

Lorne Resource Centre Support Service

Soroba Road
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Argyll and Bute Council

Service provider number:
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Service no:
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About the service

Lorne Resource Centre is a support service (day care) registered for up to 25 adults who have a learning disability, mental health problem and/or physical disability.

The service is provided by Argyll and Bute Council within premises located in Oban. The Community Resource Team providing care at home and housing support to up to six people is integrated with Lorne Resource Centre.

The resource centre has a range of large and smaller rooms which are used for individual and group events and activities. Accessible toilets are available and there is a dining room where people can eat and drink together. A small kitchen area is available for preparing hot drinks and snacks. People attending the resource centre bring packed lunches to the service.

At the time of inspection, the service was supporting 16 people who attended the resource centre at varied pre-arranged days and times throughout the week.

The registered manager of the service was supported by a senior support worker, three key support workers and a team of support workers.

About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 May 2025 between the hours of 9am and 5pm. The inspection was carried out by one inspector 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 informally with six people using the service and three of their family members.
- Spoke with five staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

Staff understood people's health needs and provided compassionate care and support.

Medication practice was safe .

Staff had access to regular support and supervision from managers.

Staff worked well together and shared their knowledge and skills.

The service improvement plan was not used effectively to drive improvement.

The setting was clean and well maintained.

Personal plans were up to date but did not reflect people's goals and outcomes.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. A number of important strengths contributed to good health and wellbeing outcomes for people.

Effective systems were in place to record and communicate people's health and wellbeing needs. Staff understood people's health needs and were able to identify changes in health. These changes were clearly communicated amongst the team and personal plans were kept up to date, as people's needs changed. Daily 'handover' meetings supported staff to share information effectively. Staff were engaged in this process and contributed ideas and suggestions about how to support people well. Staff shared feedback from health and social work colleagues, where appropriate. Positive working relationships with external health professionals helped to ensure people had access to the right support to manage their health needs. This meant that staff had access to relevant and current information to support people well. The service did not play a significant role in managing people's health needs, but staff understood their responsibility, to ensure people were safe and well. Families told us that they felt confident staff would take appropriate action where required.

Medication was managed appropriately in the service. An updated medication policy was available, and all staff had undertaken medication training. Where people required support with medication, this was stored appropriately and recorded in their personal plan. Paperwork was in place to monitor medication administration. This assured us that staff were following the organisational policy and procedure, which was based on best practice guidance. The provider was in the process of developing a system of competency checks for medication. We asked the provider to ensure staff had access to clear guidance about competency checks, to support them to support positive outcomes for people.

Mealtimes were well organised and enjoyable. Meals were not provided by the service, but people were encouraged to bring a packed lunch. On some days, people were supported to go out for lunch together. People were encouraged to eat together, and staff facilitated lots of conversation and interaction between people. People were encouraged to make healthy choices, where possible, which supported learning about healthy lifestyles. The setting does not have suitable facilities to support people to cook or prepare meals together. This would provide further opportunities for people to learn about healthy eating and develop independent living skills. See key question 4 'How good is our setting?'.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths which supported good outcomes for people but these only just outweighed weaknesses. Improvements are required to ensure people have consistently good outcomes and experiences.

Quality assurance systems had improved but were not yet fully embedded in the service. Staff were skilled at evaluating people's experiences, to ensure their support was right for them. Recording in personal plans had improved to reflect this. File audits were being completed by senior staff and follow up actions were discussed at staff support and supervision meetings. This meant that oversight of personal planning had improved, and staff had support to develop their skills in this area. Recording and follow-up of accidents and incidents was well managed, and the service had sought the views of people, and their families about how well the service was meeting their needs. We could see some changes were already underway because of this feedback.

This demonstrated that people's views were used to identify where improvements were required. Staff training needs had been analysed and additional training offered to staff. Systems for monitoring and tracking staff training, including refresher training, were not up to date. Keeping this information up to date is important to ensure staff are completing mandatory and additional training, as required, to keep people safe.

The service improvement plan was not dynamic and did not provide clarity about priority areas for improvement. A 'goal plan' was on display which outlined several goals for the service. This had not been kept up to date and it was not clear what planning had taken place, to drive these goals and improvements forward. Some family members told us they did not feel up to date about what activities, events, and plans were happening at the service. Service improvement plans can support services to identify priorities for improvement and understand the time, resources and people required to make progress towards goals. People and staff should expect to be able to participate in this process and be able to celebrate achievements and share these with their family or representatives. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection').

