

# Public Document Pack



## LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP TUESDAY, 7 FEBRUARY 2017

A MEETING of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on TUESDAY, 7 FEBRUARY 2017 at 2.00 pm

J. J. WILKINSON,  
Clerk to the Council,

7 February 2017.

<b>BUSINESS</b>		
1.	<b>Apologies for Absence.</b>	
2.	<b>Order of Business.</b>	
3.	<b>Declarations of Interest.</b>	
4.	<p><b>Minute.</b> (Pages 1 - 4)</p> <p>Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 8 November 2016 to be approved and signed by the Chairman. (Copy attached.)</p>	5 mins
5.	<p><b>Quarterly Performance Reporting.</b></p> <p>Consider reports by the Finance and Commercial Director on the performance of SB Cares:</p> <p>(a) <b>SB Cares Budget Monitoring as at 31 December 2016.</b> (Copy attached.) (Pages 5 - 8)</p> <p>(b) <b>Performance Monitoring Report.</b> (Copy attached.) (Pages 9 - 18)</p>	30 mins
6.	<p><b>Care Inspectorate</b> (Pages 19 - 38)</p> <p>Update by the Operations Director on SB Cares Services with the Care Inspectorate in respect of Inspections by Care Inspectorate. (Copy attached.)</p>	15 mins
7.	<b>Feedback from Elected Members' Visits to SB Cares Services.</b>	15 mins
8.	<b>Any Other Items Previously Circulated.</b>	

9.	<b>Any Other Items which the Chairman Decides are Urgent.</b>	
10.	<p><b>Items Likely To Be Taken In Private</b></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>	
11.	<p><b>Minute</b> (Pages 39 - 40)</p> <p>Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 8 November 2016 to be approved and signed by the Chairman. (Copy attached.)</p>	5 mins
12.	<p><b>2016/17 Business Plan Delivery</b></p> <p>(a) <b>Presentation by Managing Director SB Cares.</b></p> <p>(b) <b>Update on Delivery of SB Cares Business Plan.</b> (Pages 41 - 44)</p> <p>(Copy attached.)</p>	30 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.

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

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Please direct any enquiries to Pauline Bolson. Tel: 01835 826503  
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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 Tuesday, 8 November 2016 at 2.00 pm

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

Apologies:- Councillor J. Greenwell.

In Attendance:- D Robertson (Chief Financial Officer SBC), 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 welcomed everyone to the meeting of the Limited Liability Partnership - Strategic Governance Group.

**DECISION  
NOTED.**

2. **MINUTE**

There had been circulated copies of the Minute of the meeting of 22 September 2016.

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

3. **SB CARES BUDGET MONITORING TO 30 SEPTEMBER 2016**

With reference to paragraph 4 of the Minute of 22 September 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 30 September 2016. Members noted that a contribution of £46k had been achieved for the first six months of the financial year and that the target contribution for the whole year was £747k. The Senior Management Team had developed a programme of projects which, when fully implemented, would deliver full year savings of £704k. SB Cares Senior Management Team had further identified a one-off opportunity to meet the contribution for the current year and was now forecasting that a contribution of £747k would be paid in 2016/17. A breakdown of how this contribution would be funded for 2016/17 was detailed in the report along with the target figures for a contribution of £778k in 2017/18.

Discussion followed regarding the stock valuation and the resultant opportunity for the one-off contribution mentioned previously and it was agreed that further information would be provided to Members as work progressed. Members also noted that the External Auditor's opinion was awaited in respect of SB Cares and this would be presented to the Executive Committee on 15 November 2016 if available by that date.

**DECISION  
NOTED:-**

**(a) SB Cares financial position as at 30 September 2016;**

- (b) the progress being made to deliver the target contribution of £747k for 2016/17; and**
- (c) that the information would be shared with Scottish Borders Council to inform the revenue monitoring position.**

#### **4. SB CARES PERFORMANCE MONITORING**

- 4.1 With reference to paragraph 5 of the Minute of 22 September 2016, there had been circulated copies of a report by the Financial and Commercial Director of SB Cares updating Members on the performance of SB Cares through its strategic Key Performance Indicators (KPIs) and the progress on the continuing development of the agreed performance monitoring for the business. Following approval of the strategic KPIs by Members in September 2016, Ms Collins advised of performance in three areas, namely: 86% of services delivered had met Care Inspectorate National Standards of "Good" or above; 99.9% of Home Care delivered within contract parameter and 100% in all other services; 100% of financial targets forecast to be met. Development work was ongoing for the remaining two KPIs. Members noted that that an update report would be presented in February 2017 and that SB Cares were working toward presenting future Performance Monitoring reports being presented in a similar format to that used across Council departments.
- 4.2 There were a number of requests for clarification and officers provided additional information as requested. In particular, Members referred to the number of missed visits (39) recorded in the first six months of 2016/17. Ms Crombie explained in detail the reasons for this and discussion followed in respect of hospital discharge policy which, on occasion, allowed patients to be discharged late at night or over weekends. Problems arose when notification was not received by the Home Care Service resulting in no home visit being carried out. Issues relating to discharges at these times would be referred to NHS Borders for consideration and Ms Hamilton would report back to Members as appropriate. Members were advised that an analysis of all missed visits was undertaken and a formal review would be carried out whenever missed visit resulted in harm to a client. It was noted that there were currently issues relating to how Self-Directed Support was managed and how families made use of this process. Ms Crombie advised that work was ongoing to establish Best Practice in this area and this would consider care packages required for discharge from home and care packages put in place to prevent hospital admissions in the first place. It was agreed that detailed information on delayed discharges and missed visits be collated in order that recurring issues could be identified and improvements made.

#### **DECISION**

##### **NOTED:-**

- (a) the performance of SBC Cares for the first six months of 2016/17 against the agreed available strategic KPIs; and**
- (b) the further progress being made to develop the monitoring of SB Cares performance.**

#### **5. CARE INSPECTORATE**

- 5.1 With reference to paragraph 6 of the Minute of 22 September 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, the final inspection report for St Ronan's Care Home had been received, noting that there were no changes and that grade 5 had been awarded for both Quality of Environment and Quality of Staffing. Oakview Day Service was in receipt of its draft report, receiving grade 4 for three out of the four Quality

Themes inspected and Quality of Environment graded at 3. Further information was detailed in Appendix 1 to this report.

- 5.2 The draft report for Hawick Community Support Service had been received. The grades awarded were: grade 5 for Quality of Staffing; Quality of Care and Support; and grade 4 for Quality of Management and Leadership. The draft inspection report for Tweeddale Day Services was currently awaited and a further two inspections were currently being carried out, namely Deanfield Care Home and Lanark Lodge Learning Disability Day Services. An application to register the South Area Home Care Service had been submitted in July of this year and an updated status on registration would be provided in due course. Ms Crombie clarified some of wider implications resulting from environment issues and in terms of the increasing dependency levels of residents in care homes.
- 5.3 Following discussion, it was agreed that action plans would be included in future reports for each recommendation made by the Care Inspectorate.

