

Care service inspection report

Dunedin Harbour Hostel

Housing Support Service

4 Parliament Street

Leith

Edinburgh

EH6 6EB

Telephone: 0131 624 5805

Inspected by: Mary Moncur

Type of inspection: Unannounced

Inspection completed on: 18 September 2012



HAPPY TO TRANSLATE

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Service provided by:

Dunedin Canmore Housing Association Ltd

Service provider number:

SP2004004483

Care service number:

CS2007144114

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Summary

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

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

We gave the service these grades

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

What the service does well

The service works well with each person to identify and work towards their personal goals. They work with people to promote alternative healthy lifestyles, including exercise, healthy eating, getting involved in meaningful activities and building skills for work. The service has been creative in helping people access different services, working with a range of services to build relationships with people in the hostel that can continue after their stay. The staff team is stable and has a range of skills, knowledge and experience to support the people using the service.

What the service could do better

The service must make sure everyone using the service has an agreed support plan, that includes how the individual's needs will be met. They intend to continue their team building work to make sure everyone is carrying out their role and responsibilities and they are working well together as a team. We agreed they could improve their internal audit systems to make sure they identify areas for improvement and that action is taken as a result. We discussed they could reflect on their involvement activities to make sure they are making best use of them to involve people in improving the service.

What the service has done since the last inspection

The service had worked with a range of services to provide a service in the hostel. This meant that people who had not been able to access services before made relationships which they could continue when they moved on. One example of this was a weekly community psychiatric nurse drop in. The service had acknowledged

that people's pets were very important to their health and wellbeing. They had made it possible for people to safely bring their pets with them into the hostel. They had also made links with a vet service who supported people with caring well for their pets. The hostel now had a small number of self contained flats. This addressed the issue of short term stays for some people as they were able to have support for a longer period of time while living more independently within the hostel. The service had developed a matrix of the qualifications and core training requirements for each of the job roles. This had improved consistency of training provided.

Conclusion

The service supports people who often have complex and long standing issues in their lives. Staff were respectful in the way they work with people to achieve their own goals and make positive lifestyle choices. There was a strong sense of the service "sticking with" people and being open should they need to return. They had improved their use of the City of Edinburgh council's outcomes monitoring system and this showed that increasing numbers of people were achieving positive outcomes as a result of their support. The service has a positive reputation. People using the service and other professionals were very happy with the quality of service provided.

Who did this inspection

Mary Moncur

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website www.careinspectorate.com.

Dunedin Harbour hostel provides housing support to people who are experiencing homelessness in the City of Edinburgh. They provide short term support, up to 12 weeks, for people in the hostel accommodation. They also provide medium term support, up to six months, in self contained flats within the hostel accommodation. At the time of our inspection 35 people were using the service. This service was previously registered with the Care Commission as a housing support service and transferred its registration to the Care Inspectorate on 1 April 2011.

The service aims to, "work in supporting homeless people with their support needs, whether that be housing or dependency needs".

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Inspectorate."

We have made one requirement for improvement in this report, see Quality Theme 1 Statement 3.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection of the service. The inspection was carried out by Mary Moncur, Care Inspectorate inspector on 4 and 5 September 2012 . Feedback was given to the staff team on 18 September 2012.

In this inspection we gathered evidence from various sources, including the following

- the service's most recent self assessment
- feedback from people using the service through questionnaires and discussion
- discussion with the manager and staff present
- discussion with a community psychiatric nurse who works with the service
- sample of records for people using the service
- information about the service
- mid stay questionnaires
- information from a residents survey
- information from breakfast club meetings
- complaints and concerns records
- "You said, we did" display
- accident and incident reports
- ECCO outcome reports, the system City of Edinburgh council uses to monitor outcomes for people using housing support services
- sample of staff records
- team meeting records
- attendance at a team meeting
- training plan
- competency framework
- records of residents' involvement in staff selection
- audits carried out by supervisors
- continuous improvement register
- report to Dunedin Canmore board of management
- monitoring information for local authority

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

We made this requirement since our last inspection as a result of a complaint we received about the service.

The organisation's complaint procedure must be followed when a complaint is made about the service.

What the service did to meet the requirement

We saw complaints records that showed complaints had been fully investigated and the person making the complaint had been informed about the outcome and the actions to be taken if the complaint was upheld. Dunedin Canmore Housing Association has introduced electronic logging of service improvement issues and a service improvement team to improve complaints handling. The organisation is developing the system in order that this service can fully use the system.