How good is our staff team?

4 - Good

We evaluated this key question as good. Strengths in staffing arrangements and staff skills contributed to people having good experiences and outcomes.

Motivated and compassionate staff provided a good standard of care and support to people. Interactions between staff and people were respectful and supportive. People told us the staff were kind and that they knew them well. We observed activities taking place that supported people to develop their skills and feel included. Staff understood people's support needs and worked well together as a team, to ensure these needs were met. Staff were clear about when to seek support from more senior staff and understood their responsibilities to protect people from harm. All staff had undertaken training in Adult Support and Protection (ASP). This meant that staff had the right skills and values to keep people safe.

Leaders had a good knowledge of staff skills and experience and used this to plan staff deployment. We met staff with a range of skills and experience and observed staff sharing their knowledge and modelling good practice. The provider had made improvements to systems for tracking staff supervision, and we sampled supervision records which reflected good quality discussions with staff about their knowledge, skills and development needs. This meant that staff had support in place to share concerns and discuss their learning needs and development goals. The service had been impacted by some long-term sickness which had an impact on workload. The provider had taken action to address this and had additional bank staff available. Recruitment processes were safe which helped to protect people from harm. We asked the provider to continue to monitor staffing levels, to ensure they take account of staff wellbeing as well as meeting the needs of people using the service.

There were some processes in place for formal communication but these were not sufficient to include staff in development of the service. The daily handover meeting provided good opportunities for discussion of people's needs, forward planning and tracking of appointments and activities. Team meetings were not taking place. This meant that opportunities were missed to bring staff together, to identify priorities for the service, share their views and have these recorded. Effective team meetings can help staff to identify improvements, share responsibility and track progress. Deployment of staff was effective for meeting the needs of people but rotas did not reflect sufficient opportunities for service development activities and staff training. See Area for improvement 1.

Areas for improvement

1. To ensure people benefit from service improvement, the provider should ensure staffing arrangements provide time for staff to engage in development tasks. This should include, but not be limited to, time for team meetings, training, planning of activities and events, and undertaking key working and 'champion' responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25).

How good is our setting?

4 - Good

We evaluated this key question as good. The environment contributed to positive outcomes and experiences for people.

The environment was adapted for use by people with a range of needs and abilities. A range of spaces were available which were attractively furnished and comfortable. Good quality materials and equipment were available for people to use. The environment had plenty of fresh air, light and spaces which could be adapted to be used for a range of activities. People had access to a safe and enclosed outdoor space which was well used during the inspection. Quiet areas were available for people to use when required. Attendance at the service was carefully planned for people, to ensure those who required more quiet time were catered for. The spaces contributed to people building friendships, and staff were skilled at facilitating this.

The setting was clean and well maintained. All staff had completed training in infection prevention and control (IPC) and used personal protective equipment (PPE) appropriately. Responsibility for keeping the environment clean and tidy throughout the day was shared amongst the staff team, with people using the service contributing, where possible, to promote shared responsibility for the space. Cleaning staff attended outside opening hours and followed cleaning schedules. This meant that the environment was kept clean which reduced the risk of spread of infection. Maintenance arrangements were in place with appropriate certification made available during the inspection. Fire safety information was easily accessible and up to date. We asked the provider to review the timing and recording of fire drills to ensure these meet best practice guidance and to support staff competence and learning around fire safety.

People using the service would benefit from a functional kitchen that could be used to support the development of independent living skills. Staff told us that this would link to other skills they are supporting people to develop such as growing food in the garden, shopping, and budgeting money. We were told this was an aspiration for the service, but this was not included in the service 'goal plan'. This meant that no formal planning was recorded to show what steps had been taken towards meeting this aim. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection').

How well is our care and support planned?

4 - Good

We evaluated this key question as good. Several important strengths in personal planning contributed to positive outcomes and experiences for people.

Personal plans were up to date and contained clear information about people's needs and circumstances. The service had made changes to personal plans to make them more streamlined. Key information was accessible and clear.