#### **DECISION**

##### **NOTED:-**

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

#### **6. DATE OF NEXT MEETING**

The next meeting of the LLP SGG was scheduled to take place on 7 February 2017.

#### **DECISION**

##### **NOTED.**

#### **7. VISITS**

Members discussed their availability in terms of visits to other establishments/ services within the Scottish Borders and it was agreed that they would confirm their preferences directly to Ms Crombie who would then make arrangements for the visits to take place.

#### **DECISION**

##### **NOTED.**

#### **8. 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**

9. **MINUTE**

Members approved the Private Section of the Minute of 22 September 2016.

10. **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*




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## **BUDGET MONITORING TO 31 DECEMBER 2016**

**Report by the Finance & Commercial Director**

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### **LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP**

**7 February 2017**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **To inform the Strategic Governance Group of the financial position for SB Cares at 31 December 2016.**
- 1.2 SB Cares has a challenging target to deliver a contribution for 2016/17 of £747k with the latest forecast of £650k falling short by £97k. There have been a number of challenges to deliver the projects during 2016/17 with forecast contribution from projects and service delivery of £50k expect in this year. A one off opportunity to support the contribution in 2016/17 has been agreed with SB Cares External Auditors to capitalise ability equipment for the value of £600k.
- 1.3 The Management Team believe the original business plan agreed by member in 2014 is still achievable but additional resources must now be identified to ensure the delivery of SB Cares programme of projects.

#### **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Strategic Governance Group:-**
  - (a) **Notes SB Cares forecast for 2016/17 of £650k as at the 31 December 2016**
  - (b) **Notes that additional resource will be required to ensure the delivery of the programme of projects**
  - (c) **Notes the information will be shared with Scottish Borders Council to inform the revenue monitoring position**

### 3 FINANCIAL POSITION AS AT 31 DECEMBER 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. 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.
- 3.2 The Senior Management Team developed a programme of work to deliver the agreed business plan for 2016/17. The delivery and implementation of the programme of projects continues to be challenging as managers compete with daily demand from delayed discharges, supporting the delivery of home care packages handed back by providers, supporting SBC manage the ability equipment budget and stepping in as provider of last resort. Whilst these demands may be seen as part of SB Cares day to day service continually meeting these requests detracts from the resource to support the delivery of the programme of work and additional resource will now need to be identified to ensure successful delivery of the programme of work in 2017/18. The delay in delivery has therefore reduced the forecast level of savings from project for 2016/17 to £32k.
- 3.3 In addition SB Cares continues to see pressures from delivering services to clients requiring increasingly complex packages of care particularly in our Care Homes. Unexpected redundancy cost and an increase in External Audit fees have put additional pressure on the forecast outturn of £19k. The revised forecast position for service delivery and contribution from projects is now forecast at £50k for 2016/17.
- 3.4 Members are aware that an opportunity to address the gap in achieving the target contribution was being considered through a stock valuation adjustment for ability equipment. An approach to capitalise 4 categories of equipment has now been agreed with SB Cares External Auditors KPMG. It is estimated that stock will be capitalised for £600k. This will support a large portion of the contribution gap from the timing issues in delivering projects during 2016/17.
- 3.5 The latest forecast contribution for 2016/17 is £650k as set out in the table below. The management team has reviewed the remaining forecast spend across all services and projects being delivered which will leave a shortfall of £97k against the target contribution of £747k.

<b>Summary Contribution</b>	<b>2016/17 £000's</b>	<b>2017/18 £000's</b>
2015/16 contribution	480	
Discount to contract	(480)	
Full year effect of 2015/16	74	74
Pressures from service delivery	(46)	0
Phase 1 programme of projects	32	802
<b>Current Forecast Contribution</b>	<b>50</b>	<b>876</b>
One off contribution in 16/17	600	0
<b>Forecast Contribution</b>	<b>650</b>	<b>876</b>

- 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. The Senior Management



Team are currently assessing the additional resources required to support the delivery of the current projects. Full details of the progress made to deliver the Business Plan are 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 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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## PERFORMANCE MONITORING

Report by the Finance & Commercial Director

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### LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

7 February 2016

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#### 1 PURPOSE AND SUMMARY

1.1 To update the Strategic Governance Group on the performance of SB Cares through its strategic key performance indicators (KPIs) and the progress on the continuing development of the agreed performance monitoring for the business.

1.2 **Summary**

Members approved SB Cares 5 strategic KPI's in September 2016 and SB Cares Senior Management Team are able to report performance on 3 of the strategic KPI's:

- 84% of services delivered that meets Care Inspectorate National Standards of Good or above.
- 100% of services delivered within contract parameter in all services except in Home Care which is 99.9%
- 92% of financial targets against budget are forecast to be met by either permanent or temporary measures

Whilst short term additional resource was engaged until Christmas the development of the KPI's has been more challenging than expected. This has been mainly down to:

- Lack of data collected by services in a usable format
- Lack of reporting tools for the ELMs system

The Management Team are now setting out a clear development programme which is more achievable with the resources available.

#### 2 RECOMMENDATIONS

2.1 **It is recommended that the Strategic Governance Group:-**

- (a) **Notes SB Cares performance for the first 9 months of 2016/17 against the agreed available strategic KPI's.**
- (b) **Notes the further progress being made to develop the monitoring of SB Cares performance.**

### **3 KEY PERFORMANCE INDICATORS**

3.1 This report sets out the current available performance measures available against the agreed 5 strategic KPI's.

#### **3.2 % of services delivered that meets Care Inspectorate National Standards of Good or above**

- Care Homes 67%
- Care at Home 77%
- Older People Day Services 92%
- Learning /Physical Disability Services 100%

The average across all services is 84% of services have achieved a grade of Good or above.

SB Cares has now started to use the newly developed Quality Audit tool to monitor the performance of its Home Care services and is in the process of finalising the version to be used in Care Homes and Day Services. It is anticipated that this, in conjunction with the action plans put in place by individual services, will improve the quality of services and assist in achieving 100% of Care Inspectorate (CI) grades of good or above.

As well as the inspections from the Care Inspectorate SB Cares monitors the quality of its services through feedback from services including comments and complaints from those who use our services. During the 3 months to the 31 December SB Cares received 5 complaints, 3 have been partially upheld/upheld, 1 was not upheld and one is still being investigated. The complaints have been for different reasons and any actions identified to reduce the likelihood of the same issues arising again have been carried out and shared with other service areas. We also received 19 thank you/positive comments from people using our services.

