

# Care service inspection report

Full inspection

## Forth Valley Housing Support Housing Support Service

14 New Mart Road  
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abbeyfield Scotland Ltd

Service provider number: SP2003002529

Care service number: CS2012313037

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

Forth Valley is part of Abbeyfield Scotland, a housing support provider. Forth Valley has three services, in Bridge of Allan, Lenzie and Killearn. We visited the services in Bridge of Allan and Killearn as part of this inspection.

The service offers support to people living in their own tenancies, within accommodation which includes shared communal spaces for meal times and socialising, as well as access to gardens and outdoor areas. People living at the service referred to themselves as 'residents', so we will adopt this term when speaking about the people who use this service.

The accommodation is of a good standard, with communal areas which are clean, comfortable and well maintained. Residents are able to decorate and personalise their rooms.

We observed a good standard of care and support to the people receiving this service. We saw warm and friendly contact between residents and house staff, and residents told us that they were very happy with the service they received. We observed house staff (called House Supervisors) demonstrating genuine respect towards residents, valuing their individual needs and wishes whilst promoting their independence.

The house staff we met were very committed to the residents, and they provided support with knowledge, respect and empathy.

Residents told us that they especially appreciated the sense of community and companionship which has been fostered within the service by house staff and residents together.

Residents said that the service offered them the right blend of independence and support where it was needed.

### **What the service could do better**

The service has introduced new documentation relating to personal plans, and although this has improved since we last inspected the service, the information within the plans often lacked detail. As a result, the personal plans didn't meet the standards which the service had set for itself.

There was a lack of risk assessment documentation, even where the personal plan specifically referred to the need for risk assessment. The service is aware of this, and intends to continue to improve the quality of personal plans, providing training to staff to develop their skills. We will review the progress of this at the next inspection.

### **What the service has done since the last inspection**

Abbeyfield Scotland have re-organised their structure so that Forth Valley now has three premises within its registered service. Abbeyfield has made changes to its structure as part of its strategic plan. The service has continued to provide good quality care and support and is working to improve how it provides this.

### **Conclusion**

Residents using the Forth Valley service were very happy with the quality of service offered to them. They particularly valued the social support provided and appreciated the warm and genuine attitude of the house staff.

The service has made improvements in its personal planning documentation, but the completion of these plans requires more information to reflect staff's

detailed knowledge of the residents and to ensure that the care and support provided is founded on these plans.

Abbeyfield is continuing to make changes across the whole organisation, including how the services are structured, and staff roles and responsibilities.

The organisation aspires to deliver high quality services and is making progress in achieving its aims.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: [www.careinspectorate.com](http://www.careinspectorate.com)  
This service registered with the Care Inspectorate on 12 August 2013.

Forth Valley is part of the Abbeyfield Scotland Ltd. group and provides a housing support service at three premises in central Scotland. Abbeyfield provides similar services in other areas of Scotland. Abbeyfield is undergoing a period of significant change and re-structuring following a strategic review. Forth Valley has been re-registered in its current form with three houses as part of this service. Forth Valley accommodation is provided both in purpose built accommodation and in large adapted houses. The houses we inspected were located in residential areas with good access to services and activities in the nearby town centres.

The houses we visited each had house supervisors (support workers) who provided day to day support in a planned and organised manner. The daily support included the preparation and serving of meals and some housekeeping duties, in addition to practical assistance with managing aspects of daily life, such as making appointments or dealing with correspondence. The house supervisors are supported by housing support facilitators who visit each house within the group regularly and meet with residents and staff.

Housing support facilitators devise the personal plans with residents and are responsible for keeping them up to date and reviewing them. Personal care needs are met by workers from care agencies, who come into the houses to provide a service to some individual residents with help such as washing and dressing.

The house supervisors working hours vary across the houses, but all houses had support between the hours of 08.00 a.m. to 18.00 p.m. each day. In the evenings and overnight, emergency support and advice was available through an on-call telecare service provided by an external agency.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

**Quality of care and support - Grade 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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 we did during the inspection

This inspection was carried out by one inspector on 22 February between 10.30 and 16:30, on the 23 February between 10.00 and 16.30 and on 9 March between 10:00 and 15:00. We met with the Forth Valley Manager on 10 March to give feedback on the inspection.