The requirement is: Met

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment from the service. We were satisfied with the way they had completed this with relevant information under each heading we grade them under. They identified what they thought they did well, some areas for improvement and any changes they planned. The service included information on how they involve people using the service in improving the quality of the service.

Taking the views of people using the care service into account

Around 35 people were using the service at the time of the inspection. We received eight care standard questionnaires from 15 sent. They were all completed by

people using the service. They told us

- * seven had a personal plan that detailed their needs and preferences, one said they didn't know
- * seven agreed, six strongly, that the service checked regularly that it was meeting their needs, one didn't know
- * they agreed, six strongly, staff had the skills to support them
- * they strongly agreed staff treated them with respect
- * seven agreed, two strongly, that the service asked for their opinion on how it could improve, one didn't know
- * six knew about the service's complaints procedure and five knew they could make a complaint to the Care Inspectorate
- * they strongly agreed they were happy with the service overall.

Comments included,

"I get on really well with all of the staff and they have always looked after me. They have helped me out a lot with different things compared with other places I have been in. I would like to get an extension on my stay until I get somewhere to stay. Everyone is great."

"I've been on the streets and in hostels for 12 years...In Dunedin Harbour I have received the most support I have ever received in any hostel and am very happy."

"Been here seven times and never had a problem. Staff magic. Just wish there were more like Dunedin Harbour."

"From the first day of moving in the staff and especially my key worker (name) have done all they can to help me, advising me and helping me access the various services with whatever help I need. Helping with visiting support, helping with C.A.R.S. and every other agency that can help in those first few months of moving into my own flat. From personal experience the staff in Dunedin are the best I've come across in the various hostels I've been in and can and do help in any way they are able."

"I have complete and utter respect for all staff, who are imperative to my further ambitions, including re-housing. The staff are more than helpful, especially when one tries to help oneself, and also yes there are times when I felt slightly frustrated, as do staff at times... Also there are communication difficulties at times but that is only to be expected. Staff do their level best as I do, and staff are very responsive, supportive upon all issues I personally experienced. The policies have some faults though in general while some mistakes might be made in my experience lessons are learned and taken account of and this is important in all aspects regarding one's position i.e. homelessness."

"More movie nights."

We spoke to the person who said they didn't know if they had a personal plan, didn't know if the service checks regularly that they are meeting their needs and didn't know if the service asks for their opinions on how it could improve. It was evident from our discussion that the questions had not been clear and they actually agreed with all of these statements. They told us they were very happy with this service, had used it a number of times and felt they had always had very good support.

We spoke to another three people during our visit to the service. They were all happy with the service and spoke highly of the staff supporting them. They felt the support was helping them deal with issues they were currently experiencing and was preparing them to move on. The only anxiety we heard was about the time limit to the service. However people did say they believed the service would be as flexible as possible with them and felt the supported flats provided a good opportunity if support was required for a longer period.

Taking carers' views into account

We did not contact any relatives, friends or advocates during this inspection. People using the service gave us their views about the service.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

People using the service were involved in planning and reviewing their own support. A link worker was identified at the beginning of the stay and they worked with the person to complete their support plan, identifying their goals and how they would be met. They reviewed progress throughout the stay.

The service provided information packs in each room for people when they moved in. This included leaflets describing the service provided, information on how to make a complaint, comments suggestions or compliment, information on health and safety and information on the transitional support service. The service had introduced a newsletter this year. This included information about the service and stories and articles written by people using the service. People using the service worked with staff to put the newsletter together.

The service used a number of methods to find out people's views about the service including,

- * mid stay feedback questionnaires
- * residents survey, the most recent of which had been carried out by a resident supported by a student on placement
- * Sunday breakfast meetings
- * complaints and concerns handling

Following a complaint about the service we had made a requirement that the organisation's complaints procedure must be followed when a complaint is made about the service. We saw complaints records that showed the complaint had been fully investigated and the person making the complaint had been informed about the outcome and the actions to be taken if the complaint was upheld. We also saw that the service used the learning from any complaints, including those not upheld.

The service had a "You said, we did" display on the notice board to tell people using the service what had been done from their feedback. This gave reasons if the service was unable to make changes suggested. The manager told us about the actions taken from the last resident's survey.