#### **3.3 99.9% of services delivered within contract parameter**

The Service Provision Agreement with Scottish Borders Council sets out a number of performance parameters that need to be met when delivering services by SB Cares. Services continue to meet the targets set out in the contract with the exception of Home Care who in the 3rd quarter have had 14 missed visits due to system and process issues, discharges from hospital part way through a shift or late at night and human error.

The total number of visits to Home Care clients during the 3 month period was 176k which meant that this service delivered 99.99% of the service within contract parameters. SB Cares Senior Management Team continue to work with NHS, CM2000, managers and staff to improve the systems and processes to reduce the likelihood of missed visits in the future.

The Management Team have now developed reports to monitor its performance against the parameters/targets for Home Care and Bordercare for the 9 months to the 31 December 2016.

The Home Care service made 540k visits to an average 891 clients in the first 9 months of 2016/17 with each visit averaging 21 mins.

SB Cares delivered well above the target for planned v actual hours and

visits set out in the table below. Appendix 1 sets out the performance for each month across a range of performance targets.

	<b>Actual</b>	<b>Target</b>
Planned v Actual Hours	89.91%	85%
Planned v Actual Visits	97.40%	85%
Planned % contract hours	95.45%	98%

The planned hours against the contract is running at a 95.45% which has ensured SB Cares has been able to support emergency visits and stepping in when other providers hand back hours.

SB Cares Bordercare personal alarm service has also delivered above the targets set in the contract with the Council achieving 100% for the 3 main areas set from referrals through to implementation of alarms. Further detail of the Bordercare service performance is set out in appendix 2.

Work is underway to continue to develop the performance monitoring of the remaining services which requires additional resource to develop:

- reporting modules in ELMs the equipment management system
- a process to gather the data for services who's activity are not recorded on a system

### 3.4 **% of staff hours delivering services directly to clients**

SB Cares was set up to provide adult social care services more efficiently and effectively. This KPI will monitor how efficiently we are deploying our staff whilst ensuring that staff still feel supported through supervision, team meetings and training.

Absence is one of the key areas to monitor the efficient deployment of staff. The total absence for SB Cares is monitored on a monthly rolling 12 month period and doesn't reflect the actual hours covered, but the full time equivalent hours absent. In April 2016 the absence rate was 7.23% and SB Cares has seen a steady rise in absence levels until October 2016 where it peaked at 8.29%. This has reduced to 8.10% in December 2016 as managers have been following the Attendance Management Policy which has resulted in 10 staff leaving employment with SB Cares through ill health retiral or capability during this period. It is anticipated that by improving the way staff are deployed along with the rota improvements in Home Care services that the absence rates will continue to fall.

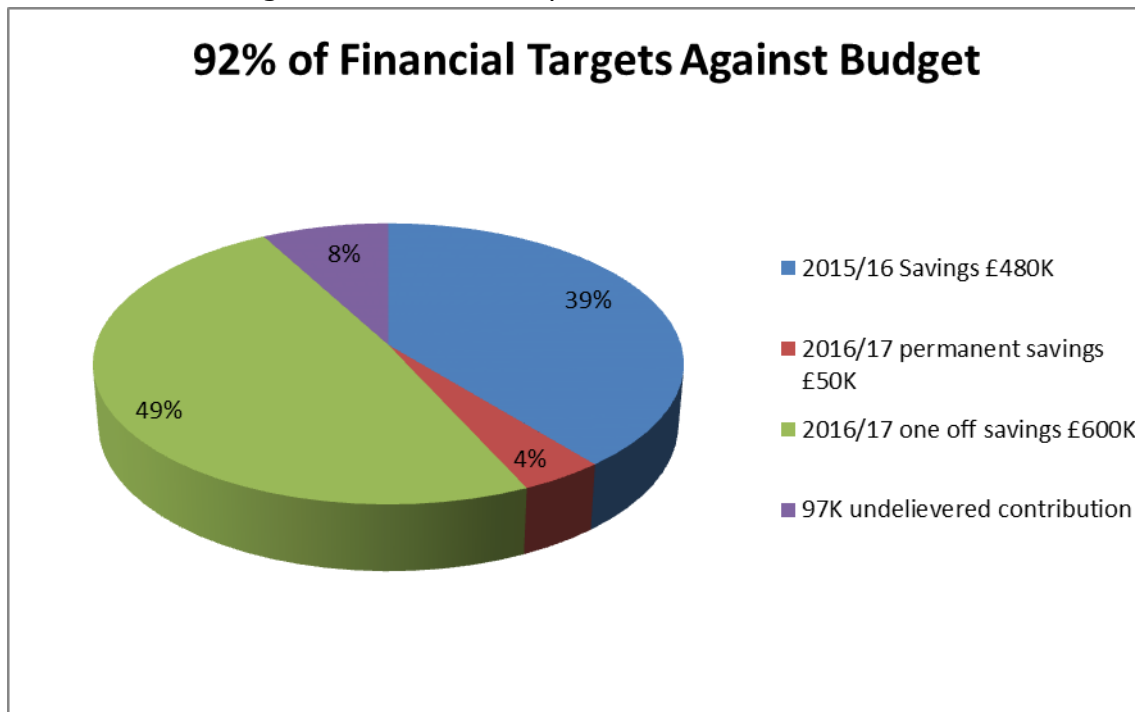
To support the monitoring of efficient deployment of staff further development is underway to capture information around activity levels of both clients and staff. This work is linked to new home care rota's and setting the budget for 2017/18 for all services. This will be fully developed and reported to the SGG as part of the Q1 2017/18 performance in August 2017.

### 3.5 **% of sales achieved against target**

This KPI will monitor the progress of private sales against the target set each year. The sale of personal alarms and ability equipment were launched on the 21 November 2016 through an initial article in SB Connect which generated a small number of sales. A full marketing plan has now been developed and will be launched from February 2017 and sales generated from the new marketing approach will be monitored and support target sales levels for 2017/18 which will be reported in to the SGG in August 2017.

### 3.6 % of financial targets against budget

SB Cares was set up to deliver services more efficiently and effectively. Target cumulative savings through a contribution to the Council of £1.227m is deliverable by the end of 2016/17. The latest forecast has set out that £1.13m will be achieved through permanent savings from 2015/16, permanent savings from service delivery and projects in 2016/17 and one off savings as shown in the pie chart below.



The delivery of projects has continued to be a challenge due to lack of resource and skill to deliver change as well as lack of buy in from SBC commissioners to cease or deliver care differently. Full details of the status of the programme of projects are presented later in the agenda.

The Management Team are reviewing the current programme of work which has slipped from delivering £200k of savings in 2016/17 to £32k. This review will identify a realistic delivery programme with the resources currently in SB Cares compared with the programme that could be delivered if investment was made in additional resource. In addition we will continue to support SB Cares managers to develop their skills to deliver change.