During the inspection, we met with twelve residents and two support workers (called House Supervisors) at two of the houses. We also spoke with one Housing Support Facilitator and the Area Manager for Forth Valley.

We also gathered evidence by looking at:

- Abbeyfield policies and procedures
- Documents relating to tenancies
- Staff records
- Training information
- Residents' personal plans and other documentation
- Recruitment files
- Incident and accident Records
- Newsletters
- Minutes from meetings
- Complaints information and documentation
- Surveys which have been carried out by the provider

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service

performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The provider completed an annual self assessment. The information it contained was relevant to the quality statements, identifying areas of good practice, recent planned change and areas for development.

The provider should find ways to promote greater involvement from residents in completing the self assessment.

## Taking the views of people using the care service into account

We spoke to twelve residents during this inspection. Every resident with whom we spoke told us that they were very happy with the service at Forth Valley. One resident said "I think it's a grand place, everyone tries to help you". Other residents told us "The Friends of Abbeyfield are wonderful" (volunteers who assist with activities and social events at the service); "The house staff are very thoughtful and kind"; "There are some great cooks here, the staff are great"; "I feel they listen, they are very good, the Abbeyfield people"; "Companionship here is huge, company and social contact makes such a difference"; "Abbeyfield is a place you can come and do what you like. Usually things are discussed very well".

We received three questionnaires which had been completed by people using the service. The information in the questionnaires supported what residents told us during the inspection. One person commented "The service and everything are first-class. I could not ask for better".

## Taking carers' views into account

We did not speak with any carers during this inspection.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### 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

Residents told us that they felt very involved in determining how their support should be provided. The daily contact between house staff and residents helped the service to achieve personalised care which responded to individual preferences and needs. Staff showed good insight and understanding of the people they worked with. We saw from our observations throughout the inspection that support was delivered with good knowledge of residents' wishes. Relationships between house staff and residents were seen to be warm and friendly. We concluded that this helped to ensure good communication and contributed to the high level of satisfaction expressed by the residents in Forth Valley.

The service has revised the format of its support plans, which are now designed to focus much more on outcomes for residents. Abbeyfield staff have made good efforts to implement the new system for each resident. We could see that reviews were being completed more regularly and that residents had been involved in providing relevant personalised information in their support plans. The service has improved the system for reviewing personal plans with residents to ensure that plans are reviewed every six months, which will ensure that the service has up to date information about how support should be

provided to its residents. We identified that the quality of support to residents had improved because of these changes.

Abbeyfield keeps residents informed through a quarterly newsletter and an annual report, which include the results of surveys of residents' satisfaction. The service has developed its participation strategy for residents, to allow the service to improve communication and consultation with residents and increase their involvement in Abbeyfield Scotland. We could see that house staff had received training in the participation strategy. Senior managers within Abbeyfield have visited the houses and sought the views of residents, and set out the organisation's strategy. One of the houses we visited had regular coffee mornings which were used by house staff and residents to discuss a broad range of issues, including matters relating to the service.

Residents told us that they had recently been asked to complete a survey about the quality of the service. One resident said "We got a questionnaire the other day. I couldn't find anything to complain about"; another told us "If there is a comment or complaint then it would be dealt with properly". The most recent residents' survey for Abbeyfield from 2015 indicated that 95% of people who responded were satisfied with the service.

We could see that the changes which Abbeyfield has made has led to residents being more able to contribute to improving the service.

### Areas for improvement

Whilst the service has introduced an improved format for personal plans, many of the plans lack detail about the level of support which each individual requires and the ways in which residents prefer their support to be provided. Although this doesn't directly affect the care and support provided by regular staff who are very familiar with the residents' needs and wishes, the detail in the plans is insufficient to enable relief staff to deliver support to the same standard.

We discussed this with the Area Manager, who acknowledged the need to continue to improve the detail in the plans, and he outlined how this would be developed with staff over the next year. We will review the progress of this at the next inspection.

**Grade**

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

Residents praised the quality of food and the care taken by house staff to prepare freshly cooked nutritious meals. Some residents preferred simply to make their overall preferences for meals known to staff, and to be "surprised on the day" by what they were having for each meal. Other residents wanted a greater say in what they were having to eat more frequently, and to know the menu options in advance. This individuality was catered for and was considered by staff to be a natural aspect of providing support to the residents. The house staff we met demonstrated an in-depth and personalised understanding of individual residents' needs and wishes about how they wanted their support to be delivered. We observed that house staff had developed warm and genuine relationships with residents and it was clear that these staff enjoyed their work and placed high value on achieving good outcomes for the residents.

