the needs of people.

The adult placement carers we spoke with told us that they felt supported and valued in their work. Many attended the regular forum meetings which provided them with the opportunity to meet with other carers, share their knowledge and experience or learn from guest speakers invited to support them with their continued learning and development.

The service manager and his team of three staff were very familiar with the care needs of all the service users and the carers we spoke with commented favourably about the level of support and communication offered to them.

Comprehensive assessments, support plans and risk assessments were in place, which included the outcomes carers would support service users to achieve. Where six monthly reviews had been held, service users felt fully involved in having a say on how their care needs were being met. We could also see that support plans were updated following any changes in people's care needs.

Regular service user forum meetings are held, focusing on what people would like from the service and any improvements which could be made.

What the service could do better

Through our discussions with service users, although the large majority of people were happy with the outcomes they were achieving with the support of their carers, we felt that additional support could be offered to perhaps identify further, more meaningful outcomes to focus on too.

Similar to our findings at the last inspection, we identified some gaps in the record keeping, namely six-monthly reviews of service user's support plans. Through discussions with the manager, it was acknowledged that not all of the reviews have been recorded in the same format. Some of the reviews are recorded formally, others are recorded within the daily notes. The service should look to formalising their approach to recording review meetings and their frequency. Please see recommendation 1.

Although we assessed the quality of leadership and management to be very good, we are making the recommendation that improvements are made to the quality assurance practices in place. This would then support the improvements highlighted within this report. Please see recommendation 2.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service provider should ensure that the support plans show evidence of a review being undertaken on a six-monthly basis or more frequently if required and reflect any changes in the care and support needs of the service user.

National Care Standards, Adult placement service - Standard 6, support arrangements.

2. The service provider should further develop their quality assurance systems to support the improvements identified in relation to six monthly reviews, safer recruitment audits and the storage of information.

National Care Standards, Adult placement service - Standard 5, Management and staffing arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
1 Aug 2016	Announced (short notice)	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
30 Sep 2015	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
31 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
20 Jan 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
7 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
12 Mar 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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Inspection of Housing Support services in Polton Centre and Pentland House HMO**Report by Kevin Anderson, Head of Customer and Housing Services****1 Purpose of Report**

- 1.1 The report outlines the outcome of the housing inspection carried out by the Care Inspectorate at the Council's temporary accommodation for homeless Households.

2 Background

- 2.1 The Polton Centre opened early in 2017 to re-use the former Midfield Young Peoples accommodation as this re-provisioning provided a direct alternative to Bed & Breakfast accommodation for homeless households.
- 2.2 Pentland House was opened in Penicuik in the Summer, 2017 to also re-use of that building as an alternative to Bed & Breakfast accommodation, which significantly reduced the need for Midlothian Council to use B&Bs and these facilities also provide localised services for homeless households and support into education, training or employment.
- 2.3 The Housing Support service was contracted with The Salvation Army after a tender process and while external contract inspections are not routinely reported to elected members, the profile of these projects in the local communities requires the report
- 2.4 Housing Support services in Polton Centre and Pentland House HMO were inspected on the 13th November 2017. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.
- 2.5 Following inspection, Noted below are the evaluations for Housing Support services in Polton Centre and Pentland House HMO:

Quality of Care and Support	4 – Good
Quality of Staffing	4 – Good
Quality of Management and Leadership	4 – Good

As a new service there is no prior inspection history or grades.

2.6 There was one recommendation received from the Care Inspectorate:

- The service should continue to review the staffing levels at both locations as the service becomes more established, to ensure people's needs are met.

Following receipt of this report a Team Leader role has been added to the staffing establishment to ensure adequate staff provision, supervision and development is continued.

2.7 Conclusion

The Care Inspectorate was satisfied with the work of the team and the support service at this early stage of implementation.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- X Community Safety
- Adult health, care and housing
- Getting it right for every Midlothian child
- Improving opportunities in Midlothian
- Sustainable growth
- Business transformation and Best Value
- None of the above

3.4 Impact on Performance and Outcomes

The Homelessness Strategy and action plan outcomes are reported through the Performance Framework each quarter.

3.5 Adopting a Preventative Approach

The Homelessness Strategy aims to prevent homelessness and provide supports and accommodation to households who present as unintentionally homeless.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Homelessness Strategy, including temporary accommodation provision, has been assessed for equalities implications.

3.8 Supporting Sustainable Development

The Homelessness Strategy allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

The Performance Review and Scrutiny Committee is asked to consider and note the content and recommendation in the inspection report.

