

# Care service inspection report

## Venture Support and Care Housing Support Service

Unit 4, Community Resource Centre  
Old Mart Site  
Market Street  
Maud  
Peterhead  
AB42 4NQ

Type of inspection: Announced (Short Notice)

Inspection completed on: 4 February 2015



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## **Service provided by:**

Venture Support & Care Ltd.

## **Service provider number:**

SP2009010286

## **Care service number:**

CS2009195697

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## 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	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

Venture Support and Care is a business with two Directors. One Director also manages the service. We have referred to this person as the provider throughout the inspection report.

The people the service support continued to lead busy active lives. We spoke with one of them on the telephone. We also spoke with some family/guardians of other people as part of this inspection. They told us they thought this was a very good service, with caring committed staff. They also said the provider really knew what she was doing and kept an eye on everything.

The staff spoken with, were a well-motivated and happy team.

### What the service could do better

Some of the management tasks still need to be better organised. For example, the staff training record was incomplete.

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

The provider has improved how they manage the records they keep. This means they were able to find things more easily and that means they had more time to do different things.

They had also got better at keeping a record of when they checked the work their staff did (medication records, finance recording and such like).

## **Conclusion**

Venture Support and Care is a very good support service that continues to put the needs of the people they support at the centre of what they do.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

## Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could 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, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- 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 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Venture Support and Care is a privately owned and operated 'Care at Home' and 'Housing Support Service'. One of the partners in the company is also the manager. We refer throughout the inspection to this person as the provider. The office base is in Maud and the service is provided to people in their own homes in and around this area.

The service can be provided to any age group, as long as they require support by reason of their vulnerability (other than a vulnerability or need arising from that person being of a young age). At the time of the inspection, the service was being provided to three adults who had a learning disability.

The service had a written document that stated what they aim to do and how they plan to do it; 'The Venture Support and Care aim is to provide a flexible and comprehensive service for adults with a learning disability which will adapt, change and develop according to their individual needs'.

At the time of the inspection, there were eleven people using this service.

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 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

One inspector wrote this report after a short notice announced inspection. The inspection took place on Wednesday 28 January 2015 between 12.55pm and 18.55 and Wednesday 4 February 2015 between 10.35am and 11.45am. We gave feedback to the provider at the end of the inspection.

As part of the inspection, we took account of the completed annual return form that we asked the provider to complete and submit to us. We also asked the provider to complete a self assessment for us. The self assessment was reasonably well completed with areas of strength and areas for improvement identified. The inspection started when we sent the provider Care Standards Questionnaires for them to give to the people the service supports/their family/representatives and to staff. We also gave the provider letters for the family/guardians of the supported people, asking them if they wanted to speak with us as part of the inspection.

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

We communicated with:

- Six staff (three of these were only via Care Inspectorate questionnaires) and the provider
- Six of the supported people returned questionnaires to us with their family/ staff support. We tried to speak with three of the supported people by telephone however, only one person was available when we rang
- We spoke with the family representatives/guardians of three people who used this service by telephone
- We also spoke with three professionals who were involved with some of the supported people's care and support.

We looked at:

- Certificates of registration

- Personal plans, daily logs and reviews
- Supported people's financial records
- Medication system and records
- Accident records
- Incident records
- Insurance certificates
- Staff rotas
- Staff records
- Minutes of staff meetings.

### **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](http://www.firelawscotland.org)



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

### The requirement

The provider must be able to demonstrate that they review support plans, at least every 6 months with the person who uses the service and their representative where appropriate.

- Produce a clear procedure that describes how they will ensure that they will carry out reviews of all the supported people's support plans at least once in every six-month period
- Ensure the supported people are enabled to participate in the review process in whatever manner is most appropriate to the individual
- Have records available to demonstrate the discussion and decisions/ recommendations made during review meetings
- Ensure they update support plans as appropriate to reflect the decisions/ recommendations made at review.

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(2)(b).**

### What the service did to meet the requirement

The provider had met this requirement. There was still room for improvement in the procedure they completed, however, we address this through a recommendation in the main body of the report under Quality Theme 1, Statement 3.

**The requirement is:** Met - Within Timescales

### The requirement

The provider must adopt an effective record handling/management system to ensure all records are securely stored and can be made available to authorised persons during inspection or other regulatory visits.

This is order to comply with:

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### **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/185) - regulation 5.**

**Timescale for meeting this requirement: 2 weeks from receipt of this report.**

#### **What the service did to meet the requirement**

The provider had made great improvements in their record handling and file management and this addressed the requirement. These improvements had only started in October 2014 and so many of the tracking systems did not pre-date this time. However, if the new systems are consistently used then by the time of the next inspection the provider should have a wealth of supporting evidence to support their practice.