We observed house staff support a group of residents with a range of care and support needs to interact well with each other to promote a strong sense of social community. This approach helped reduce the impact of any disagreements and some of the frustrations which may arise as a result of communal living. The house staff we met had each been in post for several years. This continuity of staffing combined with the individual qualities and skills of house staff has contributed to the good quality of care and the high level of satisfaction experienced by residents within the service.

The service is enhanced by volunteers from "Friends of Abbeyfield" who visit regularly to support the residents with activities, outings and other social events. Within the Killearn service in particular, we could see that there was active involvement with the local community which enabled residents to benefit from visits from local schoolchildren for example. Maintaining links with the local area was important to the residents and contributed to their sense of independence and being part of a wider community. One resident told us "I feel

the companionship element here is huge. It offsets the loneliness and social isolation - company and social contact makes such a difference". Another resident said to us "I wouldn't like more to do in the evenings, I am quite happy with the way things are". Residents greatly appreciated the ability to have their own space, whilst the option to mix with others was always there: "Even if you want to be alone it's fine, but at some time of the day we all mix with others and talk".

We examined personal plans for the residents and saw evidence of good recording in daily contact notes using factual and suitably descriptive language. We saw examples of correspondence and communication with family members, including praise to staff and thanks for the assistance provided in the service. Some residents require support with personal care and use a care at home provider to assist them with these tasks. We could see that there was evidence of good communication between house staff and visiting care at home workers. We were able to see evidence of house staff communicating with other agencies such as social work in response to changes in residents' needs. These factors led us to conclude that residents received a good level of care and support in the service.

At the last inspection we made a requirement that the provider must introduce a training system to ensure that staff had access to training which reflected the specific needs of the residents. We could see that staff had attended training which included subjects such as dementia awareness and nutrition. House staff commented to us that they had benefitted from much more training over the past year. We also saw staff training plans which set out relevant training for the year ahead. This will help to ensure that the staff have the knowledge and skills to provide support to all the residents within the service. We consider that this requirement has been met by the provider.

### Areas for improvement

Some residents told us that they felt worried about the absence of a support worker on the premises in the evenings and at night, and were concerned about being responsible for the security of the building at these times. The Area Manager is aware of these concerns, and the issue has been discussed at resident meetings. The potential additional costs to residents of providing this support has been shared with them. There was disagreement amongst

residents about this issue, and some residents strongly felt that the telecare service for out of hours was very responsive and therefore sufficient. The service should continue to discuss these concerns with residents and consider a range of means of providing further reassurance out of hours. It is important that residents feel safe and well-supported in the evenings and overnight. Abbeyfield has a range of policies which staff can now access on an intranet.

One of the policies relates to "Guardianship". This policy contained inaccurate statements and lacked relevant information on the issue of capacity. We advised the service to revise the policy to better reflect the Adults with Incapacity (Scotland) Act 2000, and to include information for staff on Power of Attorney and Guardianship. This will help staff to have an understanding of their responsibilities when supporting adults who lack capacity to make decisions about aspects of their welfare or finances.

The service has reviewed and improved its personal planning documentation for residents and these plans better reflect outcomes for residents. We could see from the care plans and from our observations that some residents would require a risk assessment, for example in relation to their mobility and their use of equipment. We could not find any example of a written risk assessment within any of the residents' personal plans, even where the plan specifically referred to the need for assessment of risk. The service therefore should review which residents require written risk assessments and ensure that they complete a risk assessment for these residents. See recommendation 1.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. The provider (Abbeyfield) should review the need for a risk assessment for each resident. Where a written risk assessment is identified, the provider should ensure that this is completed and is included within the resident's personal planning documentation. This is to meet the National Care Standards Housing Support Service Standard 4 Housing Support Planning.





## 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

The strengths recorded under Quality Statement 1.1 are also relevant to this statement.