People's support requirements were clear and guided staff to provide care and support in a way that kept people safe. Effective analysis and oversight of incidents and accidents and use of 'learning logs' by staff contributed to risk assessments that were meaningful and used to enable, rather than restrict, people. Staff discussed changing needs at handover meetings and were encouraged by leaders to complete learning logs, so this information could be captured and shared with the staff team. This meant that people's personal plans were regularly updated with relevant and useful information about their needs and preferences. Some risks which were discussed at handover meetings were not recorded in people's personal plans. This meant that staff may not have had the right information to keep people safe. (See area for improvement 1).

Good processes were in place for arranging and tracking reviews of people's care and support. Reviews had taken place for most people which meant that people and their representatives had opportunities to share their views and contribute to personal planning. We identified that some reviews had not taken place within the required six-monthly period. Leaders took action to resolve this during the inspection. Some family members told us they had not seen the personal plan for their family member. We asked the provider to look at processes around reviews to ensure family members have opportunities to read the personal plans if they wish to do so. The service had obtained copies of legal documentation, such as guardianship orders, where appropriate. This meant that staff and leaders had access to the right information to ensure people's legal rights were upheld.

Personal plans did not contain clear information about people's desired outcomes. Effective use of personal outcomes in personal planning can promote a sense of identity and involvement for people. When personal outcomes are used to measure the effectiveness of a service, this can lead to increased wellbeing for people and a sense of achievement. This also promotes accountability for staff and encourages reflective practice. The provider had good quality paperwork to support discussion and planning around personal outcomes, but this had not been implemented by the service. Staff were able to tell us about people's outcomes and told us they had recently undertaken some training to promote their understanding of a personal outcomes approach. Leaders assured us that additional training and development was planned to embed this approach in the service. We asked the provider to continue to develop this to enable a more aspirational approach to support planning for people. (See area for improvement 2).

Areas for improvement

1. To keep people safe, the provider should ensure that personal plans and risk assessments are regularly updated as people's needs and risks change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

2. To promote positive outcomes for people, the provider should ensure that staff have the right knowledge and skills to meet their needs. Staff should have training and support to understand and implement a personal outcomes approach so that people's outcomes and aspirations are reflected in their personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

By 30 December 2024, the provider must improve procedures and practice for medication management, to ensure that medication is managed and administered safely. To do this, the provider must ensure, at a minimum:

- a) The medication policy is updated in line with current good practice, to support staff in their responsibilities for medication management.
- b) Staff practice and competency in medication support is regularly assessed.
- c) All people that receive medication support have a risk assessment that is completed by an appropriately skilled person, to identify the level of support required.
- d) Staff are able to distinguish the different levels of medication support people require and know what steps to take if someone's needs change.
- e) When staff provide support to people with medication accurate records are kept.

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

This requirement was made on 24 August 2024.

Action taken on previous requirement

The organisational medication policy had been made available to the service and was up to date, reflecting current good practice guidance.

The service provided medication support for very few people but a safe process was in place for storage and recording of this medication. A locked medication cabinet was in place and staff had clear guidance and paperwork to complete, to ensure medication was managed safely.

Where people are supported with medication, this is recorded in their personal plans alongside a medication protocol. We asked the provider to ensure quality assurance processes were used effectively, to ensure this information was as clear as possible to reduce risk of errors or confusion.

All staff had undertaken training in medication administration and were able to distinguish between the different medication support levels.

Systems for staff competency checks were still being developed by the service. We have made a new area for improvement under Key Question 1, to ensure this system is progressed to provide assurances that medication processes are safe.

Met - within timescales**Requirement 2**

By 30 December 2024, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the service. To do this, the provider must at a minimum:

- (a) Ensure staff responsible for carrying out quality assurance activities have access to an up to date quality assurance policy and clear guidance.
- (b) Produce a quality assurance schedule and ensure this is followed.
- (c) Obtain regular feedback from people, relatives, and staff to inform improvements in the service.
- (d) Review and share the service improvement plan at regular intervals to demonstrate improvement.
- (e) Develop, with input from people, families and staff updated 'Aims and Objectives' which reflect the overall vision and direction of the service.
- (f) Schedule regular team meetings or development sessions to include staff in service improvement.

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

This requirement was made on 24 August 2024.

Action taken on previous requirement

Quality assurance processes and trackers were in place for the service. File audits were taking place and the staff supervision tracker had been regularly updated.

An audit of staff training had been completed and a tracker for recording staff training, including refresher training was in development. Further work was required to ensure this information was kept up to date. There was no clear quality assurance schedule available, to guide local managers about organisational expectations.

