

Fraserburgh Day Opportunities Support Service

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Unannounced

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Aberdeenshire Council

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About the service

Fraserburgh Day Opportunities is a day service provided by Aberdeenshire council. The service provides day support, work-based experiences and group activities for adults with learning disabilities, autism and mental health conditions.

The service operates from a main building in a quiet residential area of Fraserburgh, with two work-based hubs in the local community. Transport, to and from the day service, was provided.

At the time of inspection, the service provided a day service to 33 people. The service can also provide care at home but was not providing this service at the time of inspection.

About the inspection

This was an unannounced inspection which took place between 19 and 23 May 2025. The inspection was carried out by one inspectors from the Care Inspectorate.

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:

- spoke with eight people using the service and nine of their family
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 21 surveys returned to us.

Key messages

- People and families praised the Fraserburgh Day Opportunities, describing it as a "vital" service.
- People could, and were encouraged to, explore their passions.
- Staff were knowledgeable about people's health needs.
- Staff were kind, caring, and had time to have fun with people.
- Medication systems required improvement.
- Leaders were supportive but did not have sufficient tools to support effective quality assurance.
- Improvements were needed to ensure the environment was safe.
- Reviews and care plans did not always lead to people meeting their goals.

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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated different parts of this key question as very good and adequate, with an overall grade of adequate. Significant strengths were seen in supporting people to get the most out of life, however support of people's health and wellbeing required improvement.

People were happy at their day service. People told us they enjoyed attending the service. One person said, "I have made a lot of new friends since coming here". All families we spoke to, spoke highly of the service. One family told us "No one is isolated, everyone is included". People and families agreed that the service was of great benefit to people's lives.

The service offered a wide range of social and creative activities that allowed people of all abilities to take part. People proudly displayed crafts and artwork they had made. People had formed an inclusive music group and were delighted to tell us they had recently performed for friends and families. People could, and were encouraged to, explore their passions.

Staff encouraged people to take part in recreational activities, such as swimming, sport groups, and bowling. Staff were trained to support people with physical disabilities on trampolines in "rebound" therapy. One person looked delighted coming out of their wheelchair and being supported to use the trampoline. We could see from the happy expressions that this had a positive impact on the person's mental health. People, of all abilities, were supported to take part in physical activity.

The service offered work-based programmes to support people learn new skills. The service offered opportunities at two local venues, "Can-Do" and "Connect in the Broch". People were enabled to be an active member in their community while at these services. People at both venues told us that they enjoyed their work and it was clear that they had developed strong relationships with the staff. These relationships and work-based activities had a clear positive impact on people's self worth and confidence.

Staff were knowledgeable about people's health and sensory needs. For example, staff knew that one person could not tolerate strong smells. Professional guidance for conditions, such as epilepsy or swallowing difficulties, was in the care plan. Staff knew and followed this guidance to keep people safe. People were supported well with their health and wellbeing needs, by staff who knew them well.

People who experienced stress and distress were supported by staff who understood their needs. Staff were trained in techniques to support people when they became agitated. Families reported that the service had a positive impact on people's mental health. One family member told us "Since coming to the service their behaviour at home has improved, we have much less incidents. The service has had a definite positive impact on his mental health." People's mental health was positively impacted by the service.

Staff made appropriate referrals when people's health needs changed. For example, referrals were made to psychology and speech and language therapy (SALT) when a person's behaviour changed. When one person experienced swallowing difficulties, the service raised this with SALT. People could trust that the service worked with other professionals to improve their health and wellbeing.

Medication systems required improvement. Medication expiry dates were not checked regularly, which could result in people receiving medication that is not effective. People did not have the necessary documents and care plans in place to support safe and person-centred medication administration. The medication policy did not highlight the need for people to have a medication assessment. Staff had not been observed regularly, to ensure they were competent in medication administration. The provider must review its medication procedure and systems to ensure that people experience safe and effective support with medication. **(See Requirement 1)**

Requirements

1. By 18 July 2025, the provider must ensure that people benefit from safe medication practices and procedures. To do this the provider must, as a minimum:

- a) Review the medication policy to ensure this reflects best practice guidance and health and social care standards.
- b) Ensure people are assessed and their medication care plan meets their needs.
- c) Ensure systems are in place to audit medication and check expiry dates.
- d) Ensure staff are competent in administering medication.