**The requirement is:** Met - Outwith Timescales

#### **The requirement**

The provider must keep a record of the training that each member of staff has undertaken, whilst employed in the service.

This is in order to comply with:

**SSI 2002/114 Regulation 19 (2)(a) - a requirement for ensuring records are kept of all persons employed in the service.**

**Timescale for meeting this requirement: 2 weeks from receipt of this report.**

#### **What the service did to meet the requirement**

The initial training records that the provider presented during the inspection were incomplete. The requirement remains in place and we discuss this under Quality Theme 1, Statement 3.

**The requirement is:** Not Met

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

1. Staff ensure they use the Medication Administration Record to account for any diversion from the prescriber's instructions.

**Reference: National Care Standards for Care at Home, Standard 8: Keeping Well - Medication.**

The staff had satisfactorily addressed this recommendation and we discuss this under

Quality Theme 1, Statement 3.

2. The provider enables staff to attend regular team meetings to discuss service user and staff issues. Staff team minutes clearly show what action has been decided and who will take it. The next meeting reviews the previous meeting's minutes and discusses the progress and/or takes actions forward to the next meeting.

**Reference: The Scottish Social Services Council Codes of Practice for Employers, and National Care Standards Care At Home, Standard 4: Management and Staffing.**

The provider had made some progress in addressing this recommendation, however, it remains in place and we discuss this under Quality Theme 3, Statement 3.

3. The provider enables staff to attend regular 1-1 meetings with their line manager to support effective practice.

**Reference: National Care Standards Care At Home, Standard 4: Management and Staffing, and the Scottish Social Services Council Codes of Practice for Employers.**

The provider had made some progress in addressing this recommendation, however, it remains in place and we discuss this under Quality Theme 3, Statement 3.

4. The provider supports all staff to attend regular training in Adult Protection and Challenging Behaviour.

**Reference: National Care Standards Care At Home, Standard 4; Management and Staffing.**

The provider had made some good progress in addressing this recommendation, as all appropriate staff had attended training in behavioural approaches. However, several staff had yet to complete adult protection training. We have reworded the recommendation to reflect progress remains in place. We discuss this under Quality Theme 3, Statement 3.

5. The provider ensures the record of training includes verification that each member of staff has satisfactorily completed the service's induction workbook.

**Reference: The Scottish Social Services Council Codes of Practice for**

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### **Employers, and National Care Standards Care At Home, Standard 4: Management and Staffing.**

We have included the direction from this recommendation into a requirement concerning staff training records. We discuss this under Quality Theme 3, Statement 3.

6. The management team must design and implement a quality assurance scheme that includes the monitoring of records, practise and service users/carers and other stakeholders' feedback. This should address the National Care Standards and the SSSC Employers Code of Conduct. This should result in information being produced that outlines the performance of the service.

### **Reference: National Care Standards Care At Home, Standard 4: Management and Staffing.**

The provider had made some good progress in addressing this recommendation. We discuss this under Quality Theme 4, Statement 4 where we make a further recommendation to build on the progress the provider had made.

### **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.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way they completed this and with the relevant information included for each heading that we grade services under.

The provider identified what they thought the service did well, some areas for development and any changes they had planned.

Future self assessments could benefit from showing how the provider had involved/ tried involving the people who use the service and/or their representative and the staff in the assessment process.

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

We sent Care Standards Questionnaires to the provider to distribute to service users, their families and to staff. We got an excellent response to these questionnaires. We appreciate that staff and family members helped people to complete these questionnaires.

We tried to contact the two supported people who gave us their contact details. We managed to speak with one person by telephone.

People's views have informed the findings of this inspection and are included throughout this report.

People were very happy with the support they received. They knew their staff well and confirmed they were supported by a small consistent team of staff.

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

We spoke with the family representatives/guardians of three of the people who used this service. These people were very happy with the service. Their views have greatly informed the findings of this inspection and are included throughout the report.

The family/representatives were very happy with the support their loved one received.

## 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

We assessed this quality statement by:

- Communicating with staff, supported people and their families/ representatives
- Examining records, such as support plans, reviews and multidisciplinary meetings.

The people who used this service had a very good standard of involvement in assessing and improving the quality of care. We could see their views were sought, recorded and that action had been taken.

