

Care service inspection report

Full inspection

Abbeyfield Scotland Ltd North Housing Support Service

14 New Mart Road
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abbeyfield Scotland Ltd

Service provider number: SP2003002529

Care service number: CS2008171023

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.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

Abbeyfield Scotland provide support to help residents remain independent for as long as possible in their accommodation.

Observed support staff and resident interactions confirmed good rapport, with staff treating residents with respect.

Support staff had access to a wide range of training to assist them in their role.

In some houses there was a range of activities that the residents could get involved in.

There were active volunteers which added value to the service.

What the service could do better

Support plans could be improved by having more information about the individual's wishes and preferences. Also more information about any significant risk that might affect the support offered.

Support plans should be up to date and be reviewed at 6 monthly intervals.

Management should consider how to meet the wishes of residents who were unhappy with the communal dining arrangements.

The service could better evidence how they involve their residents in decision making about the service.

Staff should have adult support and protection training.

There could be improvements in staff one to one supervision.

What the service has done since the last inspection

The service has begun to change the format for support plans to make them more person centred.

Appraisals are being done annually

Training has been completed in a range of topics.

A consultation process has been started at Rosemarkie Abbeyfield that involves all residents.

Conclusion

This service is highly valued by tenants and their families.

Staff are committed to improving the service they provide.

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.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Abbeyfield Scotland Ltd North is a Housing Support Service provided at six sites in the north of Scotland.

Each house has house supervisors who coordinate and deliver the support service to individual residents. This can include preparing meals, managing household repairs, housekeeping duties and, in some cases, arranging social events and outings. The support to residents is overseen by a Housing Support Facilitator who is line managed by the Team Leader. One to one supervision is also provided by the Team Leader.

Overnight support and out of office hours repairs are managed by an external agency.

An extract of the aims of the service as stated in the written agreement given to tenants:

'Through the provision of Housing Support Services, Abbeyfield Scotland Ltd aims to maximise independent living, while giving the service user as much choice, support and rights as an individual. Within this agreement, Abbeyfield Scotland Ltd's objective is based on the provision of support, which allows the service user the opportunity to access the same kind of life experiences as everybody else and to be able to participate within their local community if they wish to do so.

.....will endeavour to ensure the service user has access to a flexible range of services to meet their aspirations and changing needs. This will allow the service user to exercise maximum informed choice and to live their life to their full potential.'

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 3 - Adequate

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 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following a short notice unannounced inspection which was carried out by one Care Inspector. An inspection volunteer assisted the inspector by phoning people who used the service. These people had completed a Care Standards Questionnaire and had indicated that they would be happy to be contacted to talk about the service. We visited three of the six North houses included in the registration on 5, 11 and 16 June. We provided feedback to the registered manager in the Edinburgh office on 25 June 2015. The feedback included requirement, recommendations and areas of improvement made as a result of these visits.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent 40 Care Standards Questionnaires to the service, to be given to people who use the service and 21 were returned completed. We also sent 10 questionnaires to be given to staff and 6 were returned.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- 19 people who use the service
- registered manager
- two team leaders
- one housing support facilitator
- three house supervisors
- personnel officer

We looked at:

- support plans of people who use the service
- formal care reviews and records
- participation information, including results of surveys and participation diaries
- notices
- accident and incident records
- staff training records
- supervision and appraisal records
- risk assessments
- menus
- training plan
- newsletter
- website
- meeting minutes
- quality assurance documents

We observed staff interacting with residents. We joined the residents at lunch in the Nairn, Rosemarkie and Torphins houses.

- Consideration of the National Care Standards: Housing Support Service.

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

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.

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.

Taking the views of people using the care service into account

During the inspection we spoke with almost all the residents of 3 Abbeyfield houses whilst having lunch. The inspector volunteer also spoke with two of the residents of other houses. Opinions and comments were mostly positive and complimentary about the service. Some residents were concerned that there was not an overnight member of staff on the premises. Others were concerned about the telecare equipment as to what it could record or be aware of. Comments received included:

"I am very happy with the food provided. If I don't like whatever she has cooked she will give me something else."

