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LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP TUESDAY, 8 NOVEMBER 2016

A MEETING of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on TUESDAY, 8 NOVEMBER 2016 at 2.00 pm

J. J. WILKINSON,
Clerk to the Council,

3 November 2016

BUSINESS		
1.	Apologies for Absence.	
2.	Order of Business.	
3.	Declarations of Interest.	
4.	Minute (Pages 1 - 4) Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 22 September 2016 to be approved and signed by the Chairman. (Copy attached).	5 mins
5.	Quarterly Performance Reporting Consider reports on the performance of SB Cares:	
	(a) SB Cares Budget Monitoring as at 30 September 2016. (Pages 5 - 8) To consider report by the Finance and Commercial Director. (Copy attached)	15 mins
	(b) Performance Monitoring Report Consider report by the Finance & Commercial Director. (To follow).	15 mins
6.	Care Inspectorate (Pages 9 - 22) Update by the Operations Director on SB Cares Services with the Care Inspectorate on: (a) Inspections by Care Inspectorate (Copy attached).	15 mins
7.	Any Other Items Previously Circulated.	

8.	Any Other Items which the Chairman Decides are Urgent.	
9.	<p>Items Likely To Be Taken In Private</p> <p>Before proceeding with the private business, the following motion should be approved:-</p> <p>“That under Section 50A(4) of the Local Government (Scotland) Act 1973 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 6 of Part 1 of Schedule 7A to the aforementioned Act.”</p>	
10.	<p>Minute (Pages 23 - 24)</p> <p>Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 22 September 2016 to be approved and signed by the Chairman. (Copy attached).</p>	5 mins
11.	<p>2016/17 Business Plan Delivery (Pages 25 - 30)</p> <p>Update by the Managing Director.</p> <p>(a) Update on delivery of SB Cares Business Plan. (Copy attached).</p>	20 mins

NOTES

- 1. Timings given above are only indicative and not intended to inhibit Members' discussions.**
- 2. Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.**

Membership of Committee:- Councillors F. Renton (Chair), J. Brown, J. Greenwell, J. G. Mitchell and B White

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**SCOTTISH BORDERS COUNCIL
LIMITED LIABILITY PARTNERSHIP -
STRATEGIC GOVERNANCE GROUP**

MINUTES of Meeting of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP held in the Council Chamber, Council Headquarters, Newtown St Boswells on Thursday, 22nd September, 2016 at 2.00 pm

Present:- Councillors F. Renton (Chair), J. Brown, J. Greenwell, J. G. Mitchell and B White. Ms K. Hamilton (NHS Borders).

In Attendance:- E Torrance (Chair Project Board), J Wilson (Chairman SB Cares), P Barr (Managing Director SB Cares), D Collins (Finance and Commercial Director SB Cares), L Crombie (Operations Director SB Cares), Paul Cathrow (Service Development Manager SB Cares), Democratic Services Officer (P Bolson).

1. **WELCOME**

The Chairman opened the meeting of the Limited Liability Partnership Strategic Governance Group (LLPSGG). Introductions followed and the Chairman welcomed Ms Hamilton, representing NHS Borders, to her first meeting of the LLP SGG.

**DECISION
NOTED.**

2. **MINUTE**

There had been circulated copies of the Minute of the meeting of 17 May 2016.

**DECISION
APPROVED the Minute for signature by the Chairman.**

3. **MATTER ARISING**

3.1 **Ability Equipment**

With reference to paragraph 4.2 of the Minute of 17 May 2016, the Service Development Manager SB Cares advised that the sale of stock continued via the Ability Store and that, with the development of a new building for the Store, improved facilities and increased sales were anticipated.

**DECISION
NOTED.**

4. **SB CARES BUDGET MONITORING AS AT 31 JULY 2016**

With reference to paragraph 4 of the Minute of 17 May 2016, there had been circulated copies of a report by the Finance and Commercial Director of SB Cares, informing Members of the financial position based on the actual income and expenditure at 31 July 2016. Members noted that a contribution of £22k had been achieved for the first four months of the financial year and that the target contribution for the whole year was £747k. Phase 1 of a programme of projects which included efficiencies and new business was well underway to deliver a forecast contribution of £200k and further work was being developed to deliver the remaining £473k in Phase 2. Detail of profit and loss within SB Cares up to 31 July 2016 was included in the report and Ms Collins acknowledged that there were challenges for SB Cares going forward to achieve the total target contribution. Ms Collins also explained that there was a time delay in the delivery of the financial

