

Inspection report

Anchor Centre Support Service Without Care at Home

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Inspected by: Daphne Ndlovu
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 9 September 2009

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	13
Section 2: The inspection	16
Section 3: Other information	
Other Information	30
Summary of Grades	31
Terms we use in our reports and what they mean	32
How you can use this report	34
People who use care services, their relatives and carers	34

Service provided by:

Renfrewshire Council

Service provider number:

SP2003003388

Care service number:

CS2003001244

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Easy read summary of this inspection report

We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

 **6**  **5**  **4**  **3**  **2**  **1**
excellent very good good adequate weak unsatisfactory

We gave the service these grades

Quality of Care and Support  **4** Good
Quality of Environment  **4** Good
Quality of Staffing  **4** Good
Quality of Management and Leadership  **4** Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

What the service does well

The service has good links with providers of respite care where some of the people who use the service go. This makes respite a more positive experience for the people.

What the service could do better

At the moment entries of activities only showed when people had not enjoyed a particular activity. The service should review the way activities are recorded so that it also shows not just when people have not enjoyed an activity but when people have enjoyed the activity too.

What the service has done since the last inspection

The service has improved on the way people are involved in the Renfrewshire Day Service Review.

Conclusion

The service continues strive to deliver good care and support to those people who use it.

Who did this inspection

Lead Care Commission Officer

Daphne Ndlovu

Other Care Commission Officers

N/A

Lay Assessor

N/A

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS
Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Anchor Centre registered with the Care Commission in April 2002 to provide a day care service to a maximum of 48 service users with profound learning difficulties. The service also provides support for 5 adults with complex and challenging needs.

This purpose built centre which is managed by Renfrewshire Council Social Work Services, is situated close to the Paisley town centre. Service Users benefit from a range of resources within the centre and are also supported to access community based resources.

A manager has overall responsibility of the centre. There are also two Senior Resource Workers who form part of the centre management team on a job share.

The centre aims to "enable the service users to gain access to a range of stimulating activities which will enhance their lives."

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support	4 - Good
Quality of Environment	4 - Good
Quality of Staffing	4 - Good
Quality of Management and Leadership	4 - Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What activities did we undertake during the inspection

We wrote this report after an announced inspection that took place between 10.00am and 4.30 pm on Wednesday 9th September 2009 The inspection was carried out by one officer from the care commission.

As requested by us the care service sent us an annual report. The service also sent us a self assessment form.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents, including:

Personal plans of people who use the service

Minutes of meetings

Completed service user questionnaires and results analysis

Service's Strategic Plan

Introductory Pack

Service Brochure

Discussions with various people, including:

- the manager
- the depute
- senior day care worker
- day care workers
- the people who use the service and their carers.

Examining the environment.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children

- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Actions Taken on Recommendations Outstanding

Two recommendations had arisen from the last inspection.

Recommendation 1

A written agreement which defines the support service to be provided must be developed and implemented. National Care Standards, Support Services, Standard 3, Your Legal Rights.

Action taken on recommendation 1

The development of individual agreements or contracts for those people using the service within the Intensive Interaction Programme remained outstanding. This had been raised as a recommendation at the last inspection and will now appear as recommendation 2 in theme 1, statement 1.

Recommendation 2

The service should ensure that all staff are trained in the 'Protection of Vulnerable Adults.' National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements.

Action taken on recommendation 2

Staff had undertaken adult support and protection of vulnerable adults training. The recommendation is met.

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act

(Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

Most of the people who use the service have no verbal communication. We visited all six units within the service and observed reactions and body language of people during the different activities they were engaged in. We asked simple questions to some of those who could respond and got positive responses about the things they were doing in the centre about the staff, and about whether they were happy or not.

Taking carers' views into account

There were no carers present on the day of the inspection however we spoke to 3 carers on the phone. The following are some of the comments that they made:

'I find the staff very good.'

'They are always helpful.'

'I am involved in my son's reviews and my views are listened to.'

'I have no problems whatsoever with the centre, I think they do a great job.'

'They contact me when my son is not well.'

'They write in the diary so that I know what has been happening with him at the centre.'

'As far as I am concerned, everything is going well.'

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

The service had surveyed parents of the people who use centre on issues such as activities, awareness of complaints procedure and whether they were happy or not happy with things in general in the centre. An analysis of the survey was done and an action plan was also being put together.

