

## Port Seton Resource Centre Support Service

South Seton Park  
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**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2025

**Service provided by:**  
East Lothian Council

**Service provider number:**  
SP2003002600

**Service no:**  
CS2003015679

## About the service

Port Seton Resource Centre is registered to provide a support service for people with learning disabilities and physical disabilities. As well as people attending the day centre at Port Seton the service now operates groups and activities across various locations in East Lothian and also provides support for people attending college courses. The service operates between the hours of 08:45 and 16:00, Monday to Thursday, and 08:45 to 14:00 on a Friday.

## About the inspection

This was an unannounced inspection which took place on 17, 18, 19 June 2025. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with 19 people using the service
- spoke with six relatives of people using the service
- took account of electronic feedback from four relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- took account of feedback from ten involved health and social care professionals.

## Key messages

- People were well supported in accessing a range of activities in their community.
- Staff were committed to providing people with a high quality of care and support.
- People had developed positive relationships with their staff.
- People were well supported with their health and wellbeing needs.
- Staff training needed to be better organised, planned for in advance and recorded well.
- Internal communications between management and staff needed to improve so that key information was shared promptly.
- People's goals and outcomes needed to be regularly reviewed to ensure that these were clear in their support plans.
- People's individual risk assessments needed to be reviewed on a regular basis and information readily accessible to staff supporting them.

## 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?	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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People we met told us how much they enjoyed their time at their various groups and shared photographs of events/activities they had been involved in. Comments included 'I have made new friends here' and 'All the staff are great.' Staff were observed to treat people with compassion, dignity and respect and tailored people's support around their individual needs and circumstances.

The majority of relatives consulted commented positively about the service: 'My son very much enjoys all his time using this service. All staff are very friendly and I have never had any issues. He feels very comfortable with everyone, I feel all aspect of my sons development are well catered for.' 'The support from Port Seton has been really great. They are doing a fantastic job - where things are at now to where they were previously in terms of (name of loved one's) overall care are just night and day.' and 'They really are amazing the way they support people. It was amazing to see the bonds between staff and people they support and how they help them to achieve things and recognise their achievements.'

Appropriate humour was used and there was a lot of fun, laughter and socialising as people engaged in activities of their choice. It was evident that friendships had developed and people were building social networks in their communities. We observed staff to be mindful and showing due care and sensitivity to people who needed a more peaceful and predictable environment with minimal intrusions. Staff were mindful of gradually introducing new activities or experiences at a pace suited to people's individual needs. This meant that people could have confidence in their staff to promote their health and wellbeing.

Although there were records maintained of the group activities, we heard that a relative would like to have more information shared with them about what their loved one was involved in. While very complimentary towards particular staff members they expressed that their relative could have more consistent support to help them reach their full potential. The provider agreed to look at how they could improve communication with relatives who would like more detailed information about activities their loved ones were involved in.

People experienced care and support that promoted positive health and wellbeing. People told us, and we observed, that staff were attentive to any changes in people's health or wellbeing needs and sought appropriate professional involvement where necessary. Involved professionals provided positive examples where the staff team had taken prompt action to contact them when there were any changes to people's health and wellbeing needs.

Comments included: 'The staff team are responsive when information has been provided following assessment by myself and will adapt their work with the individual accordingly. Management seek support from the community learning disability health team when required and make referrals often.' and 'I have always found the staff at Port Seton Resource Centre to be very accommodating and they work hard to resolve any issues.'

Advocacy services were used to promote people's rights to have their views heard and represented. This meant that people could rely on their staff to respond promptly to any health or wellbeing concerns and contact relevant health and social care professionals.

We heard that there could be improvements made to internal communications between management. Information hadn't been shared with an involved professional leading staff to be unaware they were due to visit on two occasions. Staff expressed that there had been a few instances where key information about service users' safety and protection hadn't been shared with them. **(See Area for Improvement 1)**

The service supported people with their medication as needed. Information relating to a person's ability to manage their medication did not correspond with how they were currently supported by staff. Risk assessment information was not easily accessible to staff providing people's care and support. This meant that staff were at times unaware of potential risks to people they were supporting. **(See Area for Improvement 2)**

### Areas for improvement

1. To promote people's safety and wellbeing the provider should review internal communication systems to ensure that key information about people's safety and protection is shared promptly with the staff team.

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

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

2. To promote people's health and wellbeing effectively the provider should review people's medication support plans and ensure all risk assessment information is readily available to staff and updated when people's support needs change.

This is to ensure that practice 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)

### How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

#### Quality Indicator: 2.2 Quality assurance and improvement is led well

We received positive feedback about the management and leadership of the service from involved health and social care professionals and relatives. A relative commented 'We hold the management and staff in high regard.' We also received positive feedback about the quality of the management of the service from involved health and social care professionals. Leaders had attained management qualifications. Senior management were involved in service improvement planning.