contribution from Phase 1 and indicated that the full year effect would be delivered in 2017/18. In addition, SB Cares Management Team was considering options of one-off contributions to meet the gap in Phase 1 contributions for 2016/17. Discussion followed and Members raised questions relating to proposed efficiencies and any associated risks. Officers confirmed that there would be no risk to service provision and that all appropriate protocols would be adhered to. In relation to arrangements made with Registered Social Landlords (RSLs), Members were advised that arrangements were in place whereby RSLs could purchase community alarms from SB Cares at a competitive price.

DECISION

NOTED:-

- (a) SB Cares financial position as at 31 July 2016;**
- (b) the progress being made to deliver the target contribution of £747k; and**
- (c) that the information would be shared with Scottish Borders Council to inform the revenue monitoring position.**

5. SB CARES PERFORMANCE MONITORING

With reference to paragraph 5 of the Minute of 17 May 2016, there had been circulated copies of a report by the Financial and Commercial Director of SB Cares updating Members on the development of SB Cares Key Performance Indicators (KPIs) to monitor the delivery of its Business Plan and contract performance. The report explained that five Strategic KPIs had been developed to monitor delivery of SB Cares' Business Plan and these were detailed in Appendix 1 to the report. Appendix 2 specified the KPIs for monitoring the contract between SB Cares and SBC and Appendix 3 provided an assessment of SB Cares' current position. Further work was in progress to develop the reporting process and data currently recorded manually would be included in the system as appropriate to ensure that all performance reporting requirements were met. It was reported that the absence rate for the rolling year up to end of August had shown a reduction from 7.7 to 6.4. This took account of staff who had been absent previously and who had now left SB Cares as a result of the absence management process. With regard to the Care Inspectorate grades, SB Cares had achieved 80% overall to meet the standard for Good or above, ranging from 100% in Day Services to 77% for Care at Home and 73% in Care Homes. Further information in relation to the KPIs would be available in November 2016.

DECISION

- (a) NOTED the progress being made to monitor SB Cares contractual performance.**
- (b) APPROVED the 5 Strategic KPI's to monitor the delivery of SB Cares Business Plan.**
- (c) AGREED that:-**
 - (i) performance reporting to the Limited Liability Partnership Strategic Governance Group for the 5 strategic KPI's and contract KPI's would commence from November 2016; and**
 - (ii) a development programme for the remaining contractual performance monitoring be brought to the meeting of the Limited Liability Partnership Strategic Governance Group in November 2016.**

6. CARE INSPECTORATE

- 6.1** With reference to paragraph 6 of the Minute of 17 May 2016, there had been circulated copies of a report by the Operations Director of SB Cares giving the updated position on the inspection of SB Care services by the Care Inspectorate. Ms Crombie advised that

since the last report to LLP SGG in May 2016, the Care Inspectorate reports on Victoria Park, Home Care East and Home Care West had been finalised with no changes. Final Reports for the Katharine Elliot Centre, the Ability Centre and Teviot Older People Day Services had also been received and action plans had been developed by these units to meet all requirements and recommendations. Details of the actions plans were included in Appendix 1 to the report. One further inspection was currently underway for Hawick Community Support Service and this would be reported to the LLP SGG in due course. Quarterly progress reporting to the LLP SGG on the delivery of all action plans would continue.

- 6.2 Members raised a number of points for clarification. With reference to Appendix 2 of the report, under "Quality of Management and Leadership" Members noted that the grading awarded was currently at 4 – Good, and asked whether any work was in progress to raise this to Grade 5 or above. Ms Crombie explained that SB Cares was looking into development of a management and leadership training programme and that further information would be presented in due course. On request by Members, more detail would be included in future reports relating to specific areas of scoring by the Care Inspectorate and the inclusion of an equalities paragraph would also be considered as appropriate. Ms Crombie also explained that the way in which Care Inspectorate reports were presented could be confusing, eg when a report on a service assigned grades of 5 – very good and 6 – excellent whilst still making 15 recommendations. Discussion followed in respect of applications to the Care Inspectorate for variations in the documentation to allow some level of flexibility in areas such as sharing of buildings and separate entrances. Following on from the preceding discussion, Members had requested that arrangements be made for them to visit one or more establishments to gain a deeper understanding of the issues being dealt with and it was noted that this would take place in October 2016. In response to a question relating to Care Inspectorate reports where there were no recommendations, Ms Crombie advised that SB Cares management would take account of the whole report to identify areas where they considered improvement could be made.

