

# Linlithgow and District Community Day Care Centre Support Service

Linlithgow Partnership Centre  
High Street  
Linlithgow  
EH49 7EZ

Telephone: 01506 847 496

**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2024

**Service provided by:**  
Linlithgow and District Community  
Day Care Centre a Scottish Charitable  
Incorporated Association

**Service provider number:**  
SP2016012702

**Service no:**  
CS2016346520

## About the service

Linlithgow and District Community Day Care Centre is a Scottish Charitable Incorporated organisation formed in October 1986 and has been registered with the Care Inspectorate since 13 December 2016.

The service is registered to provide day care support for up to 16 older people each day, living in Linlithgow and surrounding areas. The centre operates from Monday to Thursday each week, excluding public and local holidays, between 9am and 3pm.

The service provides transport for people to and from the day centre and has a designated driver, escort and access to a minibus. The service is based within Linlithgow Partnership Centre in the town of Linlithgow, West Lothian.

## About the inspection

This was a follow-up inspection which took place on 1 October 2024. The inspection was carried out by one inspector from the Care Inspectorate to follow up on a requirement made at a previous inspection in May 2024.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we visited the service, spoke to management, and reviewed documents.

**Key messages**

- The service had put in place support to create effective quality assurance processes for concerns and complaints, incident, accident and adult protection concerns.
- These systems allowed the monitoring of compliance and an action plan was in place to address any areas for improvement identified during quality assurance activity.

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

4 - Good

A requirement was made at a previous inspection in May 2024. The service had made significant improvements in relation to this requirement. The service had met this requirement at this inspection.

The requirement was in relation to quality assurance (see section: 'What the service has done to meet any requirements we made at or since the last inspection').

As there were improvements in the quality assurance of how people were supported, and how this improved monitoring and improvement planning within the service, we have re-evaluated quality indicator 2.2 from adequate to good. The overall evaluation for this key question is good. An evaluation of good applies where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

### Requirements

#### Requirement 1

By 30 August 2024, the provider must maintain a robust quality assurance and auditing system. In order to do this they must:

- demonstrate through effective quality assurance systems and monitoring, that people's support is effectively implemented by staff
- ensure the manager has oversight of all concerns and complaints raised, and that these are fully investigated and responded to in accordance with the provider's complaints policy and procedure
- ensure that incidents, accidents and adult protection concerns are appropriately actioned, reported and recorded
- ensure that quality assurance systems effectively monitor compliance and identify areas for improvement
- ensure a SMART action plan is developed and processed to address any areas for improvement identified through any aspect of the quality assurance processes. This should include, but is not limited to, what actions have been taken and what the impact of these improvements have been.

- ensure the registered manager is supported with implementation of the above and ensure they have the opportunity for ongoing professional development and support, including supervision and annual appraisal.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 5 July 2024.**

### Action taken on previous requirement

The service had put in place support to create effective quality assurance processes for concerns and complaints, incident, accident and adult protection concerns, to ensure these were appropriately actioned, reported and recorded. These systems allowed the monitoring of compliance and an action plan was in place to address any areas for improvement identified during quality assurance activity.

Supervision and annual appraisal had been arranged for the manager to ensure they have the opportunity for ongoing professional development and support.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that people's care and support is focussed on their individual aspirations, the provider should ensure that personal plans outline the support that will be provided to help people to achieve this, and have sufficient detail to reflect their individual needs, rights, choices and wishes. This should also include a review of risk assessments to ensure these are consistent and detailed and include appropriate control measures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 3.07).

This area for improvement was made on 5 July 2024.

## Action taken since then

This area for improvement was not evaluated at this inspection.

This area for improvement will remain in place and will be evaluated at next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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