Prior to someone starting at the service, staff met with the individual and their carer to discuss things that were important for the person. Staff had a checklist to ensure that the individual's transition into the service was a smooth one.

There was evidence that people using the service had their care reviewed at least once per year. The carers of the people who use the service that we spoke with confirmed that they were involved in the reviews.

There were several established forums and committees within the service. These included the client forum, the parents committee, and the parents/keyworker meetings. A group known as the Renfrewshire Link which is made up of people with Learning Disabilities in the Renfrewshire area, had an input in the ongoing Renfrewshire Day Service review. Although none of the people who use Anchor centre were members of the Renfrewshire Link, their views were also represented.

The organisation published a newsletter. In the newsletter, the people who use the service and their relatives were invited to bring forward their views and ideas.

Areas for Improvement

In the units where there were meetings held with the people who use the service, we found that the minutes from the meetings were not produced in a user friendly format. The service should consider producing minutes in a format that would enable the people

who use the service to understand them better.

Although the service had carried out surveys, the action plan to address the findings of the survey had still not been implemented or communicated to those who took part in the survey. The manager was working on the action plan and planned to present this at the next parents' forum. This will be followed up at the next inspection.

The service should ensure that it regularises meetings and that it involves carers in the self assessment process.

The organisation still did not have a participation or involvement policy which said how people who use the service would be involved in it. This had been raised as an area for improvement at the last inspection and will now appear as recommendation 1 in theme 1, statement 1.

The development of individual agreements or contracts for those people using the service within the Intensive Interaction Programme remained outstanding. This had been raised as a recommendation at the last inspection and will now appear as recommendation 2 in theme 1, statement 1.

Within the personal files that we looked at, we noted that the risk assessments, care plans and review minutes, did not have the signatures of the people who use the service or those of the parents or carers of the individuals where the individuals could not do this themselves. The service should ensure that they demonstrate how they involve and agree any risk assessments, plans of care and review minutes with the individual people who use the service and/or their parents, carers or representatives. (See recommendation 3 in theme 1, statement 1).

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

3

Recommendation

1.

The service should develop a participation strategy that demonstrates how people who use the service and their carers will be involved to develop and improve the quality of care and support, the environment, the staffing, and the management and leadership of the service. National Care Standards, Support Services, Standard 8.10 Making choices.

2.

A written agreement which defines the support service to be provided must be developed and implemented. National Care Standards, Support Services, Standard 3, Your Legal Rights.

3.

The service should ensure that they demonstrate how they have involved and agreed any risk assessments, plans of care and reviews with the individual people who use the service and/or their parents, carers or representatives. National Care Standards, Support Services, Standard 4 Support Arrangements.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service Strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

The service had a service brochure that outlined what the service could offer. Additional information was also available on the different units within the service for example; complex needs, profound needs and intensive interaction.

A timetable of the day to day activities in the centre was displayed on the notice board.

Depending on the needs of the individual, the service sometimes used diaries to communicate information between the centre and the home. One of the parents we spoke with told us that they liked the diaries as it helped them understand what their son had been involved in at the centre.

Individuals had activity folders which contained evidence of their progress in the different activities that they took part in and also how their goals had been achieved.

The service had very good links with local colleges which provided tutors and facilitators for some of the activities in the centre. There were also people who were supported to attend courses at the college.

Areas for Improvement

The service was waiting for funding for staff to attend total communication training. This will be followed up at the next inspection.

The manager identified that staff were good at highlighting when an individual had not enjoyed a particular activity but did not always comment on when the individual had enjoyed an activity.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

See also theme 1, statement 1.1.

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

The people who use the service and their carers or representatives had been consulted about the day service review.

Around the centre we noted that there were displays or arts and crafts and paintings done by the people who use the service.

We saw minutes of a meeting where plans to paint the sensory room were discussed. We were told one some of the people in the complex needs unit had been involved in painting the sensory room and an office, while others had helped choose the colours. We asked people if they were happy with the centre and they responded positively.

The people who use the service had access to advocacy services.

Areas for Improvement

The service should show more evidence of people involvement in assessing and developing the environment.

The service should continue looking at ways that would evidence service user and carer involvement and how this has led to improvement in the environment.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We make sure that the environment is safe and service users are protected.

Service Strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

The service kept a minor repairs maintenance book. We noted that minor repairs were carried out promptly after they were reported.

There was always somebody at the reception area to see who came in and who went out of the building. Visitors to the service also signed in the visitor's book.