"We all get on very well."

"We are looked after very well."

"I would rather if someone was on the premises after 6pm."

"We are going to a jazz night tonight."

"If someone falls in their room at night they may not be able to let anyone know."

"We do exercises sometimes."

"There is a knitting group."

"We get plenty tatties!"

"I have made good friends here."

"I came here as my family are nearby. I see them often."

We received 20 completed care standard questionnaires. 100% of respondents were happy overall with the quality of care and support they received. Comments received within questionnaires included:

'I am happy to be here and the food is lovely. They cater for all my dietary needs. Overall the staff are very good and always approachable.'

'I have no medical care plan. I have answered the questions as a satisfied tenant of a housing association.'

'The service and care is absolutely excellent.'

'As there is not 24 hour care, there is a need for some form of extra security e.g. CCTV at front door.'

'I do know the housekeeper who sees to my meals and other things, they are very good.'

'Service is OK.'

Taking carers' views into account

We did not speak with any carers during the 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: 3 - Adequate

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 that the service grade for this statement was good after we spoke with management, staff and people who used the service. We also looked at participation diaries, support plans, notice boards, results of surveys and other relevant documents.

Each Abbeyfield House had to an extent, its own customs and culture within the Abbeyfield managed service; for example the use of communal rooms, provision of activities and noticeboards varied. All houses were relatively small with each resident usually well known to the staff of the house.

The houses that were visited as part of the inspection all followed the pattern of service as outlined in Abbeyfield Scotland's information brochure. Residents joined together to have lunch and the evening meal in the dining room of the house. We observed that generally there was good rapport between residents and staff and they were treated with respect. There were very good comments and compliments made by residents about local staff in each of the houses.

At each site there were house supervisors who were responsible for providing meals, looking after safety aspects of the house and providing support to

residents. Some house supervisors also saw the provision of activities as part of their remit and we could see that in some houses there was a variety of goings on. Whether activities happened also depended on other factors including but not limited to: the interest of the residents, active volunteers and a community of friends of the house. Houses had Participation Diaries which had a few comments about preferred activities and were used to record comments about the service.

Diaries and other tools were used to record residents' feedback about meals provided. As part of the tenants' care plan their menu preferences and dietary needs might be recorded. Each house consulted their residents in different ways. Residents spoken with generally indicated that they could have something else if they did not like what was on the menu.

Abbeyfield Scotland issued an annual survey to each of the people who used the service. Results were collated and displayed in each house. The draft result report showed that 95% of responders indicated overall satisfaction with the service. The report showed that the organisation took account of the survey results and this was displayed through a 'you said...we did' poster.(see below)

The Care Inspectorate questionnaires returned before the inspection showed that respondents had a high degree of satisfaction with the service, with 100% happy with the care and support provided.

The organisation made available a good range of information about Abbeyfield and the service provided. There were booklets, a quarterly newsletter, website and could be followed through social media. Within each house we saw a variety of information relevant to the residents, for example from Age Scotland, Alzheimer's Scotland and about local resources and activities. Complaints procedures were displayed.

Within the houses there might be meetings or informal discussions about the service when residents expressed their views. These were not always recorded.

We saw that residents had been involved in recruiting new staff. Residents had put forward questions that they wished to be put to new candidates. On occasion a resident had taken part on the interview panel.

We heard from residents and from management that a consultation process had started in one of the houses included in the registration about decisions that may have to be made about that house.

Areas for improvement

We found that formal recording of participation initiatives was gradually developing. People who used the service were being consulted on a daily basis about issues relevant to them, for example menus and activities, though we often could not see a record of progression of residents' suggestions to actions.

The registered manager stated that it was planned that residents who were interested might be involved in a group who could comment on policies of the organisation. It was hoped that such a group would look at the Participation strategy to make it more relevant and accessible to the people who used the service.

We were shown a copy of the poster 'you said...we did' which displayed the results of the annual survey. As it was in very small print it had been taken down and I understand that it has since been published in large print which the residents were able to read.