Examples of why we have come to this conclusion include:

- The supported people were very familiar with the provider and referred to her by first name. Records and our conversations with people show that very regular contact between them and the manager took place, either in person or by telephone. The service users we spoke with felt they received a very courteous service and that the manager was 'always at the end of a phone for me'
- Supported people and their families (where appropriate) played an active part in the reviews of their care. These were sometimes formal meetings attended by a Care Manager. For the most part though, people's involvement in their care was more informal and ongoing. With some having monthly meetings

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with their staff; and for others it was their guardian/family member who spoke with the staff and/or the provider. We saw that the care plans were appropriately updated after the reviews where necessary

- We saw that people's wishes and their needs were well represented in their care plans
- The supported people said they felt they were able to choose and direct most aspects of their lives
- The family/guardians of people that we spoke with, felt they had ample opportunity to give their views to staff and the provider.

### Areas for improvement

At times, some of the supported people were noted as not wishing to attend review meetings. We suggested the provider develop their review process to include alternative options for supported people to have their say, for example a picture board to represent their views or a photograph of a talking mat. We make a recommendation connected to this area of practice in Quality Theme 1, Statement 3.

**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

We assessed this quality statement by:

- Communicating with staff, supported people and their families/representatives
- Speaking with visiting professionals involved in the care and support of the people who used this service
- Examining records such as support plans, behavioural guidelines and medication records.

Our discussion with the supported person/family, other professionals and examination of records has led us to assess that the people who used this service's health and wellbeing needs were very well met.

Discussions with staff and examination of different records showed that the provider had appropriately sought joint working with other professionals in order to meet the health and wellbeing needs of the supported people.

The guardians/family that we spoke with said there was very good communication between them and the staff and the provider. One family representative described how much support and assistance they got from the provider themselves. We also saw that the provider sought out opportunities to enhance people's self-worth and emotional well-being. For example, the provider had sought an employment advisor for one supported person, for another the provider arranged staff resources and the health support that was necessary to support one person to visit important family members.

All the support plans that we examined showed that they had usually been updated as and when new support agreements had been made. The support plans showed the involvement of supported people, their family and other relevant health and social work professionals where applicable. The plans addressed physical, social and emotional wellbeing.

Staff were very aware of the people they supported's needs, preferences and likes. People were supported by very small teams of staff. We saw that the provider had met with these small teams to discuss how the support packages were going.

Communications with staff and records examined, suggested staff were competent and caring professionals. The provider discussed the advantages and disadvantages of the pharmacy's provision of medications in a compliance aid type dosette box, during the inspection. We do not recommend any particular type of medication container, only that care staff administer medications directly from the original container. The Royal Pharmaceutical Society published a document, 'Improving patient outcomes. The better use of multi-compartment compliance aids. July 2013'. It recommended that compliance aids should only be used where it was assessed as being the best means to assist the supported person. The service had a medication management assessment tool. With some development it could help the people the service supports decide what style of medication containers would suit their needs best.

The provider was developing healthy eating resources following on from success supporting one person to manage their weight. We directed the provider to the Caroline Walkers Trust's publication 'Eating Well: Children and adults with learning disabilities. Nutritional and practical guidelines'. (This document is available at [www.cwt.org.uk](http://www.cwt.org.uk)).

### **Areas for improvement**

The provider had managed to show that they reviewed the support they provided to people on a regular basis. Their procedure that supports this work could be improved. We recommend that the procedure instructs staff on the different ways the supported people could be enabled to participate in the review process. Staff should be clear on how they could make records to demonstrate who took part and the discussion and decisions/recommendations made during review meetings. **(See Recommendation**



1).

Where staff have full responsibility for managing people's medications it would be good practice for staff to keep copies of the original prescriptions. This is the direct instruction from the prescriber and gives authority for care workers to administer medication. They also provide a reference to inform staff when they complete/check medication support plans and administration records. **(See Recommendation 2).**

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The support planning procedure describes the different ways staff could enable the supported people to participate in their review process. Staff should be clear on how they make records to demonstrate who took part and the discussion and decisions/recommendations made during review meetings.

**Reference: National Care Standards for Care at Home, Standard 3: Your Personal Plan, Standard 10: Supporting Communication and Standard 11: Expressing Your Views.**

2. Where staff have full responsibility for managing people's medications they keep a copy of the original prescription (called a GP 10).

**Reference: National Care Standards for Care at Home, Standard 8: Keeping Well-Medication.**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

We assessed this quality statement by:

- Communicating with staff, supported people and their families/ representatives
- Examining records, such as review minutes and staff recruitment records.

We have discussed how the provider and the service's staff have evidenced a very good standard of involving the supported people, in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Statement 1.