The service had a current personal and public insurance policy displayed on the notice board.

The service kept a record of any incidents and accidents that occurred.

The organisation had health and safety policies in place. Risk assessments of the environment were also carried out.

Areas for Improvement

There was a leakage from the roof along one of the corridors to the front of the building. The manager explained that this was as a result of damaged slates on the roof. The roof had recently been painted with anti vandal paint to try and minimise the risk of vandals going up and damaging the slates on the roof. The service was continuously looking at ways to prevent this recurring.

We noted that there were several windows facing the front of the building that had cracks on them. The cracks were on the outside window panes. The manager and the organisation's estate department were aware of this ongoing problem with vandals damaging windows. Plans to address this were discussed and developments will be followed up at the next inspection.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

See also theme 1, statement 1.1.

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

We saw training plans which showed what staff training was planned for the year. We spoke to staff who told us that the choice of training that they attended was always service user led.

The organisation had policies that supported the retention of staff.

Within the Intensive Interaction unit, where individuals used their direct payments and independent living funds to access the service, the staff in the service helped the parents to recruit the staff to do the one to one work with the individuals.

Areas for Improvement

Apart from the recruitment of the staff in the Intensive Interaction unit, the people who use the service and their carers were not involved in the recruitment of staff employed directly by the organisation. The manager discussed with us local plans to ask parents what questions they would want to ask future workers. We will follow this up at the next inspection.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

A central audit was conducted on the provider's policies and procedures relating to safer recruitment. A number of staff files were viewed in order to assess how effectively the provider implemented safer recruitment.

A draft Recruitment and Selection Policy document which outlined the provider's approach to recruitment was available for inspection.

Applicants were supplied with information relevant to the post applied for including the council's aims and objectives.

An Interview Assessment process was used to record the responses of candidates at interview and to ensure that all relevant documentation had been requested and received.

There was a system in place to ensure that candidates were physically and mentally fit for the post for which they were being interviewed.

There was a robust system in place to ensure that Disclosure Scotland checks were in place and securely recorded.

There was a system for recording whether staff were registered with professional bodies like SSSC and GTC.

Areas for Improvement

Corporate Services Personnel are currently in the process of transferring their paper files to an electronic database. This made it difficult to access some files and as a result some records were not available at the time of inspection. See recommendation 1 in theme 1, statement 3.2.

The draft Recruitment and Selection Policy developed by Renfrewshire Council has been in draft format for three years. This should now be formalised.

All successful applicants including supply staff should receive a letter of appointment.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Safer Recruitment - Inspection Focus Area (IFA) outcome

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

Recommendation

1.

The provider should ensure that there is an audit trail of safer recruitment practices taking place and that records are consistent and accessible. SSSC Code of Practice - Employer - Make sure people are suitable to enter the workplace, 1.1 Using rigorous and thorough recruitment and selection processes.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

See also theme 1, statement 1.1.

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

Parents of the people who use the service confirmed that the manager communicated well with them.

The director of the organisation had visited the service and met with some of the people who use it.

Views of the people who use the service and those of their carers had been sought during the day services review.

The Renfrewshire Link which represents the views of local people with learning disabilities have an opportunity to put their views to management of the organisation.

Areas for Improvement

Evidence demonstrating how people using the service, or their relatives or representatives, had directly influenced the quality of management and leadership in the service was limited.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we spoke to the manager, depute, and staff, reviewed personal plans, reviewed other documents including minutes of meetings, and talked to relatives of the people who use the service.

Staff achievements were recognised by inviting those staff who had achieved something, to a buffet at the town hall. The manager also verbally appraised staff for their achievement.

The service was involved in a pilot scheme to put bus guides through SVQ II training.

The deputy manager attended intensive interactive forums with other agencies such as teachers and speech and language therapists who undertake intensive interaction work.

Systems for staff supervision were in place. Staff spoken with stated they felt valued and comfortable within the service.

Staff practice and interaction with those who use the service were observed to reflect up-to-date knowledge and best practice guidance.

The service demonstrated its commitment to continuously striving to improve practice by identifying areas for improvement within its self assessment.

Areas for Improvement

Staff supervision was irregular and not in line with the organisations policy on supervision.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

There have been two complaints raised against the service since the last inspection. At the time of the inspection, the investigations on the complaints had still not been concluded.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

N/A

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

Summary of Grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good

Inspection and Grading History

Date	Type	Gradings
8 May 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

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ਬੈਨੜੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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