This is 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 the Health and Social Care Standards (HSCS) which state that:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Leaders were supportive and present within the service. Leaders attended daily meetings, directing staff, to ensure that people got the support they needed. One staff member told us, "I feel supported, their door is always open". Some families reported that leaders were not always accessible and were unsure which leader to approach with concerns. The provider agreed to clarify roles and responsibilities to ensure families knew where to raise concerns. We will review this at future inspections.

Leaders did not have sufficient tools and processes to support effective quality assurance. For example, the training report was not current and did not give leaders an accurate view of what training staff required. The provider should review quality assurance tools and ensure they result in service improvements. **(See Requirement 1)**

Leaders had completed a service improvement plan (SIP). The plan was not reviewed regularly and did not reflect feedback from people or families. People were not being actively involved in shaping their service. The provider should review how it seeks feedback from people and their families, to inform service improvements. **(See Requirement 1)**

Unplanned events, such as accidents, incidents and medication errors, were recorded consistently by the service. Leaders investigated these events and shared learning within the team to support reflection and improvement. Where needed, the service made appropriate notifications to relevant bodies, such as the Care Inspectorate and the Adult Protection team. People benefitted from a transparent leadership team and a culture of learning.

Complaints could be made; however, the policy was not accessible to people using the service. This may result in people not being able to make complaints or understand how to complain about their service. The service had not received any formal complaints; however, leaders did not keep a record of informal complaints and concerns. The provider has agreed to review how they record concerns and less formal complaints. We will review this at future inspections.

Requirements

1. By 18 July 2025, the provider must ensure that people benefit from robust quality assurance systems and processes to ensure that the service is monitored and audited. To achieve this the provider must, at a minimum:

- a) Review current audits, reports, and checks to ensure these meet the services needs. This should include, but is not limited to, an environment audit.
- b) Review the frequency of current audits and checks and implement a plan to ensure these are carried out on time, by suitably skilled individuals.
- c) Ensure leaders regularly quality assure people's experiences and staff practice.
- d) Use feedback from people, staff, families, and quality checks and audits to inform the service improvement plan.

This is 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 the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

5 - Very Good

We found significant strengths in how the staff team supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff had built positive relationships with people and were knowledgeable about their needs. Staff were kind, caring, and did not appear rushed. This allowed them time to chat and have fun with people. The service had a core staff team, supported by a 'bank' of regular relief staff. People were supported by staff who knew them well.

Staffing numbers met people's identified needs. The service had a clear staff plan, detailing who would be attending the service each day. Staffing numbers were assessed based on the amount of people; their care needs and the activities being offered. People who required more staff had this available to them. People had enough staff to give them the care and support they needed.

Leaders developed rotas that met people's needs whilst considering each staff member's individual skills and attributes. People were matched to staff for certain activities, such as rebound therapy. Staff clearly enjoyed their role in supporting activities, meaning they had been matched to people who had shared interests. People benefitted from staff with the right skills, working at the right times.

Staff communicated well, to ensure that people's needs were met. Daily meetings gave staff a clear plan for the day. Senior staff were present and available at all times. Staff told us that leaders could be contacted with ease. One staff member told us "Their door is always open." The staff team worked well together to benefit the people they supported.

People who required more intensive support, received care from one regular staff member. This resulted in consistency and positive experiences for people. When their regular staff member was unable to work, this sometimes resulted in less consistent care. The provider agreed to explore how they can lessen the impact of changes to regular staff. We will review this at future inspections.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had access to indoor spaces that met their needs. There were various areas that could be used for work-based activities, recreation and personal care. Indoor areas were neat and tidy. People's art and craft projects were displayed around the building. All buildings were accessible to people with physical disabilities. People benefitted from well decorated and accessible indoor spaces.

