

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH OCTOBER 2010**

**REPORT ON: THE ANNOUNCED INSPECTION OF THE SUPPORTED LIVING TEAM - CARE AT HOME AND HOUSING SUPPORT SERVICE BY THE CARE COMMISSION 25 AUGUST 2010.**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 607-2010**

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to report on the findings of the announced inspection by the Care Commission of the Supported Living Team.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Social Work and Health Committee note the contents of this report.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 None

### **4.0 MAIN TEXT**

4.1 The Supported Living Team was inspected on 25 August 2010 by the Care Commission. This was an announced inspection. The report on the findings of this visit was published on 10 September 2010.

4.2 The Care Commissions focus of inspection targeted the following themes;

- Quality of Care and Support (Statements 1.1 and 1.3)
- Quality of Staffing (Statements 3.1 and 3.3)

Each quality theme is made up of several quality statements and this inspection focussed on four of these.

The Care Commission identified the following key strengths in the areas that were inspected.

- The Manager and staff demonstrated a commitment to development and improvement.
- Staff demonstrated good collaboration, team work, commitment and enthusiasm to developing best practice.
- Very good evidence that service users and carers participate in assessing and improving the quality of care and support provided by the service.
- Support plans were very well written with comprehensive detail about service users physical, mental and social needs.

- Staff spoken to during the inspection were found to be knowledgeable regarding individual service user support plans.
- There is regular consultation with a range of healthcare professionals such as GPs, consultants, specialist nurses and psychologists.
- There was good involvement by the service of relatives in assessing and improving the quality of staffing in the service.
- There were very good outcomes from the service's approach to support staff through team work and individual supervision to improve practice and to ensure they were appropriately qualified and trained.
- There were regular meetings for staff to co-ordinate working effectively as a team and ensure consistent support for service users.

4.3 There are no requirements from the announced inspection.

4.4 There is 1 recommendation from the inspection as detailed below;

'The service should ensure that protocols for the management of behaviour are up to date and corroborated by appropriate healthcare professionals.'

The service had identified this as a point for action prior to the inspection and is currently working with the appropriate professionals to review and update protocols and guidelines for the management of behaviour.

4.5 Some of our areas for improvement and development are identified below:

- The Service needs to demonstrate improvements to the quality of staffing made as a result of feedback from service users and carers.
- The Service should use supportive communication approaches with service users to obtain their views.
- The Service should consult with service users and relatives about the quality of staff.

#### 4.6 **QUALITY INDICATORS**

4.6.1 The care commission use a 6 point scale for performance.

- 6 – Excellent - exemplary, model of its type
- 5 – Very good - major strengths
- 4 – Good - important strengths but improve further
- 3 – Adequate - basic but adequate level
- 2 – Weak - important weaknesses
- 1 – Unsatisfactory - widespread weaknesses

4.6.2 Based on the findings of the announced inspection the Care at Home, Housing Support Service has been awarded the following grades:

- Quality of Care and Support 4 - Good (previous grade grade 4)
- Quality of Staffing 4 - Good (previous grade 4)

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.
- 5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equipact/>.

## **6.0 CONSULTATION**

- 6.1 The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in preparation of this report.

## **7.0 BACKGROUND PAPERS**

- 7.1 The following Background Papers were relied upon in preparation of this Report:

Inspection Report Dundee City Council - Supported Living Team

<http://www.dundee.gov.uk/equanddiv/equipact/>

**Alan Baird**  
**Director of Social Work**

**Date: 13th October 2010**

### Action Plan

Service Name	Dundee City Council - Supported Living Team
CS number	CS2005108069
Service Provider:	Dundee City Council
Address:	<a href="#">Social Work Department, Balmerino Road, Dundee, DD4 8RW.</a>
Care Commission Officer:	Paul Clemson
Date Inspection Concluded:	25 August 2010

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendations;</p> <p>1. The service should ensure that protocols for the management of behaviour are up to date and corroborated by appropriate healthcare professionals. Standard 7, Keeping well - healthcare</p>	<p>All protocols for the management of behaviour, currently used within the service area will be reviewed, updated and include evidence of corroboration by the appropriate healthcare professional(s).</p>	<p>December 2010</p>	<p>Karen Penman</p>

**Action Plan (continued)**

<b>Requirements and Recommendations</b>	<b>Action Planned</b>	<b>Timescale</b>	<b>Responsible Person</b>