DECISION

NOTED:-

- (a) the improved Care Inspectorate grades achieved by the Ability Centre and Teviot Day Services;**
- (b) that the Katharine Elliot Centre had maintained Good and Very Good gradings;**
- (c) that all actions identified for Katharine Elliot Centre, The Ability Centre and Teviot Day Services were being implemented to meet all requirements and recommendations;**
- (d) the progress being made to deliver the requirements and recommendations set out in Appendix 1 to the report;**
- (e) that SB Cares Management would continue to monitor the delivery of agreed action plans and report progress to the Limited Liability Partnership Strategic Governance Group on a quarterly basis.**

7. DATES OF FUTURE MEETINGS

Future meetings of the LLP SGG had been scheduled as follows:

8 November 2016;
7 February 2017;
7 March 2017; and
6 June 2017.

DECISION

NOTED the dates for scheduled meetings of the Limited Liability Partnership Strategic Governance Group.

8. **DISCHARGE PROCESS**

With reference to the discharge process for users of care at home services, Ms Crombie was asked how the process was managed within SB Cares. Members were advised that the whole process pathway was considered to ensure a smooth transition for the individual. Managers met weekly to discuss service requirements and it was emphasised that the preferred situation was to prevent the initial hospital admission in the first instance. Discussion followed and Members were advised of the complexities of discharge and how different agencies, families and service users contributed to the process to ensure that need corresponded to provision in the most efficient and effective way.

DECISION

NOTED.

9. **PRIVATE BUSINESS**

DECISION

AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business contained in the following items on the ground that they involved the likely disclosure of exempt information as defined in paragraphs 6 and 8 of the part 1 of Schedule 7A to the Act.

SUMMARY OF PRIVATE BUSINESS

10. **MINUTE**

Members approved the Private Section of the Minute of 17 May 2016.

11. **SB CARES BUSINESS PLAN DELIVERY 2016/17**

Members considered the Business Plan for SB Cares for the period 2016/17.

The meeting concluded at 3.30 pm



BUDGET MONITORING TO 30 SEPTEMBER 2016

Report by the Finance & Commercial Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

8 November 2016

1 PURPOSE AND SUMMARY

- 1.1 **To inform the Strategic Governance Group of the financial position for SB Cares at 30 September 2016.**
- 1.2 The budget monitoring position based on the actual income and expenditure to the 30 September 2016 has achieved a contribution of £46k for the first 6 months. The target contribution for SB Cares in 2016/17 is £747k. The Senior Management Team has developed a programme of projects which once fully implemented will deliver full year savings of £704k. There have been a number of challenges to deliver the projects during 2016/17 with forecast contribution from projects of £72k in this year. The Senior management Team have identified a one off opportunity to meet the contribution in 2016/17 and are forecasting a contribution of £747k for 2016/17.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
- (a) Notes SB Cares financial position as at the 30 September 2016**
 - (b) Notes the progress being made to deliver the target contribution of £747k for 2016/17**
 - (c) Notes the information will be shared with Scottish Borders Council to inform the revenue monitoring position**

3 FINANCIAL POSITION AS AT 30 SEPTEMBER 2016

- 3.1 SB Cares has a challenging target to deliver a contribution for 2016/17 of £747k through delivery of its services more efficiently and selling services privately to those that do not meet the Council's eligibility criteria.
- 3.2 Work commenced in 2015/16 which successfully delivered the target contribution of £480k in the first year and contributed a further £74k in 2016/17. The Senior Management Team has developed a programme of work to deliver the agreed business plan with phase 1 fully underway. This programme of work is forecast to achieve full year income and savings of £704k once fully implemented.
- 3.3 The delivery and implementation of the programme of projects has been more challenging than anticipated which has reduced the contribution from projects for 2016/17, in particular the revised homecare rotas. In addition SB Cares are seeing pressures from delivering services to clients requiring increasing complex packages of care particularly in our Care Homes. The revised forecast position for service delivery and contribution from projects is now forecast at £102k for 2016/17.
- 3.4 This leaves a pressure of £645k requiring to be addressed through alternative proposals to meet the business plan contribution target of £747k for the year. Options are under discussion between SBC Finance, SB Cares Senior Management Team and SB Cares auditors to provide a one-off solution in the current year through a stock valuation adjustment. This should resolve the timing issues causing delays during 2016/17 which are anticipated to be resolved by permanent contribution from project efficiencies delivered during 2017/8.
- 3.5 The budget monitoring position based on the actual income and expenditure to the 30 September 2016 has achieved a contribution of £46k for the first 6 months with a forecast for the year of £747k. This will be achieved set out in the table below.