The service has introduced changes to its recruitment process, and has developed "key selection criteria" for staff which has drawn on feedback which the organisation received from residents and family members. Abbeyfield has revised its induction, appraisal and training processes to incorporate this feedback. The service has introduced resident involvement to recruitment, so that candidates will meet residents as part of the selection process.

The service has recently introduced service standards and a set of 'expected staff behaviours' which it calls "The Abbeyfield Experience"; feedback from residents and their families has contributed to these standards. Because this is a recent development we will follow up the effects of this at the next inspection. The service has identified that it will further develop resident involvement in the recruitment process as part of its resident participation strategy.

### Areas for improvement

At the previous inspection we noted that Abbeyfield had begun an extensive programme to re-organise the way in which it delivers its services. We considered that the service should develop mechanisms to canvas residents' views on staff performance and their competence. We identified that this would be an important opportunity for residents views to be included on the skills and attributes staff would need to carry out their role. Whilst the service has introduced changes in this area, there is not yet an established mechanism for

ensuring that resident views are incorporated in staff supervision and appraisal. We will check on progress with this at the next inspection.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

### Service Strengths

The provider has introduced a training plan for staff to ensure that they have the skills to provide the level of support required by residents at the service. The service has improved the access to training for its house staff and introduced a system of supervision and appraisal to ensure that staff have the opportunity to reflect on their role and identify training needs.

The service holds staff meetings across its houses, and we saw examples of minutes from these meetings. We could see evidence that topics such as the implementation of the organisation's new Housing Support Framework have been discussed with staff. The team meetings enabled staff to share information and promote consistent approaches when supporting residents.

The organisation has introduced 'expected behaviours' for staff which it has called The Abbeyfield Experience. This had been launched at Abbeyfield's staff conference, and the standards set out how staff should act, and what is expected of them. The standards describe the outcome for residents when staff follow the provider's expected conduct. Staff know that their performance will be assessed against the standards, and that it will be included as part of supervision and appraisal. This will enable staff to have clear guidance and expectations about how they should carry out their roles, but it will also enable service users and families to identify what they can expect from the service and from staff.

Staff are recruited in line with safer recruitment guidance 'Safer Recruitment, Better Recruitment' (Scottish Executive, 2007). A recruitment checklist is maintained by the HR Manager to ensure that robust processes are followed and we could see from examining files that recruitment systems are applied across Abbeyfield services. As part of the recruitment process, staff are required to complete a skills test. The training available to staff now includes food hygiene, nutrition, dementia, mental health, and challenging behaviour. Staff commented that they valued the improvement in training input and felt that it supported them to do their jobs better.

Abbeyfield has now introduced an intranet for staff so that they are able to access policies and procedures, and as a means of general communication. As a result, some staff have also had IT training to enable them to use the new system. In discussion with staff, we confirmed with them that they were aware of the National Care Standards and the Scottish Social Services Council Codes of Practice. Staff were also aware that the register for housing support workers is due to open in 2017.

We have noted that Abbeyfield has recently introduced a range of new developments for staff in an effort to improve the service. These developments have yet to be fully implemented, but we expect that as they become common practice within the service, they will contribute to continued improvement in the quality of the service.

### Areas for improvement

At the last inspection we made a requirement about training and supervision for staff. There were two parts to this requirement. The service has introduced a range of new training for staff and staff commented on the new training and the extent to which they felt it has improved their skills in supporting residents' needs. The service has introduced a system of staff appraisal and 1:1 supervision.

This has been inconsistently applied and the service should identify a plan to improve how this is delivered over the next year to ensure that all staff receive supervision and appraisal in line with the organisation's own policy. In order to do this successfully, the service has identified it will need to adjust its structure;

the service has told us that it will implement this model over the next year. We have made a recommendation in relation to this aspect of the service.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. The provider (Abbeyfield) should develop plans for supervision and appraisal to ensure that all staff have access to regular, professional supervision at intervals in line with the organisation's policy. This is to meet the National Care Standards Housing Support Service Standard 3 - Management and Staffing Arrangements.

## 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

The strengths recorded under Quality Statement 1.1. are also relevant strengths for this quality statement.

Abbeyfield has recently introduced a Quality Assessment Framework, which will gather the views of residents, staff and other stakeholders. The Area Manager told us that feedback from residents has already influenced the management structure in the organisation, and the structure is likely to be reviewed again in the near future to ensure that the service can provide supervision to staff at the level and frequency it has set for itself.