In the last report there was a recommendation about support plans: that there should be more detail recorded about individual's preferences. We found that some support plans had good details about the individual as staff were starting to implement the new style support plans. This needed to be progressed in all houses so the recommendation will be continued.

In the last report there was a recommendation about staff training about participation. We found that this recommendation had been met.

Regarding the recommendation about residents being involved in menu planning, we considered that this had been met.

Lunch and evening meals were provided in the communal dining room and this was a feature of all Abbeyfield houses and described on the website and in the brochure. It was stated that there could be little flexibility with meal

arrangements due to the layout of the accommodation and the main vision of Abbeyfield to encourage social interaction around mealtimes and thereby combat social isolation. In the main this was a successful strategy though we found and heard about individuals who were not so happy with these arrangements as they did not wish to socialise generally/ or perhaps with particular individuals. Management told us that their staffing costs would prevent a more individualised service though if a resident was ill, staff would take their meal to their bedroom as a short term solution. A recommendation was made in the previous report: 'The options available to people about where they prefer to eat should be considered and clarified to ensure that people's choices are respected.' Residents should be treated as individuals and if a resident is unhappy with the communal arrangements, support staff and/or management should find a solution to support that individual. See Recommendation

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. It is recommended that the service continues to develop support plans so that they contain details about individual resident's preferences to enable staff to provide a service that is individually tailored to their wishes.

Reference: National care standards: Housing support service.

2. It is recommended that management consider how to meet the wishes of those residents who may be unhappy with communal dining.

Reference: National care standards: Housing support service

Statement 3

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

Service Strengths

We decided that the service grade for this statement would continue to be adequate after speaking to staff and tenants and looking at support plans, risk assessments and other documents.

Staff spoken with demonstrated a commitment to support residents to be healthy and well whilst respecting their independence. Support plans were devised with the involvement of the resident and close relative as appropriate, as well as taking account of allied health professionals' advice. Generally the support plan was reviewed as required. A new support plan format was being introduced which when completed would give more information about the individual and would help staff to know the person and their needs. Some support plans also included "All about me", a template produced by Alzheimer's Scotland. This document would provide some background about the person including about what or who was important to them. This information helped to develop their identity and helped staff understand them better. There were also details of each resident's health needs and contact details of allied professionals who were involved with the resident in the support plan. Usually the support plan was devised by the housing support facilitator.

Within some support plans were risk assessments. We saw one about the person's mental health condition.

We could see that the service had a full copy of the letter and associated documents when residents had a legally appointed guardian or power of attorney. This was necessary so that staff would know when they should consult them.

A healthy lifestyle was encouraged through the wholesome food provided. We could see that residents benefited from a variety of meals that included a good proportion of fresh fruit and vegetables. The mealtime experience was an important part of life at an Abbeyfield House and through this social activity, friendships and supportive arrangements were cultivated.

Within some of the houses there were gentle exercise classes, support to go out to events in the community or invitations to community groups to come into the house. We could see that staff tried to help in a way that helped residents to maintain their skills.

Housing supervisors were on duty within the house seven days per week from 8.00 am till 6.00 pm. They could provide a link with the tenant's GP or District Nurse if wished. Referrals were made to other agencies, for example Occupational Therapists to upgrade bathing and showering facilities when needed. They also contacted the person's family for assistance if appropriate. A few residents had help with personal care from another agency. Abbeyfield care staff would liaise with the agency to report any relevant problems.

Housing supervisors could help residents in different ways, including some offered help to collect prescriptions or devoted time to encourage a resident to do their washing, make appointments for them or spend time with a resident who was feeling low.

Residents had the benefit of telecare systems which provided cover overnight when there were no staff in the building to summon for help. The motion sensor system was set to make an emergency call if no movement was detected in the resident's room for longer than a set time. We found a few residents in all homes visited who remained concerned about the situation overnight. "If someone falls in their room at night they may not be able to let anyone know", one resident stated.