Summary Contribution	2016/17 £000's	2017/18 £000's
2015/16 contribution	480	
Discount to contract	(480)	
Full year effect of 2015/16	74	74
Pressures from service delivery	(44)	0
Phase 1 programme of projects	72	704
Current Forecast Contribution	102	778
One off contribution in 16/17	645	0
Forecast Contribution	747	778

- 3.6 The Senior Management Team are confident that SB Cares business plan approved by member in October 2014 is deliverable and the contribution from efficiencies and income can be achieved. Progress against the b Business Plan is set out later in the agenda.

4 IMPLICATIONS

4.1 Financial Recommendations

There are no costs attached to any of the recommendations contained in this report, its content being specifically related to the latest financial positions of SB Cares for 2016/17.

4.2 Risk and Mitigations

There is a risk that SB Cares does not deliver the target contribution set out in the Business Plan for 2016/17.

The risks identified above are being managed and mitigated through:-

- (a) Monthly reports of actual expenditure and income against forecasts being made available to managers from SB Cares Financial & Operational Systems
- (b) Review of budget variances and monitoring of progress to deliver business plan is reviewed monthly by SB Cares Senior Management Team
- (c) Regular review of the programme of work to ensure that it is sufficiently resourced to deliver the efficiencies and new business.

4.3 Equalities

It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

4.4 Acting Sustainably

There are no significant effects on the economy, community or environment.

4.5 Carbon Management

No effect on carbon emissions are anticipated from the recommendation of this report.

4.6 Rural Proofing

It is anticipated there will be no adverse impact on the rural area from the proposals contained in this report.

5 CONSULTATION

- 5.1 SB Cares Senior Management Team and Board have been involved in and agreed the compilation of the budgetary control statements set out in this report.

Author(s)

Name	Designation and Contact Number
Debbie Collins	Finance & Commercial Director 01835 826700

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CARE INSPECTION REPORT

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

7th November 2016

1 PURPOSE AND SUMMARY

- 1.1 To update the Strategic Governance Group (SGG) on the inspection of services by the Care Inspectorate**
- 1.2 Since the last SGG meeting St Ronan's Care Home are in receipt of their final inspection report, which contained no changes, receiving grade 5 for both Quality of Environment and Quality of Staffing. Oakview Day Service are in receipt of their draft report, receiving grade 4 for three out of the four Quality Themes inspected with Quality of Environment graded as a 3. Further information is available in Appendix 1 to this report.
- 1.3 Hawick Community Support Service has been inspected and we are now in receipt of the draft report with grade 5 for Quality of Staffing, Quality of Care and Support and grade 4 for Quality of Management and Leadership being given. The grading of 5 for Quality of Staffing and Quality of Care and Support is an improvement from the previous inspection where the grades were 4 for all three Themes.
- 1.4 Tweeddale Day Service has also been inspected and we are awaiting the draft report, initial verbal feedback has been given with suggested grade 4 for all four Quality Themes inspected.
- 1.5 Deanfield Care Home is currently being inspected.
- 1.6 Lanark Lodge Learning Disability Day Service is currently being inspected.
- 1.7 The application to register the South Area Home Care Service was submitted in July. There is still no confirmation of the registration at time of writing but as it can take up to 6 months and during a meeting with the Care Inspector in September the application is progressing to its final stages.

2 RECOMMENDATIONS

2.1 It is recommended that the Strategic Governance Group:-

- (a) Note St Ronan's improved grades from 4 to 5 for both themes**
- (b) Note Hawick Community Support Service improved grades for two themes from 4 to 5**
- (c) Notes the application to register the South Area Care at Home service is still in progress**
- (d) Notes the percentage of services achieving grades 4 and above**
- (e) Notes the Equalities & Diversity section included in Care Home information pack at section 6**

3 INSPECTION

3.1 Fifteen services have now been inspected since the inception of SB Cares, with St Ronan's Care Home having been inspected twice. This means there are 3 services still to be inspected by the Care Inspection, 2 Older Adult Day Services and 1 Learning Disability Day Service. These are expected to be carried out some time in the coming months and will be reported to the SGG once inspections have taken place.