## 4 FURTHER DEVELOPMENT OF PERFORMANCE MONITORING

4.1 SB Cares Management Team are continuing to develop KPIs to monitor the delivery of its Business Plan and monitor its performance against its contract with Scottish Borders Council with an aspiration to develop a performance monitoring report similar to that presented to the Council's Executive Committee.

Whilst short term additional resource was engaged until Christmas the development of the KPI's has been more challenging than expected. This has been mainly down to:

- Lack of data collected by services in a usable format
- Lack of reporting tools for the ELMs system

The Management Team are now setting out a clear development programme which is more achievable with the resources available to achieve the required

performance monitoring to support the business.

## 5 **IMPLICATIONS**

### 5.1 **Financial Recommendations**

There are no costs attached to any of the recommendations contained in this report.

### 5.2 **Risk and Mitigations**

There is a risk that SB Cares does not deliver the performance levels set out in its service provision contract.

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

- (a) The continual development of wide ranging KPI's across the business
- (b) SB Cares performance against KPI's will be reviewed monthly by SB Cares Senior Management Team

5.3 Regular review of the programme of work to ensure that it is sufficiently resourced to deliver the efficiencies and new business.

### 5.3 **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.

### 5.4 **Acting Sustainably**

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

### 5.5 **Carbon Management**

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

### 5.6 **Rural Proofing**

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

## 6 **CONSULTATION**

6.1 The Senior Management Team have been involved in agreeing the development of monitoring the performance of SB Cares.

### **Author(s)**

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

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# Care at Home Provision

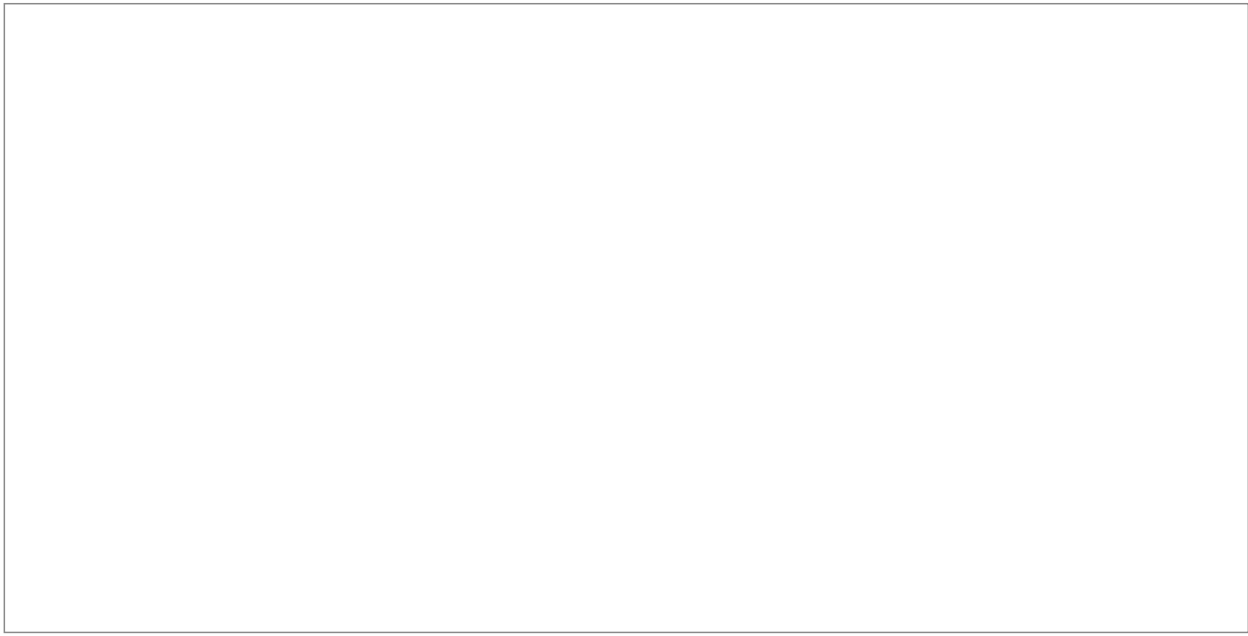
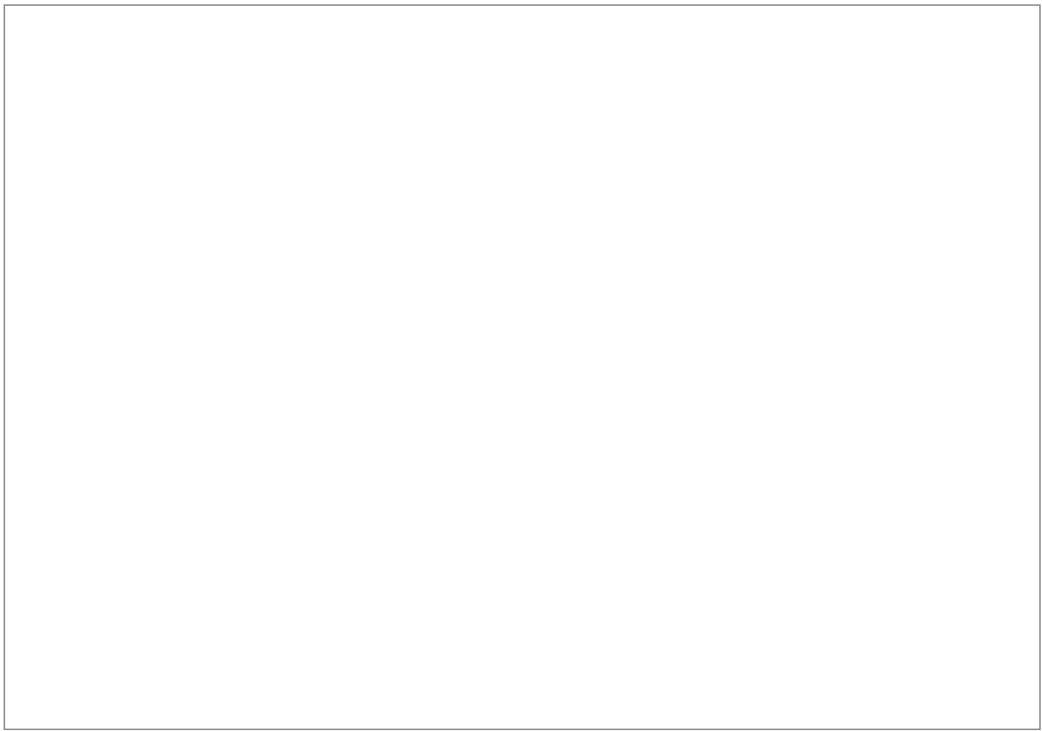
SB Cares Home Care provision has delivered 174k hours over 500k visits to an average 891 clients in the first 9 months of this year with average visit times of 21 mins.