The main building was spacious, allowing people to gather and chat with staff and friends. People benefitted from smaller quiet areas where they could relax. People could purchase snacks and drinks at a tuck shop. The dining room had ample space for people to either gather with friends or eat in a quieter area. Indoor spaces offered plenty of choice to meet people's needs.

People could enjoy outdoor spaces at the service. The grounds were well maintained and attractive, allowing for people to enjoy plenty of natural light and fresh air. Some garden areas could benefit from some attention, with plant pots requiring a freshen up. The provider agreed this could be a beneficial project for people to be involved in.

There was no directional signage to support people to orientate themselves in the building, for example signs to tell people where the nearest bathroom was. Rooms were named after colours, such as "The purple room". This did not tell people what the function of the room was. The provider should review signage to support people to find their way around with ease. **(See Area for improvement 1)**

Leaders did not have sufficient oversight of the environment. Fire extinguishers were not serviced in all areas of the service. Whilst the service appeared clean, we were not confident that leaders had oversight of infection prevention and control practice in the service. For example, bathrooms and kitchen areas did not have cleaning records. People should experience a safe and clean environment. **(See key question 2 "How good is our leadership?" Requirement 1)**

Areas for improvement

1. To ensure that people can orientate themselves in the building independently the provider should review the signage in the building. This should include directional signage and signage that gives a clear indication of what each rooms purpose is.

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

"I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care plans were in place for all people. Some care plans were person centred, with pictorial activity planners and information about people's likes and dislikes. However, people could not easily access their care plans, and they were not always presented in ways that would be meaningful for people. The provider agreed to consider how care plans can be made more engaging and accessible. This should result in people being involved in their care plan. We will review this at future inspections.

Most care plans were reviewed regularly. Care plans contained the necessary professional guidance to allow staff to provide consistent health care and support, for example epilepsy care plans and safe swallowing guidance. However, plans lacked detail, leading to inconsistent care. One person's communication guidance was did not contain sufficient information, resulting in poor interactions with the person. The provide must ensure that care plans contain sufficient detail to allow for consistent and respectful care. **(See Requirement 1)**

People's care was reviewed regularly and the service sought people's, families, and other care professional's views. Reviews focussed on people's experiences and helped people to identify what worked and what did not. However, when people requested changes to their care and support, the service did not always act on this quickly. This resulted in people attending groups that they did not enjoy. The provider must ensure that people's goals and wishes, sometimes referred to as outcomes, are supported and worked towards. **(See Requirement 1)**

Leaders regularly reviewed risk assessments, reflecting the amount of support people needed. However, when people were subject to restraints, such as restricting them from leaving the service independently, there were insufficient risk assessments and legal agreements held in the care plan to justify this. The provider must ensure that risk assessments consider the impact of restraint on people's wellbeing. **(See Requirement 1)**

Requirements

1. By 18 July 2025, the provider must ensure that people benefit from care and support that is planned, within legal frameworks, and meets their individual needs and wishes. To do this the provider must, at a minimum:

- a) Ensure care plans have sufficient detail to result in consistent and respectful care.
- b) Ensure that any restriction is supported by clear risk assessments and are in line with legal frameworks.
- c) Ensure that, when people identify new goals or outcomes, these are planned and supported promptly.

This is to comply with Regulation 4(1)(a) and (5)(2)(c) 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 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 1.15)

And;

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3)

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

The provider should ensure that each service user receives a review at least on a six-monthly basis.

National Care Standards support services. Standard 4: support arrangements.

This area for improvement was made on 23 February 2016.

Action taken since then

All care plans that we sampled had been reviewed in the last six months. Review meetings had taken place regularly. Leaders had good oversight of when reviews were due and was actively scheduling these with people and their families. Families told us they were involved and invited to regular reviews. The provider had improved, ensuring people benefitted from regular reviews of care and support.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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