People who returned questionnaires to us agreed the service asked them for their opinion on how they could improve. People we spoke to said the service was open to their ideas and suggestions.

Areas for improvement

The service could consider the format for the mid stay questionnaire to make sure it gathers information about what the people using the service see as important. They could also consider how they best use the information gathered to improve the service and keep people informed about the difference their feedback makes.

The service plans to work with a partner organisation to carry out future residents' surveys. Given the success of their last survey, they could consider how to involve people using the service in planning and carrying out future surveys.

The service intends to review procedures relevant to the hostel. We discussed they could consider how people using the service could be involved in this and shared that we had seen focus groups used to good effect for this.

In their self assessment, the service said they plan to demonstrate more clearly that feedback from people using the service leads to improvements. We discussed how they could do this. They now have a display screen which they said they could make better use of. They could also consider if the newsletter could include this information. The "You said, said we did" display could be improved, making sure the information is current and presented in a user friendly format.

The service could develop their participation plan, reflecting on how they are carrying out the variety of involvement activities, i.e. providing information, consulting with people using the service, encouraging participation, power sharing and people taking full control in projects or activities. We discussed that training in service user involvement for key staff could be helpful in this process.

The information provided by the service about us was out of date referring to the Care Commission rather than the Care Inspectorate. This included the information in the information pack as well as on the notice board. We discussed this and the manager agreed to remove out of date information and replace it with current information about the Care Inspectorate and its role.

Dunedin Canmore Housing Association has introduced electronic logging of service improvement issues and a service improvement team to improve complaints handling.

The organisation is developing the system in order that this service can fully use the system.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The coordinator completed a detailed admission interview with the person when they moved in. This included gathering information related to their health and wellbeing needs and completing a risk assessment. We saw that personal goals in support plans included goals related to improving the person's health and wellbeing.

The service promoted alternative healthy lifestyles for people using the service. For example, they had developed links with Street Soccer Scotland encouraging people to take part, they were encouraging people to use the local gym and other leisure facilities and they had converted the wet room (a room where people could drink alcohol) into an IT resource room. The service provided people with information about other services and opportunities available and supported people to take part. For example, there were regular opportunities for people to get involved in Princes Trust activities. At the time of our inspection the service was promoting Branching Out, a 12 week course which would enable people to gain new skills and experience in conservation and GreenSpace work.

The service recognised the importance of pets in maintaining people's wellbeing. Pets were welcomed and the service had developed ways of supporting people to look after their pets, including a vet service in the hostel.

The service worked with other agencies to provide services which could support people's health and wellbeing. For example there was a weekly community psychiatric nurse drop in service, needle exchange, sexual health support, employment service and welfare rights adviser drop in. Providing these services on site recognised the difficulties people using the service experienced in being able to use mainstream services. These services provided opportunities for people to gain confidence and make links with services they could continue to use when they moved on.

We found that staff were knowledgeable about the health issues faced by people using the service. There were weekly focus meetings for staff on shift to discuss any issues or concerns about individual residents. This gave staff opportunities to share ideas and support and learn from each other. The service had improved the training plan making sure staff received training in key areas. Staff had completed training in a range of topics relevant to people's health and well being, including topics relating to mental health and motivational interviewing.

All staff had completed adult protection training. We heard examples where the service had identified potential harm to an individual. They had worked with the person and other agencies to achieve a positive outcome for the person.

We heard very positive comments from a community psychiatric nurse who works regularly with the service. They told us they felt part of the team at the hostel and that they team worked well with them. They had provided training for staff and said staff had used their learning in practice, carrying on work they were doing with individuals. They had seen positive health outcomes for people as a result.

The service completed ECCO information. This is the system used by City of Edinburgh council to monitor outcomes for people using housing support services. The service had improved its recording of information to make sure it was accurate. The reports from this system showed people using the service were achieving positive outcomes in a number of key areas. For example the percentage of people accessing settled accommodation, accessing education, training or employment and accessing treatment for mental health issues had increased.

People using the service who returned questionnaires to us said they strongly agreed they were happy with the quality of support. People we spoke to were very happy with the service and told us about a range of ways the service had helped with their health and wellbeing.