Some progress had already been made in addressing a range of issues of concern raised by the staff team about management of the service. It was clear that action was needed to ensure that the quality of the service was being regularly monitored and to ensure that internal communications between leaders and staff were improved. We heard that since the service had changed to increasing the level of groups in the community, that there was limited managerial oversight of the quality of care and support people were experiencing. **(See Area for Improvement 1)**

Staff expressed that there was a lack of consultation and involvement in decision making, such as when changes were made to keyworking arrangements or group schedules. Some relatives we spoke with were unclear about who their loved one's current keyworker was. We heard that the office door was locked when management were having meetings/discussions. This meant that staff could not get access to medication stored there and care documentation. Senior management had already planned changes so that staff would have access to the office at all times and acknowledged the need for team building and development to improve communications. This will support people to have confidence that leaders and staff are communicating effectively to promote the best outcomes for them. **(See Area for Improvement 2)**

We heard that rota management needed to improve so that any changes to the rota were communicated effectively with people supported and their staff having sufficient advance notice of any changes where possible. The provider should continue with progressing service quality auditing and support leaders in making the required changes to promote effective communication, improve staff morale and promote a collaborative approach to decision making.

The service maintained a log of incidents and adverse events and followed their adult support and protection procedures in reporting issues to the relevant protection bodies. Staff expressed that when they reported incidents they seldom received an update to keep them informed of outcomes. There were two notifiable events that the provider was required to notify the Care Inspectorate of, as they were related to adult support and protection and a staff practice issue. Sharing information with all parties promotes people's wellbeing and protection. **(See Area for Improvement 3).**

Staff told us that as they were at different community locations now there were issues with accessing the technology needed to support them in fulfilling their roles. The management team were looking at how they could best support improvement in this area and acquire the necessary equipment for staff to readily access information and to record care provided. People supported would also be able to contribute to the support planning process more easily and be more included in their ongoing care recording.

## Areas for improvement

1. To provide people with confidence that the quality of their care and support is being regularly monitored the provider should include quality monitoring visits to the groups running in the various community settings in their quality assurance systems.

This is to ensure that practice 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)

2. To provide people with assurance that there are effective leadership arrangements to promote collaborative practice and staff involvement in decision making, the provider should continue to progress and regularly review the service action plan.

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

'My care and support is consistent and stable because people work together well.' (HSCS 3.19)

3. To ensure the information relating to the safety and protection of people is shared with all relevant parties, the provider should notify the Care Inspectorate of all reportable events as outlined in the notification guidance for care providers.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4:18)

## How good is our staff team?

## 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

### Quality Indicator: 3.2 Staff have the right knowledge, competence and development to care for and support

People spoke positively about the support they received from their staff. We observed sensitive and caring interactions between people and those supporting them. Staff we spoke with were clearly committed to supporting people to reach their potential and get the most out of their support. Staff were supported to achieve a Scottish Vocational Qualification, relevant to their role in the organisation.

Staff supervision sessions and appraisals needed to be organised more consistently and have clearer agendas and actions. Staff should have the opportunity to read and sign their supervision records to confirm that these accurately reflected discussions held. We heard from a member of staff that there had been lengthy gaps in their supervision. The provider had a supervision matrix in place which was being used to monitor frequency of supervision. The quality of supervision records and in particular the staff learning and development sections needed improvement to evidence how staff were being supported in their professional practice.

This will provide people with confidence that their staff are well supported in their ongoing learning and development.

The staff training plan showed that staff had completed a range of training courses but there were some gaps in mandatory training which needed addressed. Senior management were aware of the aspects of staff training that needed prioritised and a date for practical training had been planned for.

Ensuring that staff training receive refresher training in key areas will provide people with confidence that those providing their support have the necessary skills and ongoing training to support them safely. **(See Requirement 1)**

Staffing arrangements were being reviewed as there had been ongoing issues with communication about changes to the rota which had led to staff sometimes turning up at a location where they were not meant to be. People should know their staffing arrangements in advance. Implementing and sustaining these changes will give people confidence that their staffing arrangements are well managed. We discussed including more detail about people's assessed needs and allocated hours of support in their individual plans. This supports evidencing that staffing arrangements are right for people and are adjusted when their support needs change.

## Requirements

1. By 22 August 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staff knowledge, competency and development needs are met well.

To do this, the provider must, at a minimum:

- a) ensure that all outstanding mandatory staff training, including moving and handling training and medication training is delivered and recorded on the staff training plan.
- b) ensure that staff competency checks and observations of staff practice are regularly undertaken and recorded.
- c) ensure that the staff learning and development records are completed well and are linked to the needs of people supported.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

## How good is our setting?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

### Quality Indicator: 4.1 People experience high quality facilities

The service now operated across a range of different community settings to accommodate a range of different activities. Port Seton Resource Centre had additional spaces which people supported there could use, such as the gym hall which were available on certain days of the week. There was a well used community cafe which we heard some people supported enjoyed having their lunch in. Although some areas of the building were tired and would benefit from redecoration/refurbishment overall the settings people were supported in were of a good standard. For example, there was a lovely bright space with catering facilities where the women's group met and where they could plan and prepare meals as well as be involved in arts and crafts activities.