We will review at the next inspection how the service has used the information gathered through its quality assurance framework to inform its decisions about how best to structure the service.

### Areas for improvement

In addition to implementing the plans the service has for involving service users and carers in improving the management of the service, Forth Valley should identify ways to involve residents in the service's self-assessment for Inspection.

**Grade**

4 - Good

**Number of requirements - 0****Number of recommendations - 0****Statement 4**

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

**Service Strengths**

The service demonstrated that safety checks were carried out and regularly audited by Housing and Support Facilitators, including food safety and checks on electrical equipment.

Housing and Support Facilitators were in the process of completing reviews and ensuring that this documentation was up to date. This process had unfortunately been hampered by the long term sickness absence of one of the Housing and Support Facilitators.

As part of its Quality Assessment Framework system, Forth Valley intends to introduce a survey of staff to obtain their views on the service and its management and leadership.

The service maintains accident and incident records, and we could see from these documents that there was evidence that staff had responded appropriately in response to incidents.

**Areas for improvement**

We could see from notifications made to the Care Inspectorate that information was not always completed within the specified time. Notifications of certain incidents must be made within 24 hours. The service should address this issue to ensure that the Care Inspectorate is notified of relevant incidents within the specified timescale. We have made a recommendation about this (see Recommendation 1).

Whilst the service has made progress in getting reviews for residents up to date, the Area Manager did not have an overview of which reviews were completed and which reviews required to be held and when. The service should

introduce a system for monitoring reviews and recording whether they are completed on schedule.

**Grade**

4 - Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. The provider should ensure that the Care Inspectorate is notified of matters listed in the document 'Records all services must keep and guidance on notification reporting' and within the specified timescale.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010). This also takes account of National Care Standards, Housing Support Services, standard 3 - management and staffing arrangements.

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

1. 1. The provider (Abbeyfield) must ensure that there is a robust, collaborative system of developing support plans and documentation which is personalised and meaningful to each individual resident. The plans and documentation must cover health, welfare, safety and the views of the resident. They must reflect the current needs and aspirations of the resident. The support plans must be reviewed six monthly or sooner if the resident needs change. The systems employed should be consistent across all services within Abbeyfield.

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

(1) (a) Welfare of Users and Regulation 5 (2) (b) Personal Plans.

Timescale: By the 31st of January 2015.

**This requirement was made on 27 August 2014**

The service has introduced a new format for support plans, which it calls the Housing Support Plan (HSP). The service has put this in place for each of its residents, and the plans cover relevant areas such as health, safety, welfare and include the views of the residents.

### Met - Outwith Timescales

2. The provider (Abbeyfield) must introduce a robust training system which identifies and provides mandatory training (as identified by the provider) and training specific

to the needs of the resident groups. For example, but not exclusively, dietary needs for older people, mental health for older people and dementia.

The provider (Abbeyfield) must ensure that all staff have access to regular, professional supervision. This must include the identification of training needs

and act as a means to measure the impact of training provided on practice.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 210 15 (a) which is a requirement about suitably qualified and competent persons being employed in a care service.

Timescale: 31st January 2015.

**This requirement was made on 27 August 2014**

There were two parts to this requirement. The service has introduced a range of new training for staff and staff commented on the new training and the extent to which they felt it has improved their skills in supporting residents' needs. The service has introduced a supervision and appraisal system, but still requires to make progress in fully implementing its supervision policy; in order to do this successfully, the service has identified it will need to adjust its structure. Work is continuing in relation to this and the service has told us that it will implement this model over the next year. We have made a recommendation in relation to this aspect of the service.

**Met - Outwith Timescales**

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. The provider (Abbeyfield) should review the communication and participation strategy to ensure that all residents have the choice of how and when they can contribute to the development of the service. This should take into account the resident's individual needs and capabilities.

This is to meet the National Care Standards Housing Support Services Standard 8  
**Expressing Your Views.**

**This recommendation was made on 27 August 2014**

The service has implemented a new participation strategy for residents. The service is also introducing a new Quality Assessment Framework to ensure that it captures the views of residents and other stakeholders in developing and improving the service.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

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

## 8 Additional Information

## 9 Inspection and grading history

Date	Type	Gradings	
27 Aug 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate 3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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