**First 9 months Actual Target**

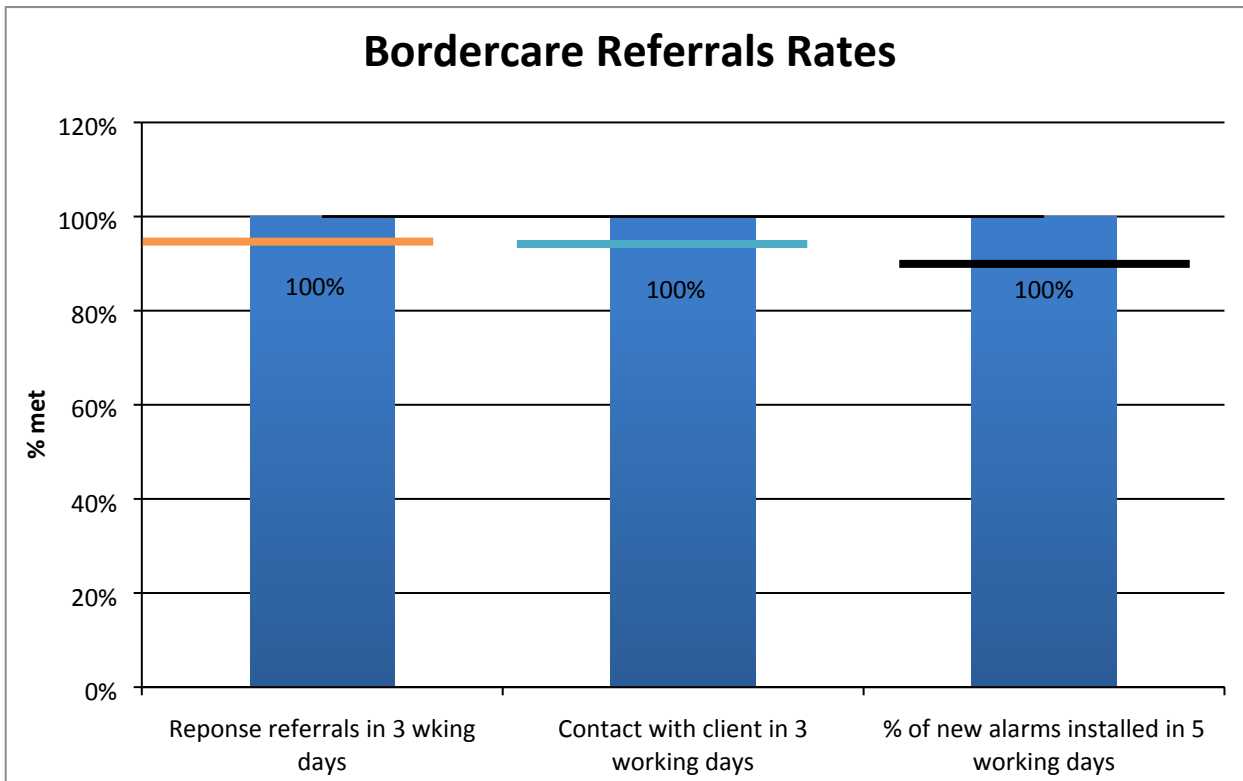
Planned v Actual Hours 89.91% 85%  
Planned v Actual Visits 97.40% 85%  
Planned % contract hours 95.45% 98%  
No. of missed visit 530  
CI Grade 3 & above 100% 100%

**Areas currently being developed**

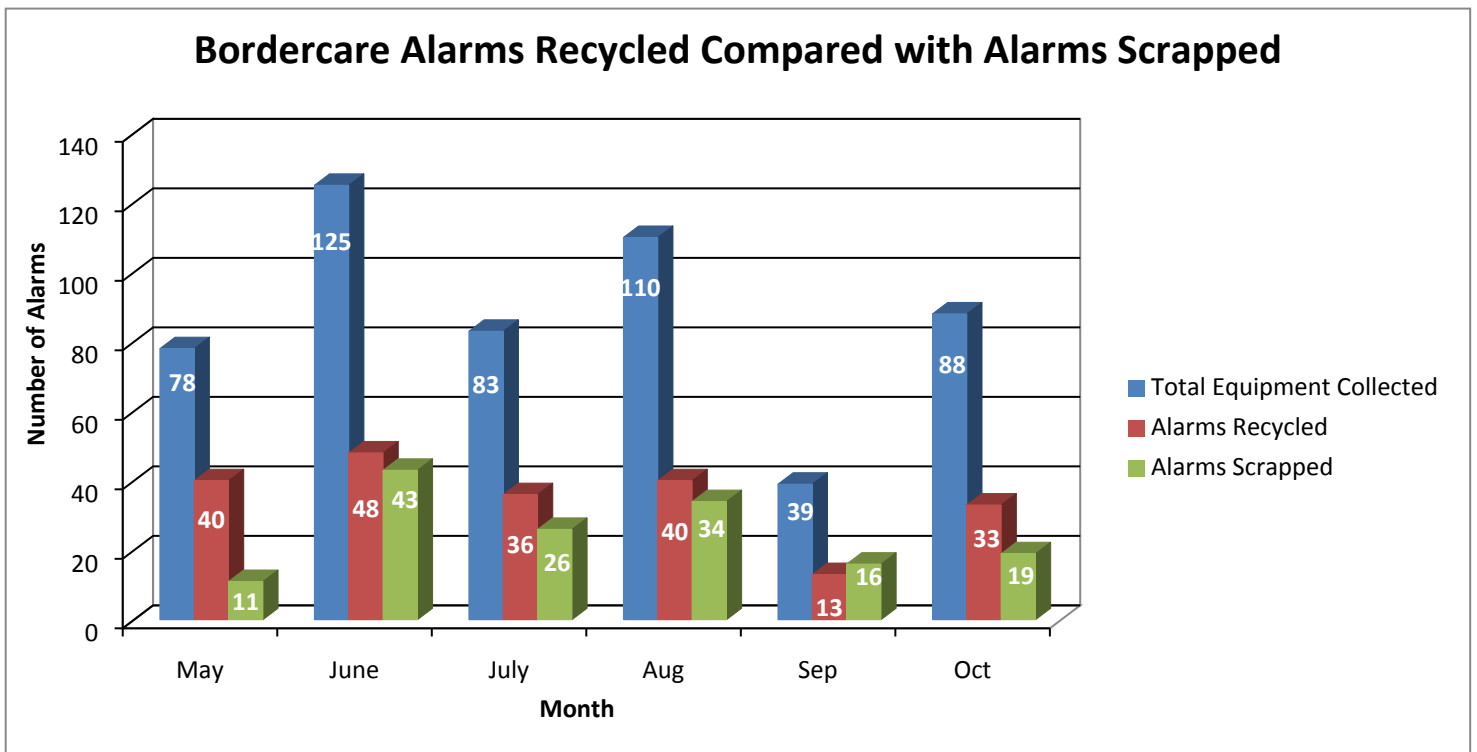
Capturing daily emergency visits e.g. toilet, emergency requests from other provider  
Transitional hours from when clients dies/leaves to filling hours  
Hours being held for discharge  
Rota's to provide consistent daily capacity 7 days a week



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Bordercare personal alarm service has achieved 100% for all 3 KPIs with a target of 90-95% in relation to implementation of a personal alarm. This service regularly gets good feedback from clients and their families regarding how initial enquiries have been managed at the call centre and easy installation by our technicians.