Areas for improvement

We found that some people did not have a support plan in place. The provider must make sure everyone has an agreed support plan in place, which includes how the service will meet the individual's needs (see requirement 1).

The notice boards in the hostel had a lot of useful information. However we found some were cluttered and had out of date information displayed. We discussed that for people using the service to make best use of the information available, the notice boards needed to have the out of date information removed and the relevant information displayed in a way that would be easy to access. We shared that they could consider where information about issues people may not want others to know they are accessing could be placed.

In self assessment the service said their experience showed that people were more likely to engage with services provided initially in the hostel. They plan to continue to identify relevant agencies they can develop joint working arrangements with.

The service could better use the outcomes information from ECCO reports to plan improvements. They could use this to identify the key indicators where they need to increase positive outcomes and plan how they can achieve this. This could lead to targeting other agencies to develop joint working with.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must make sure everyone using the service has an agreed support plan in place, which includes how the service will meet the individual's needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210, regulation 5 - Personal plans.

Timescale: by 31 October 2012.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

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 range of policies and procedures in place to support staff in their role and to support staff development.

Staff had regular 1:1 support and supervision meetings with their supervisor. There was a system for annual staff performance review in place. These were completed in January/February with objectives for the year set and learning needs agreed. Progress was reviewed throughout the year in April, July and October.

The service had developed a matrix of the qualifications and core training requirements for each of the job roles. We heard that this had improved consistency of training provided. The system for recording training provided line managers with information to make sure mandatory training was being kept up to date and other training needs were being met. As noted under Quality Theme 1 Statement 3 staff had completed training in a range of topics.

We saw that the service was supporting staff to achieve qualifications above the level the Scottish Social Services Council will require for staff to register with them. The majority of staff held a qualification that would enable them to register with the SSSC or were working towards one.

Staff told us through questionnaires and discussion that they were supported in their role and had opportunities for learning and development. People using the service who returned questionnaires to us said they agreed (seven of the eights strongly agreeing) that staff had the skills to support them. People spoke highly of staff and their ability to provide their support.

The service had identified some concerns about team dynamics and how they worked together. They had addressed this through a series of away days for the staff team. Two days had been completed focusing on reflecting on values and attitudes, how they perform as a team and how they want to improve this. They had worked on being able to challenge colleagues' practice in a constructive way. A third day was planned focusing on developing a "contract of behaviour".

Areas for improvement

The service plans to continue the work to improve team working and dynamics. This will include completing the away day work, coordinator meetings to clarify roles and responsibilities and work through 1:1 support and supervision to make sure each individual plays their part in effective team work.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service included the ability to show respect to others as part of the criteria used in the selection of staff. People using the service were actively involved in staff selection and their comments on how candidates treat them were taken into consideration when making selection decisions.

The service's mission statement and standards are based on the ethos of respect. Policies and procedures reflect this ethos.

The strengths relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement. The service's commitment to involving people demonstrated respect for people using the service. The feedback gathered provided information on how well the service does in treating people with respect and suggestions for improvement.

The strengths in relation to having a well trained, professional and motivated workforce noted under Quality Theme 3 Statement 3 are relevant to making sure everyone has an ethos of respect towards people using the service and their colleagues. Achieving Scottish Vocational Qualifications encouraged reflective practice. 1:1 support and supervision and team discussions provided opportunities for ongoing reflection and improvement. The performance review process included 360degree feedback, giving opportunities for people using the service to express their views about individual staff member's practice.

Staff spoke about people they support in a respectful way and we saw staff showing respect in the way they worked with people. People who returned questionnaires to us strongly agreed that staff treated them with respect. People we spoke to said staff were respectful. They all mentioned the flexibility the service offered and staff's availability when they needed support.

Areas for improvement

The area for improvement relating to improving team working and dynamics noted under Quality Theme 3 Statement 3 is relevant to making sure everyone has an ethos of respect towards each other. As well as continuing to improve how staff work in a respectful way with people using the service, this will focus on developing respect towards each other.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 3

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

Service strengths

The service manager had completed a residential leadership skills development programme. He recognised the importance of strong leadership in the service and was encouraging this in senior staff. The competency framework includes the leadership behaviours expected of managers and could be used to support their professional development.

The strengths relating to staff meetings, 1:1 supervision and annual performance review are relevant to this statement. These provided opportunities for staff to keep up to date with developments and put forwards ideas and suggestions, as well as planning their professional development, including leadership skills.