An example of participation particular to this quality statement is that the people this service supports (and their parent's/carers where appropriate) had been involved in the recruitment of staff.

#### Areas for improvement

We have discussed how the service's staff could improve the supported people's involvement in assessing and improving the quality of care and we have reported on this fully under Quality Theme 1, Statement 1. Our comments there are also relevant to this statement.

The provider should also consider how supported people's views could be included in staff appraisal and in developing staff training plans.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### **Service strengths**

We assessed this quality statement by:

- Communicating with staff, supported people and their families/ representatives
- Speaking with other professionals involved in the care and support of the people who used this service
- Examining records, such as support plans, records made by staff, staff personnel files.

The evidence from the inspection demonstrated that the provider ensured that the people who used this service were supported by small teams of caring, well informed and motivated staff. Our examination of documents and communication with staff and service users suggested the staff team operated in keeping with the National Care Standards, legislation and best practice.

New staff members had participated in an induction. Records showed that senior staff assessed new staff's understanding of different areas of practice over a period of time. Staff told us the induction also included shifts 'shadowing' an experienced staff member. The amount of shadowing experiences was also variable based on staff's professional experience and their need. We also noted that shadow shifts were given to experienced staff before they supported a different person for the first time. The provider had plans to develop the induction period and we look forward to following this development during future inspections.

Many of the staff team came to the service with a wealth of expertise in the care profession. This also included having attended numerous training courses with recognised training providers. The provider had some training records for staff, but this is an area of practice that could improve and we discuss this below.

The provider and senior staff had begun to provide staff with planned 1-1 support or supervision sessions. This is in keeping with a recommendation we made at the last inspection. There is more development needed in the area of formal supports and we discuss this below in areas for improvement. However, staff were very complementary about the support provided to them. Staff were very satisfied with the level of communication and guidance they received from the provider and the senior staff.

Prior to inspections, we send questionnaires to providers seeking staff's views. We were very pleased to receive 100% of these completed questionnaires back. This suggests a well-motivated team who are encouraged to be part of the inspection. All the staff who completed the questionnaires gave their names and their private

telephone numbers. We contacted all staff and spoke with two on the telephone. Staff were very satisfied in their jobs and enjoyed their work.

The provider had plans in place for all staff to attain a 'Scottish Vocational Qualification' (SVQ) in order to meet the registration requirements of the 'Scottish Social Service's Council' (SSSC). Registration for carers is not required until 2020, however, the manager was actively looking at ways to provide this accreditation to staff.

### Areas for improvement

The provider had started to hold 1-1 supervision meetings and there had also been some staff team meetings. This addressed a requirement and a recommendation from the last inspection. There were difficulties for the service in accessing suitable meeting places. However, the provider is aware that it is not acceptable for staff meetings to take place in supported people's homes. Not many support sessions or staff meetings had taken place. We have amended the recommendations into one, calling for the provider to develop a plan or schedule for the timings of the different staff supports to take place. **(See Recommendation 1).**

Although we found records of staff training, they were not complete. The provider was able to present more records on the second day of inspection, however, they were still not complete. The provider is responsible for maintaining a record of training, we restate the requirement and remind the provider that training records include induction. **(See Requirement 1).**

The provider had made some good progress in addressing a recommendation about training we made at the last inspection, as all appropriate staff had attended training in behavioural approaches. However, several staff had yet to complete adult protection training. The provider needs to ensure all staff have attended training in adult protection. **(See Recommendation 2).**

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 2

### Requirements

1. The provider must keep a record of the training that each member of staff has undertaken, including induction.

This is in order to comply with:

**SSI 2002/114 Regulation 19 (2)(a) - a requirement for ensuring records are kept of all persons employed in the service.**

**Timescale for meeting this requirement: 2 weeks from receipt of this report.**

## **Recommendations**

1. The provider supports staff in keeping with a staff support (individual and team) schedule, which shows the frequency and the time that the different staff supports will take place.

**Reference: The Scottish Social Services Council Codes of Practice for Employers, and National Care Standards Care At Home, Standard 4: Management and Staffing.**

2. The provider supports all staff to attend regular training in adult protection and challenging behaviour.

**Reference: National Care Standards Care At Home, Standard 4: Management and Staffing.**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

We assessed this quality statement by:

- Communicating with staff, supported people and their families/representatives
- Examining records, such as support plans and review records and records of meetings with supported people/their representatives/carers.

We have discussed how the provider and the service's staff have evidenced a very good standard of involving the supported people in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Statement 1.