Personal alarms have an expected life of 5 years and SB Cares recycle as many alarms and supporting equipment as possible without reducing the quality of the service. Many of the alarms are now reaching end of life and we are expected to replace 500 in 2016/17 early 2017/18.

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## **CARE INSPECTION REPORT**

**Report by the Operations Director**

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### **LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP**

**7 February 2017**

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#### **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 Hawick Community Support Service have received their final report which confirmed 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. There were no requirements and 3 recommendations.
- 1.3 Tweeddale Day Service has been inspected and the final report has been received. The service received grade 4 for all four Quality Themes; Quality of Environment; Quality of Staffing; Quality of Management and Leadership; Quality of Care and Support. There were no requirements and 2 recommendations.
- 1.4 Deanfield Care Home has been inspected with the final report giving grades of 4 for Quality of Care and Support and also Quality of Staffing and grade 3 for the Environment and Management and Leadership, with 3 requirements and 4 recommendations.
- 1.5 Lanark Lodge Learning Disability Day Service has been inspected and is in receipt of their final report. The service received grade 5 for all quality themes, with no requirements and 1 recommendation. Further information is available in Appendix 1 on all the reports.
- 1.6 Grove House Care home has recently been inspected; we are still awaiting the draft report.
- 1.7 The application to register the South Area Home Care Service was submitted in July 2016. There is still no confirmation of the registration at time of writing but the Inspector is anticipated the registration will be confirmed in the coming weeks.

## **2 RECOMMENDATIONS**

### **2.1 It is recommended that the Strategic Governance Group:-**

- (a) Note Hawick Community Support Service improved grades for two themes from 4 to 5**
- (b) Note that Lanark Lodge received grade 5 for all 4 Quality Themes**
- (c) Note the percentage of services achieving grades 4 and above**
- (d) Note the requirements and recommendations contained in the report and Appendix 1**

## **3 INSPECTION**

- 3.1 Sixteen services have now been inspected since the inception of SB Cares; there are only 2 Older Adult Day Services still to be inspected. These services are expected to be inspected sometime 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 67%
- Care at Home 77%
- Older People Day Services 92%
- Learning /Physical Disability Services 100%

There has been a drop by 6% in grades 4 or above in the Care Home services because two Quality themes which were previously scored at a 5 were not inspected at all during the most recent inspection at St Ronans House.

## **5 REQUIREMENTS AND RECOMMENDATION'S ACTIONS**

- 5.1 SB Cares Management Team are continuing to work with our Training Department colleagues and an action plan has been developed 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 have reviewed the content of the training courses, involving our SBC Health and Safety colleagues and NHS trainers to ensure the content of training is relevant where there are expected standards.

The management and leadership training program has been developed for managers across the services. SB Cares managers are attending courses within the program as appropriate to their role taking into account their existing qualifications and previous training completed.

A new template training record has been implemented and is being audited by managers through the Quality Assurance audit tool.

- 5.2 A Quality Assurance Audit tool has been developed and implemented in Home Care services, with the version to be used in Care Homes and Day Services almost complete.
- 5.3 The content and quality of information held in Support Plans has been reviewed and will be audited by managers using the Quality Assurance Audit tool.
- 5.4 Staff supervision records are now being audited to ensure they meet the required standards within the Supervision Policy.
- 5.5 We are working with our SBC colleagues to make the required environmental improvements as identified in reports. The necessary work has been identified and instructed.

6 6.1 **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

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Hawick Community Support Service 28 <sup>th</sup> September 2016			
Quality Theme	Requirements/ Recommendations <sup>1</sup>	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>1- The service provider should ensure that support plans and risk 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><b><u>What People Told Us</u></b></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><b><u>(Some) Findings from the Inspection</u></b></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</i></p>		

	<i>support plans fully detail how the individual's needs will be met and manage any identified risk. (Recommendation 1).</i>		
<b>Quality of Staffing</b>		<b>5 Very Good</b>	<b>4 - Good</b>
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><b>(Some) Findings from the Inspection</b>  <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>		
<b>Quality of Management &amp; Leadership</b>		<b>4 – Good</b>	<b>4 - Good</b>
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 – 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 &amp; Staffing Manager has been signposted to 'Records that all registered care services (except childminding) must keep and guidance and on notification reporting</p>		

1. 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 overall action/service plan.  
National Care Standards, Care at Home – Standard 4 Management & Staffing.

**(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)***

**Tweeddale Day Service  
4<sup>th</sup> October 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		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><b><u>What people told us – CI</u></b></p> <p><i>“They (the Staff) are very nice”</i>  <i>“The atmosphere is very relaxed”</i>  <i>“The staff are very perceptive if you are not feeling 100% they pick it up, they are very supportive”</i></p> <p><b><u>(Some) findings from the Inspection</u></b></p> <p><i>People using the service said they found the staff attentive and caring and this was consistent with what we observed during the inspection visits. We observed staff providing care in way that was attentive to the needs of individuals, was respectful and promoted dignity.</i></p> <p><i>Work had been done to improve the organisation and content of personal plans. Risk assessments were up to date in all personal plans sampled. We felt that further work was needed on specific areas of the personal plans. These included the preferred daily routines of individuals, and how the health condition of a service user might affect the care they needed. This will be looked at in future inspection visits. All of the reviews sampled were up to date. We discussed the need to have an improved overview of when reviews are due to ensure that reviews are not missed. This will also be looked at in future inspection visits.</i></p>		
<b>Quality of Environment</b>		4 Good	4 Good
Where the service is delivered; for example, how clean, well maintained and	Requirements – 0		