4 OVERALL GRADINGS

4.1 The contract KPI for Care Inspectorate grading score needs to be 3 (Adequate) and above, all services in all areas have met this KPI achieving 100% scores of 3 or above. Further information is available in Appendix 2 to this report. SB Cares Board agreed that we would expect scores of 4 (Good) and above and the services have achieved this grade or above as below:

- Care Homes 73%
- Care at Home 77%
- Older People Day Services 92%
- Learning /Physical Disability Services 100%

5 REQUIREMENTS AND RECOMMENDATION'S

5.1 SB Cares Management are continuing to work with our Training Department colleagues to develop an action plan to address the lack of available mandatory training for care staff, to enable all staff to keep up to date with all training needs. We are also looking at the content of the training as it is felt that some training is more in-depth than is required. Our SBC Health and Safety colleagues are assisting in ensuring the content of training is relevant where there are expected standards. There is also now a management and leadership training program in development for managers across the services. SB Cares managers will be supported to attend courses within the program as appropriate to their role taking into account their existing qualifications and previous training

completed.

- 5.2 St Ronans had no requirements or recommendations.
- 5.3 Oakview has 1 requirement and 2 recommendations within their draft report. See Appendix 1
- 5.4 Hawick Community Support Service has 1 requirement and 3 recommendations in their Draft report. See Appendix 1

6 **EQUALITIES & DIVERSITY**

- 6.1 The following is included in the information pack for SB Cares Care Homes.

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment
- be valued for your ethnic background, language, culture, sexual orientation and faith
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

GRADES AND THEMES

Key to Grades:

- 1 – Unsatisfactory
- 2 – Weak
- 3 – Adequate
- 4 – Good
- 5 – Very Good
- 6 – Excellent

THEMES

Quality of Care and Support:

How well the service meets the needs of each person who uses it

Quality of Environment:

Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is

Quality of Staffing:

The quality of the staff, including their qualifications and training

Quality of Management & Leadership:

How the service is managed and how it develops to meet the needs of the people who use it

Author(s)

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FINAL ST Ronan's
15th Sept 2016

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5 Very Good	5 Very Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>What People Told Us - CI</u></p> <p><i>"I have had experience of a relative in care and had misgivings about the home involved. I can honestly say that St. Ronan's has been so much better than that experience. Staff are great and my relative is well cared for."</i></p> <p><i>"We are very pleased indeed with the service at St. Ronan's. Standards of hygiene and housekeeping are high and the environment is very homely. It really helps having the small units where there is always a good staff presence. Occasionally there are "hiccups". Overall a great and well led home."</i></p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>Each care plan was outcome focussed and recorded what things were important to the individual in their daily routines. These also noted what the individual could do in each aspect of their care and what assistance they needed. This positive focus on ability rather than need may also help staff to support residents to maintain their independence skills.</i></p> <p><i>Overall we saw a very good standard of care being provided in St Ronan's.</i></p>		
Quality of Environment		5 Very Good	4 Good
Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>Monthly assessment of each resident's needs informed the staffing provided in the home and took into account other staff duties such as cooking and laundry.</i></p>		

	<p><i>Residents and relative/carers we spoke with felt there were enough staff available and that staff had time to carry out their duties without being rushed.</i></p> <p><i>Overall we saw a clean, homely and well maintained environment.</i></p>		
Quality of Staffing		N/A	4 - Good
The quality of the staff, including their qualifications and training	Not Inspected		
Quality of Management & Leadership		N/A	4 - Good
How the service is managed and how it develops to meet the needs of the people who use it	Not Inspected		

**Oakview Day Service
26th September 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4 Good	4 Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>What People Told Us</u></p> <p><i>"I look forward to coming here."</i></p> <p><i>"They (the staff) are very responsive to any input I give and contact me promptly and appropriately to discuss any concerns re (my Relative)".</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We found a warm relaxed atmosphere in the service and observed staff providing support in a way which promoted dignity.</i></p> <p><i>We observed a positive rapport between people using the service and staff with staff using humour appropriately to generate a pleasant rapport.</i></p> <p><i>We saw work had taken place to improve the quality of personal plans to make them accessible and provide guidance to staff to ensure consistent support was being provided.</i></p>		
Quality of Environment		3 Adequate	3 Adequate
Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is	<p>Requirements – 1</p> <p>1. The service provider must ensure that toilet facilities are safe for people who require to use mobility aids.</p> <p>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.</p> <p>Timescale for completion: Within four weeks of the receipt of this report.</p>		

