

## Whins/Centre Space Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 June 2025

**Service provided by:**  
Clackmannanshire Council

**Service provider number:**  
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**Service no:**  
CS2003011573

## About the service

Whins Resource Centre is a support service for people with learning disabilities, or a physical and/or sensory impairment. This service has been registered since 2002 and is provided by Clackmannanshire Council.

The Whins Resource Centre is based in Alloa, Clackmannanshire and is a large, purpose built day service facility which includes a gym, accessible kitchen, multisensory room and craft/group rooms. The service also makes use of opportunities and facilities in the local community.

There is a statement of aims in place that includes the commitment to "provide opportunities to help individuals maintain and develop their potential for independence and self determination."

## About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 June 2025. The inspection was carried out by three 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 15 people using the service and received feedback from 4 of their family representatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People were supported with kind, dignified and respectful care.

Outcomes for people were improved because staff worked well together and had developed good relationships.

The provider needed to embed quality assurance processes to ensure continued and improved outcomes for people.

People could not be confident that staff always had the right knowledge and competency because training and supervision needed to improve.

## 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?	3 - Adequate
How good is our setting?	4 - Good
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?

4 - Good

We found several strengths that impacted positively on outcomes for people and evaluated this key question overall as good. When we looked specifically at quality indicator 1.1 "People experience compassion, dignity and respect" there were significant strengths in aspects of the care provided and we evaluated this as very good.

People experienced respectful care and support and we witnessed strong and positive relationships, humour, fun and respectful interactions between people and the staff. We heard from people and their families that support people receive promotes their identity and gives choice and we saw how well this worked during our site visits, when plans needed to change for most people. Where some people's behaviour was seen as disruptive to others, staff provided sensitive support to reduce the impact on other people. Most people told us that they do not feel involved in how the service is run however we were aware that the service has started to address this and look forward to seeing how this progresses.

We saw strong social bonds had developed because people were supported to maintain meaningful relationships with their peers. We saw how planned activities impacted positively on some people's confidence because their achievements were celebrated by their peers and staff.

The mealtime experience was supportive, inclusive and staff were involved attentive to people's needs and the activity was well led. Staff were engaged with people and joined them for lunch and people could be reassured that when they needed help with eating and drinking, this was done with respect and they were supported safely.

People could be confident that when they needed support with medication staff followed good practice guidance and administration records were clear and in order.

People were supported to make informed health and lifestyle choices and education was about how this could contribute to their overall improved health. This was done in a fun and inclusive way and offered a number of choices for people that met individual health and wellbeing needs.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The service had very recently introduced a temporary manager and we could see improvements in communication with people, focussed action planning, support to staff and in the development of the staff team. We were reassured by the provider's commitment to review arrangements for the leadership team to provide stability to the service.

When we visited the service for our inspection in January 2025, the service had introduced a new framework of audit activity to monitor aspects of service delivery and therefore support improvement in outcomes for people. We made an area for improvement to implement and embed these processes. This had not been started and we saw a new framework had been developed at this inspection. We were not able to see any

quality assurance work that evidenced that either framework had been implemented and embedded. Because this could directly impact on outcomes for people we made a requirement about this. (See requirement 1)

## Requirements

1. By 1 September 2025 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to ensuring that:

- a) the systems of quality assurance and audits are consistently completed
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) information from quality assurance is communicated to the appropriate people when necessary

This is in order to comply with regulations 3 and 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 systems' (HSCS 4.19).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. When we looked specifically at quality indicator 3.3, Staffing arrangements are right and staff work well together, we evaluated this as good.

People could be reassured that care and support was good because staff used the principles of the Health and Social Care Standards in their work. Although there was some absence in the staff team, we saw that staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people across each day. There was a warm atmosphere in the service and we witnessed good working relationships with staff at all levels and across all levels. There was effective communication between staff and staff created opportunities for discussion about their work and how best to support people. The good team working meant that staff spent as much time as possible with people.

Training needs for staff working in social care setting had been identified and made available to staff. Not all staff had not completed essential training and we saw significant gaps in training including Adult Support and Protection, Medication and Infection prevention and control. Staff supervision was very limited and observations of practice had not progressed as planned. This meant that staff may not be properly equipped with the right knowledge and skills to best support people. Because staff training, competency checks and reflective supervision had not been embedded to support better outcomes for people, we made a requirement about this. (See requirement 1).