An example of participation particular to this quality statement, is that the people this service supports (and their parent's/carers where appropriate) have very regular contact with the provider. The people we spoke with, told us they felt the provider "fought their corner" and adapted the service provided, to meet their needs. The provider has attended all care reviews and as such has first-hand information and views for supported people.

### Areas for improvement

As the service grows, it is unlikely that the provider will be able to attend all the care reviews. They should consider how they will retain their very good level of involvement.

**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 provider is fully qualified in social work, with extensive social care experience and skills in supporting people with learning disabilities. These skills had been put to very good use in developing a support service that provided very good care and support. The provider is responsible for the care planning, reviewing and monitoring of the service. We know that the people who use this service users/family feel that they received a very good service.

The provider had very good oversight of the quality of care provided in the service. Examples of how they achieved this include:

- They gained feedback on the service from their regular visits to supported people/their families and during the reviews they carried out with them
- The provider was described by staff and supported people/family as being approachable and available to them at any time. Staff felt well supported
- The supported people told us, they felt they were living their lives as they wanted. One person had wishes to live elsewhere, however, this was due to a desire to be closer to their family and did not reflect negatively on the service
- The family and supported people we spoke with, felt they had ample opportunity to give their views to staff and the manager
- One of the Directors of the company that provides this service, had carried out audits since the last inspection. These audits looked at several areas of staff practice including, reconciled financial records staff made with the monies held, looked at the security of the finances and the medicines staff looked after, assessed the first aid provision available to staff who supported people for 24 hours a day and such like. This goes some way towards addressing a recommendation we made at the last inspection about designing a quality assurance system. Please see areas for improvement below
- The service had also recently employed a permanent administrative worker who had implemented an effective file management system. This fully addressed a requirement from the previous inspection.

### **Areas for improvement**

The provider had several plans and interests to develop in the service, amongst them, induction, training, the staff meetings and supports. Until recently this service was small enough for the provider to be fully involved in most of these. However her attention also got drawn into the development of new support arrangements. This and the service's lack of experienced administrative support had limited their progress in the area of staff support and development. However, the new administrative had begun to help the provider structure the service better. We recommend that the

provider and her senior staff team agree roles and responsibilities, so that planned improvements and developments can be followed through on. For example, the Director's audits are a good start at quality assurance, however, to be really valuable they need to take place more often. The provider also needs to consider what audits/ checks they need to carry out when staff are providing more part-time care. **(See Recommendation 1).**

Where a supported person has a legal guardian a copy of the guardian's authorised powers should be held in the person's file **(See Recommendation 2)**. The Mental Welfare Commission's publication 'Working with the Adults with Incapacity (Scotland) Act' provides very good guidance for care services.

The provider will need to consider how often they will 'refresh' staff training or supplement their learning in different subjects. We recommend that they produce a policy that uses authoritative sources (such as the Health and Safety Executive's guidance, available at [www.hse.gov.uk](http://www.hse.gov.uk) ) to inform their planned programme of staff learning and development. **(See Recommendation 3)**. We suggest that the provider adopts the SSSC post registration training and learning requirements and recording, to ensure all staff's learning (some of which could come from team meetings and 1-1's if structured appropriately) is kept up to date and recorded in sufficient detail. The SSSC requirements for registered workers call for staff working in adult services to be able to evidence in writing that they have undertaken an average of 10 days or 60 hours training and learning in a 5 year period.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. The provider and her senior staff team develop a scheme of delegation that describes their agreed roles and responsibilities so that planned improvements and developments can be progressed.

**Reference: National Care Standards Care At Home, Standard 4; Management and Staffing.**

2. Where a supported person has a legal guardian the provider ensures that a copy of the guardian's authorised powers are held in the person's file.

**Reference: National Care Standards for Care at Home, Standard 3: Your Personal Plan.**



3. The provider produce's a policy that uses authoritative sources (such as the Health and Safety Executive's guidance, available at [www.hse.gov.uk](http://www.hse.gov.uk) ) to inform their planned programme of staff learning and development.

**Reference: National Care Standards Care At Home, Standard 4; Management and Staffing.**

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

### Action Plan

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

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings	
17 Feb 2014	Announced (Short Notice)	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
20 Aug 2013	Re-grade	Care and support	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate
9 Aug 2013	Re-grade	Care and support	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	1 - Unsatisfactory
31 May 2013	Unannounced	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
6 Jun 2012	Announced (Short Notice)	Care and support	5 - Very Good
		Staffing	4 - Good

## Inspection report continued

		Management and Leadership 4 - Good
30 Apr 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - 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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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

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Telephone: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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