accessible it is, the atmosphere of the service, how welcoming it is	<p>Recommendations – 0</p> <p><b><u>(Some) findings from the Inspection</u></b></p> <p><i>The day centre shared dining facilities with the adjacent day hospital. The presentation of the dining area and the effect of the dining experience was discussed during the inspection feedback.</i></p> <p><i>Good, well maintained systems were in place to ensure the environment was safe.</i></p>		
<b>Quality of Staffing</b>		<b>4 - Good</b>	<b>4 - Good</b>
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations –</p> <p><b><u>(Some) findings from the Inspection</u></b></p> <p><i>Staff described receiving good day to day support to carry out their roles and responsibilities. Staff told us they felt respected and that communication and morale within the staff team was good.</i></p> <p><i>Staff displayed good care skills in the way they interacted with people who used the service. Staff were motivated and showed a clear and strong commitment to meeting the needs of people using the service.</i></p>		
<b>Quality of Management &amp; Leadership</b>		<b>4 – Good</b>	<b>4 - Good</b>
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 – 2</p> <p>1 Staff supervision should be provided in line with the frequency outlined in the service provider's supervision policy. National Care Standard, Support Services, Standard 2 Management &amp; Staffing</p> <p>2 Training records should be improved to allow for an easy overview of training due to</p>		

ensure all mandatory training is maintained and up to date.  
National Care Standards, Support Service, Standard 2 – Management and Staffing

**(Some) findings from the Inspection**

*The Manager and Senior Carers were aware of the need to spend time observing staff practice and spending time with people using the service to get their feedback on the care they received. This happened informally, described as a “cup of tea and a catch up” and also in a more structured way through meetings for people who used the service.*

*While supervision was happening this was not with the frequency described in the providers own policy. (See recommendation 1).*

*Training records were not well maintained and it took some time to ascertain that mandatory training was up to date. A system to improve the recording would ensure all staff training was up to date and reduce the risk of a training update being missed. (See recommendation 2)*

**Deanfield Care Home**  
**27<sup>th</sup> October 2016**

Quality Theme	Requirements/ Recommendations <sup>1</sup>	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		4 Good	4 – Good
How well the service meets the needs of each person who uses it	<p>Requirements – 1</p> <ol style="list-style-type: none"> <li>The service provider must ensure all care records including daily notes, medication records and nutrition and hydration records and oral care records are consistently maintained. 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.</li> </ol> <p>Timescale: The provider must do this within 24 hours of the report being published.</p> <p>Recommendations</p> <p>Recommendations – 2</p> <ol style="list-style-type: none"> <li>The service should ensure that documentation relating to consent to healthcare should be maintained up to date.  National Care Standards. Care homes for older people. Standard</li> <li>The service should look at how activities are provided in the care home to ensure all residents have access to staff time to support them in their preferred activities. National Care Standards. Care homes for older people. Standard</li> </ol> <p><b><u>What People Told Us</u></b> <i>Deanfield has provided a high standard of care. The staff are very approachable and I feel comfortable with them. Any issues I have had have always been dealt with promptly in a professional manner."</i></p> <p><i>The staff are easy to speak with I'm always asked for my opinion.</i></p> <p><i>There is always someone about if you need any help.</i></p>		

	<p><b><u>(Some) Finding from the Inspection</u></b>  <i>We observed staff being attentive to the needs of individuals offering choices and providing care in a way which promoted independence and the dignity of the individual.</i></p> <p><i>The quality of personal planning sampled was generally good with some examples of good background information which described the individuality of the person  Personal plans gave clear guidance on how individuals wanted to be supported to take medication.</i></p> <p><i>While records were being maintained we found some gaps in care records sampled. These included daily records of the persons care and occasional gaps in medication records and records of hydration and nutrition. We found gaps in the recording of oral care.  (See requirement 1)</i></p> <p><i>We found examples of Section 47 consent to care certificates which had review dates set. These dates had passed however there was no evidence of a review taken place.  (See recommendation 1)</i></p>		
<b>Quality of Environment</b>		<b>3 - Adequate</b>	<b>4 – Good</b>
<p>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>	<p>Requirements – 1</p> <p>1. The service provider must ensure that an environment suitable for a care home for older people is maintained.  This must include:  An adequate level of decor and repair.  Improved flooring in the lower ground floor dining area.  Ensuring equipment is repaired within reasonable timescales.  Ensuring all seating providing is suitable for older people.  This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 Fitness of premises.</p> <p>Timescale: The provider must do this within eight weeks of the report being published.</p> <p>Recommendations – 0</p> <p><b><u>(Some) Finding from the Inspection</u></b></p>		



	<p><i>The care home has a good location near the amenities of Hawick town centre. A disadvantage of the location is the care home is situated on an incline which is steep in places and limits safe access to the care home grounds. Some outdoor seating was provided however there was no safe area that residents living with dementia could access without a constant staff presence to ensure their safety.</i></p> <p><i>Both visitors and staff told us that they felt the care home needed some investment to improve the quality of the physical environment which they described as "run down" "a bit shabby" dingy" and "in need of some tender loving care." This was consistent with our observations we noted unrepaired scape and impact damage throughout the care home. In areas and in particular the lower ground floor the standard of décor was tired reflecting a building which takes a lot of wear and tear and was in need of investment. (See requirement 1)</i></p> <p><i>First impressions of the care home were compromised by the poor quality of painted woodwork above the main door with areas of bare wood and large sections of unsightly moss which covered much of the care home roof. The flooring in the lower ground floor dining area was showing signs of wear. Staff and visitors told us this area had been malodorous in warmer weather in spite of constant cleaning. (See requirement 1)</i></p> <p><i>Two domestic dishwashers situated in the lower ground floor kitchens were out-of-order and had been for three weeks before the inspection. (See requirement 1 )</i></p> <p><i>Staff described how some of the seating provided for residents was too low causing problems for people rising from seats and taking away their independence. (See requirement 1)</i></p>		
<b>Quality of Staffing</b>		<b>4 - Good</b>	<b>4 - Good</b>
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 1</p> <ol style="list-style-type: none"> <li>Records indicated that staff were receiving one to one supervision however for some individuals we found significant gaps between supervision sessions these was not being provided at the frequency stipulated in the services providers policy on supervision. (See recommendation 1)</li> </ol>		