Areas for improvement

In the previous report a requirement was made about risk assessments. We could see that there were a few risk assessments within support plans, though we found several instances when risk assessments were not being recorded. One resident had several falls and one lady was diabetic and was having trouble remembering her medication and there were no records of a risk assessment in either support plan. The requirement has not been fully met so is continued.

There were two recommendations in the previous report. One about there being sufficient information in support plans. This was in the process of being

actioned with the implementation of the new style support plan. We found that some support plans were not always up to date nor were reviewed at six monthly intervals. We have made a recommendation about this.

The second recommendation was about menus being seen by a dietician. This has not been done though the service are planning to use an accredited best practice guidance to help plan menus. We will look at how this is developing at the next inspection.

We found that residents did not always completely understand how the telecare system worked. Staff should provide such residents with guidance in a way that they can understand and be reassured.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The service provider should ensure that where a change in the condition of a tenant is noted, support plans and risk assessments are updated. Information provided to staff through support plans should ensure that they contain essential information so that they can provide support in a way that minimises significant risk to the tenant.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 - Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 3 months of the receipt of this report.

Recommendations

Number of recommendations - 1

1. The service should ensure that support plans contain sufficient information and detail to guide staff to provide the care needed. They should be up to date and be reviewed at six monthly intervals.

Reference: 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

We found that the service grade for this statement was good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

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

We decided that the service grade for this statement should be good. This was after we spoke with staff, residents and management. We also looked at training records, minutes of meetings and policies.

We were impressed with the commitment and motivation of the staff we spoke with. All demonstrated a wish to provide a service of a high standard to the residents.

From speaking with a recently employed staff member we found that the organisation had a robust employment procedure to ensure only suitable people were employed to work with vulnerable adults.

The organisation had a formal induction procedure which included a checklist to be signed off. Some aspects should be completed in a week, others within 3 months. Staff were made aware of the National care standards and the role of the Scottish Social Services Council. This would help staff to understand what a good service should look like and to know about codes of conduct for employees of social services.

There was a training policy and training plan. The organisation supported staff to increase their knowledge and skills in order to be able to effectively contribute to the work of the service. Staff spoken with confirmed that they had accessed training which had been helpful to their role. Training had included: service user participation, first aid, dementia awareness, fire, food hygiene and about health and safety.

The organisation supported staff to obtain relevant qualifications and there were staff currently undertaking Scottish Vocational Qualifications (SVQ). These will be required when staff need to register with the SSSC.

An employee review system was in place and staff confirmed that this happened on an annual basis.

There were team and staff meetings which staff found useful and to which they could contribute.

We found that if supervision happened it was on an ad hoc basis. We found some records of one to one supervision. Staff indicated that they thought senior staff were generally approachable and supportive.

We found overall that there were positive working relationships throughout the houses visited.

Areas for improvement

In the last report a recommendation was made about supervision: 'The service provider should ensure that all staff have regular access to one to one supervision.' We found that supervision was not planned. In one home staff stated that they would have supervision if shifts needed to be changed or there were issues with a particular resident. In other homes we could see that a record was kept though often the session was not planned in advance. Planned one to one supervision with an agenda that is known to both parties would improve the experience and make it more beneficial. Through supervision, training needs can be identified, and the employees understanding and application of training received assessed. It gives an opportunity for the employee to talk in confidence which can assist in the early identification of difficulties and ways to help. It can also identify at an early stage possible adult support and protection issues. New policies and procedures can be promoted. The supervision experience should have positive aspects that will encourage good practice. House supervisors often work alone and have considerable responsibility within their role with their residents and would receive support through supervision.

We found that staff did not have adult support and protection training. This has been planned for later in the year. Given the vulnerabilities of the residents, it is imperative that staff have a sound working knowledge of their role and what to do if they suspect any possible abuse. We have made a recommendation about this.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. It is recommended that all care staff who have regular contact with tenants should have adult support and protection training to enable them to know how to deal with any concerns in this area and contact the statutory agencies.

Reference: National care standards: Housing support service.

Standard 3 - Management and staffing arrangements.

2.

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

We found that the service grade for this statement was good.