Cleaning records were maintained and mobility equipment was checked and regularly cleaned. There were dedicated staff assigned to specific cleaning tasks and the scheduling sheet was being reviewed for accuracy as part of the ongoing improvement plan. There were effective infection control procedures in place to promote people's safety and wellbeing. This meant that people experienced a good quality of environment that promoted their participation in a range of activities/events.

There was scope for developing the garden grounds at Port Seton so people attending could enjoy this space and there was plans afoot for this development. Staff were recording fridge temperatures but the thermometer readings did not correspond with what was recorded on the sheet and there was no guide for staff to know what the temperature range should be. This was rectified during inspection with a new fridge temperature recording sheet developed. There were some foodstuffs in the fridges which were not labelled with opening dates and the freezer was found to have frozen goods that had spilled out and needed disposed of. We would expect safe food storage and fridge temperature charts to be regularly checked through environmental audits. This meant that although measures had been put in place to promote good food storage practice this needed to be sustained and regularly checked so that people's safety is consistently promoted.

### How well is our care and support planned?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

#### **Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes**

People told us that they were being well supported to engage in a range of different activities and overall feedback from relatives was very positive about how their loved ones were being supported. Staff expressed frustration about changes to keyworking arrangements as they had put time into developing relationships with people and their relatives and felt that they had supported people well in various aspects of their lives. This, they expressed, affected the continuity of care and support planning. There was some good detailed information in people's personal plans and the majority of people consulted confirmed that they felt included in planning their support and had opportunities to attend reviews of their support. The provider had a review matrix to monitor the frequency of review meetings and any outstanding reviews were being planned for. This meant that overall people were being supported to achieve their potential and were being included in their support planning.

People's personal plans did not capture the goals that people wanted to achieve and the outcomes well. The provider should quality audit the plans on a regular basis and check that people's goals are being recorded well and that outcomes are being regularly reviewed and updated. This will support further improving personal plans and evidencing that people are being supported well in planning for their individual goals, aspirations and choices and having these reviewed and recorded consistently well. **(See Area for Improvement 1)**

#### **Areas for improvement**

1. To evidence that people are being supported to achieve their full potential, the provider should ensure that the goals and outcomes sections of people's personal plans are recorded well and demonstrate regular review.

This is to ensure that practice 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)

## 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 service should make further improvements in relation to the completion of service user's risk assessments, ensuring clear guidance is recorded for staff to follow to safeguard the identified risk.

This ensures care and support is consistent with the Health and Social Care Standards which state that 'I make informed choices and decisions about the risks I take in my life and am encouraged to take risks which enhance the quality of my life.' (2.24)

**This area for improvement was made on 20 May 2019.**

#### Action taken since then

Risk assessment information was not easily accessible to staff providing people's support on a day-to-day basis. There needed to be a more comprehensive approach to ensuring that all identified risks to people supported was well documented, regularly audited and easily accessed by those supporting them.

We have made an area for improvement under 'How well do we support people's wellbeing section of this report' in relation to staff having access to people's risk assessment information.

#### Previous area for improvement 2

Accurate individual assessment of needs for each activity undertaken needs completed to ensure that staffing can be evidenced to reflect the overall support needs of people attending the resource centre.

This ensures care and support is consistent with the Health and Social Care Standards which state that 'my needs are met by the right number of people.'

**This area for improvement was made on 19 June 2019.**

#### Action taken since then

There were records of activities maintained for the groups but some people's individual plans needed updated to reflect that their support needs and their identified goals are being met and reviewed on a regular basis.

Aspects of this area for improvement were evidenced but a more comprehensive approach to goal setting and outcomes planning was needed so that people were being supported to meet their full potential.

We have also asked the provider to include more detail about people's individual needs assessments so that it is clearer as to how ratios of staff to service users are calculated.

We have made an area for improvement under 'How well is our care and support planned?' 5.1. section of this report.

### Previous area for improvement 3

A staff training plan should be put in place that fully reflects the needs of the service. All staff should have the opportunity to attend training and have increased knowledge and skills relevant to the people they support.

This ensures care and support is consistent with the Health and Social Care Standards 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 code.'

**This area for improvement was made on 19 June 2019.**

#### Action taken since then

A staff training plan was in place but there were gaps identified in mandatory training including emergency first aid, moving and handling training and medication. The provider had responded and had identified a date to deliver in person training to staff.

We have made a requirement under 'How good is our staff team' 3.2 section of this report. This is to ensure that all staff supporting people have the required training to meet their needs safely.

### Previous area for improvement 4

Policies used to underpin and inform staff practice should be reviewed and updated to ensure they contain relevant legislation and up to date guidance.

This ensures care and support is consistent with the Health and Social Care Standards which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

**This area for improvement was made on 19 June 2019.**

#### Action taken since then

The provider had reviewed a number of key policies relating to relevant legislation and best practice guidance.

We have advised of areas where additional links to best practice guidance could be included in the policies. 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](http://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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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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