There were overarching aims and objectives for the learning disability service but these had not been embedded at a local level. We asked the provider to consider the aims and objectives of the service alongside the Health and Social Care Standards, to support better understanding of the scope and role of the service. (See Key Question 2).

Feedback surveys had been sent to people and their families. There had been a good response and these responses had been analysed by leaders. We heard about how this feedback was being used to help develop the service.

A 'goal plan' was in place for the service but this had not been regularly updated. We were unable to see an associated 'action plan'. It was therefore unclear how goals for the service were being monitored or driven forward. Some families were unclear about the goals of the service and staff were not clear about priorities for improvement (See Key Question 2).

This requirement is not met. We have agreed an extension to 30 August 2025.

Not met

Requirement 3

By 30 December 2024 the provider must ensure people experience support from staff with sufficient skills and knowledge. To do this the provider must ensure, at a minimum:

- a) Training needs of all staff are assessed to ensure they have appropriate knowledge and skills to support people safely.
- b) All staff receive training relevant to the work that they carry out in order to keep people safe.
- c) Training plans are regularly reviewed to reflect ongoing training needs.
- d) All staff have regular competency checks and observations of practice relevant to the work they are undertaking and these are clearly recorded.
- e) All staff have access to regular supervision and appraisal to discuss their development needs.
- f) Less experienced staff have formal arrangements in place for mentoring and development.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 24 August 2024.

Action taken on previous requirement

Learning needs analysis had been completed for all staff. This information had been collated and used by senior managers, to identify training and development needs in the service. Core training had been identified and staff had undertaken training relevant to their roles. Training and development was being discussed at support and supervision sessions, to assist staff to identify their development needs and goals. Supervision sessions were taking place regularly and were planned in advance. Mentoring arrangements were in place for new and less experienced staff.

We have made a new area for improvement under key question three, to ensure training records are maintained effectively.

Met - within timescales**Requirement 4**

By 30 December 2024, the provider must ensure each service user has a personal plan in place which reflects their needs and outcomes. This must set out how the service user's health, welfare and safety needs are to be met. To do this the provider must, at a minimum, ensure that:

- a) The personal plan sets out how the service user's needs will be met, as well as their choices, wishes, and preferences.
- b) Relevant risk assessments are completed and used to inform the personal plan.
- c) Personal plans are reviewed at least once in every six-monthly period, or where there are significant change in the service user's health, welfare or safety needs.
- d) Personal plans are updated following reviews to reflect changes, goals and aspirations discussed at review.
- e) People or their representatives have access to a copy of their personal plan if they so wish.
- f) There is regular quality assurance of personal plans and follow-up of identified improvements.

This is to comply with Regulation 5(1) and (2) (Personal plans) 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 need will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 24 August 2024.

Action taken on previous requirement

All people using the service had a personal plan which reflected their choices and preferences.

Risk assessments were in place where necessary. We asked the provider to ensure that support requirements contained clear guidance to staff where risks had been identified. (See key question 5).

Personal plan reviews were taking place six monthly or sooner if required. A tracking system was in place to support staff to ensure reviews are scheduled and recorded. We identified two overdue reviews and gave advice to the provider, to ensure they continue to meet statutory guidance.

Personal plans had been updated following reviews and reflected the content of discussions with families and external professionals.

File audits were taking place regularly and this had resulted in improvements to the personal plans.

We have made a new area for improvement under Key Question five, to ensure risk assessments continue to be updated to reflect people's changing needs.

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 keep people safe, the service should ensure there is effective oversight of maintenance and safety of the premises. This should include, but not be limited to, ensuring there is clarity about who is responsible for maintenance audits, when these should be completed, and how any actions will be addressed and followed up.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 24 August 2024.

Action taken since then

Maintenance files were kept centrally for the building and made available during the inspection. The required documentation was in place to show that equipment had been maintained.

Fire safety records were kept in the service and were up to date.

This area for improvement is met.

Previous area for improvement 2

To ensure people's legal rights are upheld, the provider should ensure that appropriate legal documentation is obtained, safely stored and used to inform personal planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights.' (HSCS 2.3), and 'If I am unable to make my

own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 24 August 2024.

Action taken since then

The service had obtained copies of legal documentation which were stored alongside people's personal plans.

This area for improvement is 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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