Please see Quality Theme 1, Statement 1 for evidence.

Areas for improvement

See Quality Theme 1, Statement 1.

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

We decided that the service grade should continue to be good.

Through formal surveys and day to day contact, residents were consulted for their opinions of the service. Suggestions made were considered by management. Results of surveys were published.

Staff worked with local allied health and social care professionals to benefit their residents.

The recommendation made in the last report had been actioned. This was about developing a survey of other stakeholders, for example local health and social care staff who have contact with individual properties. We could see survey results that had been collected in the head office. Results had yet to be collated.

Management had systems to audit performance of their staff. Team leaders were in the process of auditing support plans. Housing support facilitators/ team leaders ensured that all safety checks were carried out appropriately.

There were procedures about accident and incident recording to ensure they were recorded correctly and viewed by management.

Any complaints were logged and responded to as soon as possible. The complaints procedure was displayed and included in welcome booklets.

The manager was aware of his responsibility to inform Care Inspectorate of specific events.

Staff reported that they found the manager helpful and he encouraged them to contact him if they wished.

Areas for improvement

The organisation are planning to introduce a Quality Assurance Framework (QAF) which will include a systematic process of checking whether the service is meeting the requirements they have specified. This will be done by an Abbeyfield QAF group who will visit the houses and carry out an audit. The audit will examine evidence as to the service being delivered against the Abbeyfield standards.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1.

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

Previous requirements

1. The service provider must ensure that when a change in the condition of a tenant is noted support plans and risk assessments are updated. Information provided to staff must ensure that they can provide support in a way which minimises any risk to the tenant.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within six weeks of the receipt of this report.

This requirement was made on 30 May 2014

We could see that some care plans contained risk assessments. We also looked at care plans that should have had risk assessments but did not. This requirement has not been met.

Not Met

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

Previous recommendations

1. Support plans should record the preferences of people who use the service.

National Care Standards. Housing Support Services. Standard 4. Housing support planning

This recommendation was made on 30 May 2014

There was some evidence that this was starting to happen as staff started to implement the new style support plans. There were still a considerable number of support plans that had little information about the tenant and their preferences. The recommendation has not been met.

2. Staff should receive training in implementing the service's participation strategy.

National Care Standards. Housing Support Services. Standards 3. Management and staffing arrangements.

This recommendation was made on 30 May 2014

This recommendation had been met as the majority of North staff had attended training.

3. The service should develop methods to ensure tenants have the opportunity to be involved in menu planning.

National Care Standards. Housing Support Services. Standard 6 . Choice and communication.

This recommendation was made on 30 May 2014

We could see that tenants were involved in menu planning. Recommendation was met.

4. The options available to people about where they prefer to eat should be considered and clarified to ensure that people's choices are respected.

National Care Standards. Housing support Services. Standard 6. Choice and communication.

This recommendation was made on 30 May 2014

This recommendation has not been met. See Quality Theme 1, Statement 1 for more information.

5. The service should ensure that support plans contain enough information and detail for staff to provide the care needed.

National Care Standards. Housing Support Services. Standard 4. Housing support planning.

This recommendation was made on 30 May 2014

Some support plans now contained more information about the individual. There were many support plans that still needed to improve. This recommendation is not met.

6. The service should seek the advice of a dietician in planning menus.

National Care Standards. Housing Support Services. Standard 3.4 Management and staffing arrangements

This recommendation was made on 30 May 2014

House supervisors are to use accredited best practice guidance.

7. The service provider should ensure that all staff have regular access to one to one supervision.

This recommendation was made on 30 May 2014

This had not been actioned and is continued.

8. The service should consider carrying out a "stakeholder" survey of health and social care professionals as part of their quality assurance system.

This recommendation was made on 30 June 2015

This recommendation is continued.

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

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
30 May 2014	Announced (Short Notice)	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
4 Oct 2012	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
3 Jul 2012	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed

28 Sep 2011	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 2 - Weak 2 - Weak
14 Dec 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 2 - Weak 2 - Weak
31 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 2 - Weak 2 - Weak

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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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