Name	Karen Penman		
Designation	Team Manager		
Signature		Date	09 / 09 / 2010

**In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.**



# Inspection report

## Dundee City Council - Supported Living Team Housing Support Service

Social Work Department  
Balmerino Road  
Dundee  
DD4 8RW  
01382 307587

<b>Inspected by:</b> (Care Commission officer)	Paul Clemson
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	25 August 2010

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**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2005108069

**Contact details for the Care Commission officer who inspected this service:**

Paul Clemson

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Email [enquiries@carecommission.com](mailto:enquiries@carecommission.com)

## Easy read summary of this inspection report

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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Staffing  **4** Good

Quality of Management and Leadership **N/A**

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

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

### What the service does well

The service responded to service users' views about their care and support, such as planning holidays. All essential processes to support and monitor service users' healthcare and welfare needs were in place. Service users were involved in their self care as much as possible. The staff were very motivated and enjoyed their work.

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

The service must use clear, recorded, management strategies for challenging behaviours.

The service should:

- use supportive communication approaches with service users to obtain their views
- consult with service users and relatives about the quality of staffing.

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

We spoke to two relatives of a service user who confirmed that they received up to date information from the service about their relative's support and they were confident that it reflected the support they received.

## **Conclusion**

The manager and staff demonstrated a commitment to development and improvement. Service users appeared very happy with the service. Relatives commented favourably regarding the quality of the care and support provided. Staff demonstrated good collaboration, team work, commitment and enthusiasm to developing best practice.

## **Who did this inspection**

### **Lead Care Commission Officer**

Paul Clemson

### **Other Care Commission Officers**

Not Applicable

### **Lay Assessor**

Not Applicable

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

## About the Care Commission

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

Regulation involves:

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

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

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

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

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

The "Care services" area of our website also:

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

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

## About the National Care Standards

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

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

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

## What is inspection?

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

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

When we inspect a service, typically we:

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

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

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

Our work must reflect the following laws and guidelines:

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

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

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

## **Recommendations, requirements and complaints**

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

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

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

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

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

# How we decided what to inspect

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## **Why we have different levels of inspection**

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

## **How we decide the level of inspection**

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

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

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

Our inspections take account of:

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

# What is grading?

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

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

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

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

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

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

## About the service we inspected

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Dundee City Council - Supported Living Team has been registered by the Care Commission since June 2006. This is a combined Care at Home and Housing Support Service to adults with learning disabilities.

The service operates over two locations. Supported Living Team also provides a Housing Support Service to tenants who are older adults with learning disabilities who receive a Care at Home service from a different provider.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

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

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

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

## How we inspected this service

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### **What level of inspection did we make this service**

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

### **What activities did we undertake during the inspection**

This report was written following an announced inspection which took place at Rockwell Gardens on 25 August 2010. The inspection was carried out by Care Commission officer Paul Clemson.

During the inspection, evidence was gathered from a number of sources including:

A review of a range of records and other documentation including the following:

Service users support plans  
Accident log  
Medication records

Discussions with a range of people including:

The manager  
Staff on duty  
Service users

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

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

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

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

## **The annual return**

We use annual returns (ARs) to:

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

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

## **Annual Return Received**

Yes - Electronic

## **Comments on Self Assessment**

A Self Assessment submitted by the service was completed with very comprehensive information about its processes to ensure very good quality outcomes for service users. The service had planned areas for future development. For improved grades the service should focus on the outcomes and benefits of its processes for service users, carers and staff.

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

The communication needs of service users meant that they could not be interviewed or complete questionnaires.

There was a very good, sociable atmosphere in the service. We observed that residents were relaxed and comfortable with staff. The staff were very respectful of residents and their needs.

## **Taking carers' views into account**

We received twelve questionnaires from relatives and advocates. Almost all relatives told us they knew:

- their relative had a personal plan or support plan which contains information about their support needs
- about the service's complaints procedure
- they could make a complaint about this service to the Care Commission

All relatives strongly agreed or agreed that:

- their relative's needs and preferences have been detailed in their personal plan
- staff treated their relative with respect.

All twelve relatives were happy overall with the quality of care and support.

Comments from relatives and advocates included:

- "I would like to say on my son's behalf the staff look after my son very well, all his needs to my knowledge are met. "
- "Our daughter has only been resident in Rockwell Gardens a short time, but we are very impressed by the high standards and care given to our daughter by all members of staff."

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

This service was found to have very good performance in relation to this statement.

The service continued to demonstrate a commitment to further development in this area. The methods used in order to involve service users and carers in assessing and improving a range of aspects of the service had become more established.