As link workers each member of staff was encouraged to take responsibility for developing, coordinating and reviewing individual's support arrangements. All staff were encouraged to take a lead in developing various projects within the service. For example, we spoke to a member of staff who was taking a lead in encouraging healthy lifestyle activities. Other projects included developing the vet clinic, developing the IT resource room, remote reporting scheme for sex workers and clothes recycling initiatives. Members of staff represented the service in a variety of Dunedin Canmore Housing Association's working groups, such as the Health and Safety Committee.

Areas for improvement

The service could make sure coordinators are consistently demonstrating the behaviours which show effective leadership. This would contribute to the overall aim of improved teamwork and dynamics.

While this service encouraged all staff to take leadership in projects, Dunedin Canmore's competency framework only includes examples of behaviours where leadership effectiveness is demonstrated for managers, senior managers and executives. The organisation could do more to promote leadership values by recognising all staff's leadership role in the competency framework. This would provide all staff with a framework to reflect on their leadership effectiveness, supporting development in their current role and future career.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The strengths relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement.

Dunedin Canmore Housing Association had procedures in place for safe recruitment and induction of staff. The strengths noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce and under Quality Theme 3 Statement 4 in relation to having an ethos of respect contribute to assuring the quality of the service. Dunedin Canmore Housing Association had retained the Investors in People accreditation. Investors in People is an external award for achieving agreed standards in supporting and developing staff.

The strengths in promoting leadership values throughout the workforce, noted under Quality Theme 4 Statement 3, are relevant to improving the quality of the service.

The coordinators completed service user contact monitoring and ECCO information monitoring. This checked that support plans were in place, support was being provided and ECCO monitoring information was being completed. The service kept a record of continuous improvements which recognised actions being taken and expected benefits for people using the service.

The service reported to Dunedin Canmore Housing Association Board of Management on a quarterly basis. This includes information on referrals, outcomes for people using the service and new initiatives. The Board's role in governance included assuring the quality of services.

Dunedin Canmore Housing Association had been developing quality assurance systems through Quality Scotland. We found they had a Business Improvement Team in place. They had completed a self assessment, including a survey of staff's views, of three of the nine criteria included in the EFQM Excellence Framework. The three criteria covered so far were leadership, people and people results. An improvement plan, the Evolve Improvement Plan April 2012, had been developed, including actions to be taken, responsibility, timescale and measurable outcomes. Staff were kept informed of progress through an "Evolve Update".

The service worked with City of Edinburgh council to ensure contract compliance, including maintaining quality. We saw a detailed report which had been submitted to the commissioners of the service detailing the outcomes of the service.

The service works well with the Care Inspectorate in its role as regulator. They submit returns as required. We found the manager to be open with us during this inspection, making sure all the information we required was made available. People who use the service and staff at all levels were encouraged to participate in the inspection of the service.

Areas for improvement

The areas for improvement relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement.

The areas for improvement noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce will contribute to assuring the quality of the service.

The areas for improvement in promoting leadership values throughout the workforce, noted under Quality Theme 4 Statement 3, are relevant to improving the quality of the service.

Although there was a system in place for coordinators to audit records for people using the service, we found that some people did not have support plans in place. The manager told us he made sure staff were receiving supervision by discussing this at coordinators 1:1 supervision. The service could benefit from developing an internal quality audit tool to assess and monitor all aspects of the service, ensure that all outcomes of the quality audit are clearly recorded and make sure that where areas for improvement are identified through quality audit action is taken to improve this.

We discussed the events the service must formally notify the Care Inspectorate about. The manager agreed to make sure they were familiar with the guidance on this.

The service could consider involving staff, people using the service and others with an interest in the service in developing a service improvement plan. The continuous improvement monitoring form would show progress with the action plan, including evidence of the benefits being achieved. We discussed that working together in this way could also improve team work.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

We partially upheld one complaint about the service since our last inspection. The service has taken the improvement action required of them as a result. Information about upheld or partially upheld complaints about services can be found on our website www.careinspectorate.com

Enforcements

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

Additional Information

The service was still displaying the certificate of registration issued by the Care Commission. The manager agreed to make sure the certificate of registration issued by the Care Inspectorate was displayed.

Action Plan

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

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 3	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
16 Dec 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می ونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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