## Requirements

1. By 1 September 2025, the provider must ensure that staff complete all identified training appropriate to their role, and apply their training to practice in order to promote the safety and wellbeing of people supported.

To do this, the provider must, as a minimum:-

- a) Ensure all staff have undertaken identified training for their role not limited to, but including, adult support and protection and infection prevention and control training
- b) Monitor staff competence through reflective supervision and direct observations of practice with actions and further training identified where required.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 3.14 "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."

## How good is our setting?

### 4 - Good

We found several strengths that impacted positively on outcomes for people and evaluated this key question overall as good.

People who access the service were supported to spend much of their time in the community, however, when people accessed the centre they benefitted from rooms with plenty of natural light, fresh air and sufficient space to meet their needs.

The centre had been maintained to a suitable standard to ensure that infection prevention and control of the environment and cleaning schedules followed good practice guidance. The centre was clean and we could see that staff took pride in their work in relation to keeping the centre fresh and tidy.

Where food was prepared staff followed food safety standards and supported people to do likewise.

We saw improved practice in arrangements for maintenance of the premises and the equipment to ensure people are safe.

We had previously made an area for improvement about the environment and this was met. (See section outstanding areas for improvement (AFI 4).

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People could be confident that care plans were being progressed and as this happened, they were involved, plans were mostly meaningful and personalised, and gave a good insight into people's preferences and wishes. However, the service had not progressed this area within their planned timescales and this meant that plans were not completed for everyone. We saw some gaps where important information about how to support people was missing. Risk assessments were mostly completed but some people did not have assessments. Some of those completed did not consider the level of risk and balance of life and enjoyment versus potential outcome of risk and were risk averse. Others had identified people at low risk (for example of choking) when their individual risk was high.

We saw very limited links between people's desired outcomes and their planned activities and this meant that people's outcomes would not be met during their support. At our last inspection in January 2025 we made an area for improvement about this. Recently the service had completed a review and we were confident in the plan to progress care plans. The area for improvement will be reviewed at our next inspection. (See section 'Outstanding areas for improvement').

## 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 get the most out of their support, the service should make arrangements to link people's activities and planners to their identified outcomes so that people have an opportunity to fulfil any wishes and aspirations.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

**This area for improvement was made on 30 January 2025.**

#### Action taken since then

We reviewed this area for improvement during our inspection. Although we could see some progress within the care planning work this was significantly slower than the service had planned. The service had recently developed an action plan to address this and identified a work plan to meet this area for improvement by end of July 2025.

The area for improvement is not met and we will continue to monitor this at our next inspection.

#### Previous area for improvement 2

The service should implement regular quality assurance audits for all aspects of service delivery, which support improved outcomes for people who use the service. The outcome of audits should be used to inform action plans to address any issues identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that,

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

**This area for improvement was made on 30 January 2025.**

## Action taken since then

We reviewed this area for improvement during our inspection. The service had developed a quality assurance framework at our inspection in January 2025. At this inspection, the service had introduced a revised framework but had not yet implemented either process to ensure regular quality assurance audits. We made a requirement about this (see: 'How good is our leadership?' - requirement 1).

## Previous area for improvement 3

To improve outcomes for people and ensure people are supported to eat and drink well, the service should:

- a) Review the mealtime experience by involving people and their representatives and take appropriate action where improvements are identified.
- b) Ensure that staff are effectively led and deployed to support people to eat and drink safely.
- c) Ensure that people have access to drinks and are encouraged to take fluids regularly, particularly those who need support with this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS1.34) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35) and, 'I can drink fresh water at all times.' (HSCS 1.39).

**This area for improvement was made on 17 October 2024.**

## Action taken since then

We reviewed this area for improvement during our inspection. The mealtime experience was supportive, inclusive and staff were involved attentive to peoples needs and the activity was well led. People had access to drinks and snacks throughout the day at Whins and in the community. This area for improvement is met

## Previous area for improvement 4

The provider should make arrangements to ensure the building is properly maintained and that any requests for work can be followed up. This should include (but not exclusive to) the heating system. The provider should make contingency arrangements for times when the building is temporarily not fit for purpose and may put people at risk of harm.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

**This area for improvement was made on 17 October 2024.**

## Action taken since then

We reviewed this area for improvement during our inspection. We saw improved practice and accountability in arrangements for maintenance of the premises and the equipment to ensure people are safe.



This area for improvement was met.

## 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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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