Methods included:

- (i) Surveys
- (ii) General suggestions and comments
- (iii) Meetings for both service users and relatives
- (iv) Complaints procedure.

A very good example of participation methods deployed by the service was:

A service user had recently moved into Rockwell Gardens from another service. Discussions with the service user's relatives confirmed that they were involved in every aspect of the planned move. The outcome of this was the service user had settled into the new living environment in a short period of time. The service user's family commented that staff had spent time supporting their daughter prior to the move. The benefits for the service user meant she could move into her new home with little disruption. This was seen to contribute positively to her welfare needs.

#### Areas for Improvement

The service should maintain its very good practice and aim to improve through reference to the excellent criteria in the grading scale.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 3**

We ensure that service user's health and wellbeing needs are met.

### **Service Strengths**

The service had good practice in this quality statement.

All essential processes to support and monitor service users' healthcare and welfare needs were in place. This meant healthcare needs of service users were monitored on a regular basis.

Service users' support plans were very well written with comprehensive detail about their physical, mental and social needs. Staff that spoke with the Care Commission officer were found to be knowledgeable regarding individual service user support plans.

There were detailed and personalised risk assessment for each service user in place considering hazards arising from daily living and from healthcare conditions. The service was in the process of renewing its risk assessments to ensure they were all current.

There was regular consultation with a range of healthcare professionals such as GPs, consultants, specialist nurses and psychologists.

Service users had support from staff while in hospital and written personal information was provided to hospital staff through an "all about me" booklet. The benefits of this was service users could be supported out-with of their familiar settings staff if needed.

### **Areas for Improvement**

We looked in more detail at the support plans for four service users. We felt that the care plans written recently detailed many elements of good practice, such as the importance of getting medication on time and the management of epilepsy. However one support plan examined, confirmed a service user had recent changes to his emotional and mental wellbeing. The support plan did not contain person-centred information of the triggers of the behaviour and non-pharmacological interventions for the management of his needs. We felt the support plan identified to the manager could be further improved to include the protocols used by all staff to manage his support needs and be corroborated by appropriate healthcare professionals. (Recommendation 1)

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

1. The service should ensure that protocols for the management of behaviour are up to date and corroborated by appropriate healthcare professionals. Standard 7, Keeping well - healthcare.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

The service had good practice in this quality statement.

There was good involvement by the service of relatives in assessing and improving the quality of staffing in the service.

The service asked for relatives' views on the quality of the care service during review meetings and in informal discussions. The service was willing to act on relatives' views about any improvements which could be made in the service.

#### Areas for Improvement

For improved practice the service will need to demonstrate improvements to the quality of staffing made as a result of feedback from service users and carers.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

0

### **Statement 3**

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

#### **Service Strengths**

The service had very good practice in this quality statement.

There were very good outcomes from the service's approach to support staff through team work and individual supervision to improve practice and to ensure they were appropriately qualified and trained.

The staff were very motivated and enjoyed their work. There was a strong commitment to team working to ensure continuity and consistency of care and support for service users and to seek ways to improve the service. The effect of this was carers that spoke with the Care Commission officer praised staff highly and commented positively about the quality of staff support received from the service.

Staff had access to core training for their work, such as a detailed induction programme, first aid, food hygiene, Makaton and active support. Staff said they valued the use of the active support approach to involve service users in all aspects of their daily lives. Staff were supported to obtain vocational qualifications for future registration with the Scottish Social Services Council.

There were regular meetings for staff to co-ordinate working effectively as a team and ensure consistent support for service users. There were development sessions for the whole staff team to meet and learn together for example about healthcare needs, to share ideas and solutions for better outcomes for service users. The National Care Standards and Codes of Practice were referenced and discussed in staff meetings.

Staff had one to one supervision sessions which offered support for working with service users and identified training and development needs.

#### **Areas for Improvement**

The service should maintain its very good practice and aim to improve through reference to the excellent criteria in the grading scale.

#### **Grade awarded for this statement**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

The Care Commission publishes Extended Service Information on the Care Services section of the website. This includes service details, provider details, and easy access to a number of previous inspection reports, brief information about enforcement action and information about upheld or partially upheld complaints. Readers can request more detailed information by contacting the Care Commission.

### **Action Plan**

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

## Summary of Grades

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<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>
8 May 2009	Announced	Care and support      4 - Good Staffing                      4 - Good Management and Leadership      4 - Good

## Terms we use in our report and what they mean

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

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

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

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

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

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

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

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

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

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

## How you can use this report

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

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

## People who use care services, their relatives and carers

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

## The Care Commission

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

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

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