Report Contact: Kevin Anderson, Head of Customer and Housing Services

Tel No: 0131 271 3225

E-mail: kevin.anderson@midlothian.gov.uk

Background Papers:

Midlothian Service - Polton Centre Housing Support Service

Pentland House
14 Edinburgh Road
Penicuik
Midlothian
EH26 8NW

Telephone: 07702 941785

Type of inspection: Unannounced
Inspection completed on: 13 November 2017

Service provided by:
Salvation Army

Service provider number:
SP2004005634

Care service number:
CS2016347330

About the service

Statement of aims and objectives (as specified in the service specification)

To provide a supported accommodation service from the Council's temporary accommodation at Pentland House, Penicuik (44 rooms with a maximum of 49 occupants) and Polton Centre, Lasswade (15 persons).

- (i) To ensure that the accommodation used for the service meet at least the minimum requirements in respect of all related legislation and in accordance with care standards regulated by the Care Inspectorate.
- (ii) To enable individuals to develop the skills and confidence to successfully maintain their own tenancy.
- (iii) To work actively in helping each individual to move on from temporary accommodation and secure permanent accommodation.
- (i) To ensure all service users have a programme of structured and meaningful activities.

What people told us

We spoke with four service users across the two locations to gather their views on the quality of the service they received. We also received four completed pre-inspection questionnaires from people. Their feedback was largely very positive.

We issued pre-inspection questionnaires to a sample of service users to gather their views of the service and the support they received.

The large majority of responses from people was very positive. Comments included:

"The staff are brilliant and always there if you need a chat".

"All the staff treat me well".

"I feel safe, safer than the last place I was in".

"...my support plan has helped me a lot. Once a week I meet with my support worker to find out how I am doing and the progress I have been making since moving in. My support worker has been amazing, everything has been good and still remains good".

Two supported people were not familiar with how to raise a concern to the Care Inspectorate.

Self assessment

We are not asking services to submit a self-assessment for this inspection year. Instead, we will ask services for their improvement or development plan and discuss any improvements they may have made or intend to make since the last inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The service performs to a good standard, meeting the support needs of those utilising the support in a very person centred way. This was clearly evidenced through our discussions with people and our sample of documentation.

One of the key strengths of the service is having the local authorities housing department officers based on site. This provides a valuable source of additional support, information and advice to those seeking permanent accommodation. The support staff had a good knowledge of local support services to sign post people to, for example; mental health, dependencies and welfare rights.

Positive outcomes were being achieved by people with the support of the staff, which included access to housing, employment, education or voluntary work.

Support staff strive to ensure every person has a positive experience with using the service and are both motivated and committed to support people to achieve their full potential.

A service user satisfaction survey was undertaken earlier in the year and the findings were very positive. Many comments were made, praising the quality of the staff and management.

The support plans belonging to people were very comprehensive and provided clear guidance to support staff in terms of meeting their support needs and agreed outcomes. Monthly reviews of people's outcomes were recorded, using a recognised self-assessment tool where the supported person can track their own progress with using the service.

The service operates across two locations in Midlothian. Following changes where staff are primarily based, it has resulted in a reduction of support at the Polton Centre compared to what people had become used to. The impact of this has been minimal for most however, the service provider has recognised that improvements are needed and are working closely with the local authority to increase the concierge staff to provide 24/7 coverage.

We recommended to the service that they continue to review the staffing levels at both locations as the service becomes more established, recognising that some may present with more challenging complex support needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should continue to review the staffing levels at both locations as the service becomes more established, to ensure people's needs are met.

National Care Standards, Housing support, Standard 3 - Management and staffing arrangements.

Grade: 4 - good

Quality of staffing

Findings from the inspection

Overall, the feedback we received from people as to the quality of staffing was very positive. We were told that staff showed dignity and respect at all times and good working relationships have been formed.

The large majority of staff felt supported in their roles and received both comprehensive induction and on-going training opportunities.

Regular staff supervision meetings with their line manager were held in-line with their relevant procedures, which included setting learning and development objectives for the year.

Staff meetings are held on a regular basis, discussing people's outcomes and the ongoing development of the service. The manager recognised that improvements were needed as to how actions from one staff meeting to the next were met and recorded.

We identified that very few staff were registered with the SSSC (Scottish Social Services Council) which has recently opened for this registered service. The manager recognised that this was a priority to support staff with, in addition to meeting any requirements of registration in relation to completing formal qualifications. We have confidence in the service that this will be addressed in a timely manner.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Service users, carers and staff spoke highly of the management and support they received. Good communication was in place and staff had confidence in the management should they have to raise any issues with them.

The service was making good use of their new technology systems to record how support was delivered to people. This allowed for less administrative work and more time engaging with people.

The service provider has a number of quality assurance tools in place which has gained accreditation by professional bodies including IIP (Investors In People). The manager acknowledged that this was at an early stage of implementation for this service however, plan to further enhance the quality assurance tools used as the service becomes more established.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the service was registered with the Care Inspectorate.

Enforcement

No enforcement action has been taken against this care service since the service was registered with the Care Inspectorate.

Inspection and grading history

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

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