	<p>Recommendations – 2</p> <p>1- Any plans to redecorate the building should take into account the needs of people with visual impairment including people with dementia.</p> <p>2- The service should ensure that the condition of furnishings provided are appropriate for a care service for older people.</p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>The main lounge activity area had poor light levels.</i></p> <p><i>The possibility of providing additional lighting for people who may like to read while at the day service was discussed during the inspection feedback</i> (See recommendation 1)</p> <p><i>Some of the seating provided was beginning to look "tired" and some armchairs were beginning to fray and discolour particularly around the arms of these chairs.</i> (See recommendation 2)</p> <p><i>Space in the toilet area was limited. Staff were not saying the area was clearly unsafe however the current facilities with confined space could be placing people using the service and staff at an unnecessary level of risk.</i> (See requirement 1)</p> <p><i>Servicing and maintenance records sampled evidenced that equipment was being adequately maintained to protect people using the service and the staff providing care and support.</i></p>		
<p>Quality of Staffing</p>		<p>4 Good</p>	<p>4 Good</p>
<p>The quality of the staff, including their qualifications and training</p>	<p>Requirements – 0</p> <p>Recommendations – 1</p> <p>1- Staff should receive regular one to one supervisions in line with service providers policy and regular access to team meeting to allow them to be involved in discussions on planning the service</p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>Staff told us they did feel respected by managers, colleagues and people who used the service.</i></p>		

	<p><i>We saw that more formal systems to support staff involvement including one to one supervision meetings and team meetings were recorded.</i></p> <p><i>The frequency of these more formal systems to support staff should be increased.</i></p> <p>(See recommendation 1)</p>		
Quality of Management & Leadership		4 Good	4 Good
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>Staff told us they had received feedback from their supervisor on how they provided care and they described feedback as being accurate and supportive. Staff told us it was helpful when a supervisor worked alongside them.</i></p> <p><i>Work to improve the content and presentation of personal plans had been identified as a priority; this work had been carried out.</i></p> <p><i>We found evidence of regular audits and checks including environmental checks with any faults noted and progress in carrying out repairs monitored.</i></p>		

**Hawick Community Support Service
28th September 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5 Very Good	4 Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 1</p> <p>The service provider should ensure that support plans and risks assessments contain comprehensive information to safely support the individual and manage any identified risks. There should be clear information for staff to follow to ensure consistency of practice. National Care Standards Care at Home – Standard 4 Management and Staffing.</p> <p><u>What People Told Us</u></p> <p><i>"Staff have been there emotionally for me through thick and thin".</i></p> <p><i>"Staff still supported me when I was in hospital".</i></p> <p><i>"The staff really do care about me".</i></p> <p><i>"We were not sure how (name) would get on with support at the start but there have been no problems at all".</i></p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>We could see that service users had very good, trusting relationships with staff and they were confident to approach them, or contact the office for support.</i></p> <p><i>Support planning information needed to be improved and made more accessible..... It was evident that staff knew service users well and were supporting them to be as safe as possible; however this needs to be reflected in support plans with clear guidance for staff to follow.</i></p> <p><i>The service had taken prompt action to improve support plans and during feedback we saw risk management plans that had been developed. We recommend that the service ensure all support plans fully detail how the individual's needs will be met and manage any identified risk. (Recommendation 1).</i></p>		