	<p><b><u>(Some) Finding from the Inspection</u></b>  <i>Assessments of dependency levels indicated that the current staffing schedule was adequate however this was tight. Factors to consider when looking at staffing levels in the care home include the layout of the care home with two distinct areas that need to be staffed separately and other calls on staff time including laundry, and administrative duties for senior care staff. A healthcare professional with regular contact with the care home noted that they had seen a steady increase in the support needs of residents due to dementia and general frailty. Relatives also commented that they were aware of the pressure staff were under due to needs of people living in the care home.</i></p> <p><i>Staff were committed to meeting the needs of residents</i></p> <p><i>Records indicated that staff were receiving one to one supervision however for some individuals we found significant gaps between supervision sessions these was not being provided at the frequency stipulated in the services providers policy on supervision. (See recommendation 1)</i></p>		
<p><b>Quality of Management &amp; Leadership</b></p>		<p><b>3- Adequate</b></p>	<p><b>4 - Good</b></p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements – 1</p> <ol style="list-style-type: none"> <li>1. Systems set up to monitor training must be maintained to ensure all mandatory training to staff is up to date. Where training is due to expire this must be identified in time to arrange for the training to be provided to ensure staff have sufficient skills to carry out their roles and responsibilities. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (b) Staffing-a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.  Timescale: The provider must do this within 24 hours of the report being published.</li> </ol> <p>Recommendations – 0</p> <p><b><u>(Some) Finding from the Inspection</u></b>  <i>We found examples of monthly audits being carried out to monitor the quality of the service provided. These covered several areas including accident and incident reporting, personal plans and infection control. Where areas for improvement had been identified through an audit, actions were being taken to respond to any risks to ensure people living in the care home were safe. Medication audits included action taken when gaps in records</i></p>		

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*had been identified. A small number of medication errors had been identified and appropriate action had been taken to seek advice from healthcare professionals and reduce the risk of the error being repeated*

*Systems had been put into place to monitor activities needed to ensure appropriate care was being provided these included systems to record residents reviews, staff supervision and staff training when they had taken place and when they were due. These monitoring systems had not been maintained. A significant result of this was staffing training records had not been correctly maintained and several staff had missed refresher training for mandatory training areas including practical moving and handling skills and practice. Time intensive work was being carried out to update these records however it will take some time to clear the backlog of expired training. In the interim, measures will need to be taken to ensure residents and staff are not at risk.  
(See requirement 1)*

**Lanark Lodge**  
**10<sup>th</sup> November 2016**

Quality Theme	Requirements/ Recommendations <sup>1</sup>	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		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> <ol style="list-style-type: none"> <li>The service should ensure that support plans and risk assessments contain robust information of the intervention to protect service users and others. This should include details of any legal powers in place such as Welfare Guardianship. National care standards - Standard 2, Management and staffing arrangements.</li> </ol> <p><b><u>What People Told Us</u></b> <i>Service users were complimentary of the service and their comments included</i></p> <p><i>Support plan helps my support workers plan my day</i></p> <p><i>The service allows me to do things I want to do</i></p> <p><i>It's nice to go there, comfortable and warm</i></p> <p><i>Many staff have been there a long time</i></p> <p><i>Support plan information built up over the years between family and staff</i></p> <p><i>Staff keep me updated frequently</i></p> <p><i>I have no complaints at all. The staff are good</i></p> <p><i>Staff treat him as an adult and not a child</i></p> <p><i>It is better now than it has ever been - he gets out and about much more with one to one support</i></p> <p><i>I am always invited to reviews and they listen to my opinion and views</i></p>		

	<p><b><u>(Some) Finding from the Inspection</u></b>  <i>We found that the service was very good at supporting people to achieve their goals and outcomes in a person centred way. This was evident by looking at support plans, risk assessments and speaking to service users and staff.</i></p> <p><i>Support plans gave a real insight, and effectively captured the outcomes achieved for people by participating in their chosen activities. Plans were up to date and demonstrated a clear culture of supporting individuals in a respectful and dignified way.</i></p> <p><i>We saw examples of good outcomes for a service user being supported and empowered to use the computer which promoted their independence and removed barriers to their learning. Other activities within the local community ensured that service users were supported to maintain their social and emotional well-being by keeping in touch with friends, feeling included and part of the community and meeting new people.</i></p> <p><i>A recent support needs assessment undertaken by the service demonstrated that each service user's care and support needs were being met by the current staffing levels in place. This effectively ensured that each service user received the level of support appropriate to meet their individual outcomes.</i></p> <p><i>There was a lack of comprehensive information within the section of the support plans to protect service users. We saw an example where it was recorded that a service user was an adult at risk, however no further information of measures in place to reduce the risk. (Recommendation 1)</i></p>		
<b>Quality of Environment</b>		<b>5 Very Good</b>	<b>3 - Adequate</b>
<p>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>	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><b><u>(Some) Finding from the Inspection</u></b>  <i>We found that both buildings from which the service was provided, were accessible and supported service users in a safe, open and pleasant environment. The areas within the buildings also struck a good balance between private and group space to enable service users to be supported in way that met their care and support needs.</i></p> <p><i>The areas within the environment effectively support activities to enable service users to achieve their individual outcomes in a comfortable and relaxed way. For example, we spent time with service users baking in the kitchen area which was adapted to meet the different needs of service users. We saw that the service users enjoyed taking part in this activity and</i></p>		

	<i>were supported by staff to maintain their independence while ensuring this activity was carried out safely.</i>		
<b>Quality of Staffing</b>		<b>5 Very Good</b>	<b>4 - Good</b>
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><b><u>(Some) Finding from the Inspection</u></b>  <i>We observed staff to have a very good knowledge of individual service user's needs, choices and preferences. They interacted with service users in a kind and respectful manner and offered the appropriate level of support to meet their needs</i></p> <p><i>Staff spoke positively of the training they received to enable them to competently support service users. Training records confirmed that all staff had attended Adult Support and Protection training, Child Protection and Getting it Right for Every Child (GIRFEC) which ensured that they had the knowledge and skills to protect individuals and keep them safe.</i></p> <p><i>There were consistent systems in place to enable staff to be effectively supported within their role. For example, regular supervision meetings and we saw a good range of discussion from the minutes. This was also linked in to individual training and development needs to ensure staff training was up to date.</i></p>		
<b>Quality of Management &amp; Leadership</b>		<b>5 Very Good</b>	<b>4 - Good</b>
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><b><u>(Some) Finding from the Inspection</u></b>  <i>The management and leadership of the service was spoken of in positive terms by staff and service users and they were described as supportive and approachable.</i>  <i>There were various very good methods in place to ensure that service users and their families could influence the quality of the service they received. For example regular and consistent care reviews enabled service users and their families to give their feedback and suggestions on the care and support provided. Families were happy with the communication with the service and told us;</i></p> <p><i>We are encouraged to say if things are not right and we are listened to and things change</i></p> <p><i>They have regular meetings with our daughter</i></p>		

	<p><i>There were some regular audit systems in place including support plan audits. We considered these audits to be person centred and they effectively identified areas for improvement that focused on individual outcomes</i></p> <p><i>We found that systems and processes, particularly in relation to quality assurance were not consistent across both parts of the service. For example different formats were being used for individual service user risk assessments. Audits undertaken were not consistent across both parts of the service, although this is one registration. Although the inconsistencies did not impact on the very good quality of the service provided, we consider improvements could be made within the service's overall approach to quality assurance. We will follow this up at the next inspection.</i></p>		
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