<p>Quality of Staffing</p> <p>The quality of the staff, including their qualifications and training</p>	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>All training was up to date and regularly updated when required. This ensured that all staff were confident and competent to support service users with often complex care needs.</i></p> <p><i>Systems were also in place to ensure staff were supported within their role and to ensure their learning and development was on-going. This included regular supervision sessions where staff could meet with their line manager to discuss issues or concerns.</i></p> <p><i>Team meeting minutes demonstrated that weekly team meetings continued to be held.</i></p> <p><i>A main strength of the service was the very good honest and trusting relationships that had developed between staff and service users. Staff supported individuals in a caring, sensitive and respectful manner and service users clearly valued the support they received.</i></p>	<p>5 Very Good</p>	<p>4 Good</p>
<p>Quality of Management & Leadership</p> <p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements – 0</p> <p>Recommendations – 2</p> <p>1- The service provider should ensure that events/incidents are accurately recorded, monitored and evaluated to influence support planning and risk assessment information. They should ensure they notify the Care Inspectorate of any incidents as required. National Care Standards, Care at Home – Standard 4 Management and Staffing</p> <p>We have signposted the manager to, “Records that all registered care services must keep guidance on notification reporting”.</p> <p>2- The service provider should develop and implement quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service provided. The system should effectively enable strengths and areas for improvement to be promptly identified and outcomes collated into an over action/service plan. National Care Standards, Care at Home – Standard 4 Management & Staffing.</p>	<p>4 Good</p>	<p>4 Good</p>

(Some) Findings from the Inspection

Feedback was sought from service users, families and other partners through questionnaires. We saw positive feedback including requests for changes to be made to the care and support which had been responded to.

Staff were encouraged and supported to raise their views through systems such as supervision and staff meetings. The introduction of peer meetings enabled staff to independently raise comments and suggestions in a confident way. We saw examples where staff were empowered to take the lead and maintain responsibility for the care and support of a service user.

We also considered that some of the events/incidents that had occurred should have been notified to the Care Inspectorate as required.

(Recommendation 1)

Although there were some audits of medication and supervision, there was no formal quality assurance system in place to monitor and evaluate all areas of service provision. We were told at feedback that this was an identified area for improvement across the organisation and a quality assurance audit tool kit was being developed. A new role of quality and performance manager was to be introduced which we consider would further ensure consistency and quality within the service.

(Recommendation 2)

SB Cares Care Inspection Grades

Services	Date of last inspection	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Leadership & Management	Highest Score	Lowest Score	Requirements	Recommendations	Status
Care Homes										
Waverley Care Home	01/12/15									
Quality Statements		4 5	3 3	4 4	4 4	5	3	1	5	
Overall Grade		4	3	4	4					
St Ronan's Care Home	01/10/15	4	4	4	4					
Quality Statements						5	5	0	0	
Overall Grade	15/09/16	5	5	N/A	N/A					
Grove Care Home	01/11/15									
Quality Statements		4 5	3 4	4 4	4 4	5	3	0	0	
Overall Grade		4	3	4	4					
Saltgreens Care Home	01/01/16									
Quality Statements		3 3	3 3	3 3	3 3	3	3	6	6	
Overall Grade		3	3	3	3					
73% Grade 4 or above										
Home Care										
Home Care East	01/03/16									
Quality Statements		4 4	N/A N/A	4 3	4 3	4	3	8	4	
Overall Grade		4	N/A	3	3					
Home Care West	01/02/16									
Quality Statements		4 4	N/A N/A	4 4	4 4	4	4	8	5	
Overall Grade		4	N/A	4	4					
77% Grade 4 or above										
Total								23	20	

Services	Date of last inspection	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Leadership & Management	Highest Score	Lowest Score	Requirements	Recommendations	Status
Day Services OP										
BDDS	11/02/16									
Quality Statements		4 4	4 3	4 4	4 4	4	3	1	6	
Overall Grade		4	4	4	4					
Teviot Day Service	01/05/16									
Quality Statements		4 4	4 4	4 5	4 4	5	4	0	0	
Overall Grade		4	4	4	4					
Oakview Day Service	26/09/2016									
Overall Grade		4	3	4	4	4	3	1	3	
92% Grade 4 or above										
Day Services LD/PD										
Katharine Elliot Centre	12/05/2016									
Quality Statements		5 5	5 5	5 5	4 4	5	4	0	3	
Overall Grade		5	5	5	4					
Victoria Park Day Centre	01/05/16									
Quality Statements		5 5	5 6	5 5	5 5	6	5	0	15	
Overall Grade		5	5	5	5					
Ability Centre	30/05/16									
Quality Statements		5 5 5	5 5	5 5	4 4	5	4	0	0	
Overall Grade		5	5	5	4					
Hawick Community Support Service	28/09/16									
Overall Grade		5	N/A	5	4	5	4	0	3	
100% Grade 4 or above										
Page Total								2	27	
Grand Total								25	47	

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