



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017**  
**REPORT ON: CARE INSPECTORATE VISITS – WEAVERS BURN**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC29-2017**

**1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection visit, undertaken in March 2017 as a follow up to the full inspection of May 2016.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of the follow up inspection reports (Appendices 1 & 2);
- 2.2 Notes the progress made following the inspection dated May 2016;
- 2.3 Notes the content of the July 2017 inspection report and regrading of the service (Appendix 3).

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1 Weavers Burn is a Care at Home/Housing Support service that supports adults with complex needs. The service has been registered with the Care Inspectorate since May 2014.
- 4.2 The service was inspected during May 2016 and the following overall grades were determined:

Quality of Care and Support	2	Weak
Quality of Staffing	3	Adequate
Quality of Management / Leadership	2	Weak
- 4.3 An action plan for improvement was submitted to the Care Inspectorate and a more detailed operational improvement plan was implemented.
- 4.4 The inspection report of May 2016 and the two related action plans noted at 4.3 were presented to, and discussed by, the Integration Joint Board in August 2016 (Report DIJB45-2016).
- 4.5 Since the inspection of May 2016 two follow up visits have been made to the service. Whilst these visits were made as a continuation of a single inspection cycle/process, a report was produced for both visits undertaken in November 2016 and March 2017 (Appendices 1 & 2).

4.6 The most recent follow up visit in March 2017 led to a regrading of the service as follows:

Quality of Care and Support	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management / Leadership	3	Adequate

Regrading a service out with a full inspection process i.e. as an outcome of a follow up visit is an unusual course of action for the Care Inspectorate to take. The Care Inspectorate's decision to regrade the service as a means of acknowledging significant improvement has been appreciated by the team at Weavers Burn.

4.7 The follow up visit in March 2017 highlighted progress in respect of three requirements and one recommendation that were in place.

4.8 *Requirement 1:*

*The health, welfare and support needs of service users are met in accordance with their assessed needs. This will be achieved by ensuring that the rota planning has suitably qualified staff on duty, that needs are accurately assessed including all relevant risk assessments.*

4.8.1 Good progress was noted in relation to this requirement and reference was made to the hard work carried out by the service to meet this requirement. Reference was made to increased staffing levels and how the service had achieved this. There was also recognition that support plans had been updated to reflect changing support needs. The report also acknowledged the training that had taken place and that a senior member of staff had completed instructor training for Crisis, Aggression Limitation and Management (CALM).

4.9 *Requirement 2:*

*That staff received supervision in line with policies and procedures and that a system is in place to record when these take place.*

4.9.1 The report noted that supervision sessions were taking place, that the staff team found senior staff supportive and available to discuss issues as they arise. Whilst the reintroduction of regular supervision sessions is noted as a relatively new process the benefits are noted.

4.10 *Requirement 3:*

*That robust Quality Assurance (QA) systems are in place and that these are completed in their timescales and that any actions identified are carried out by the appropriate person, again in the appropriate timescale and that the Manager signs these off to evidence that they have been completed.*

4.10.1 The report acknowledges that the service is in the process of developing an overall Quality Assurance process and notes that this is an improvement. The report records that whilst the QA process is in its development, the service has increased the level and frequency of audits and monitoring checks carried out by senior staff.

4.11 *Recommendation 1:*

*A review of training need to ensure that the training being provided is relevant and available within the appropriate timescales.*

4.11.1 The report notes that this recommendation has been met. The service had identified core, essential and desirable training and team development days had taken place. Whilst the recommendation was met, the report notes that there is still room for improvement, particularly for new staff and in relation to CALM training.

- 4.12 A further full inspection was undertaken in July 2017 and the report was published week beginning 28 August 2017. During the inspection the inspectors observed practice and sampled the personal plans for people who use the service. There were no recommendations arising from this inspection. It was also noted that there were no complaints received since the last inspection.
- 4.13 Staff were observed to have detailed knowledge of individual service users and sought appropriate supports from specialist teams to ensure positive outcomes. Staff in the service reported confidently about their opportunities for further training and development and for ongoing support. It was noted that there remained a reliance on agency staff, which was mitigated through the use of consistent agency members of staff. The service will continue to progress and improve their approach to supervision and support. The inspection report recognised the management plans put in place to ensure continuous improvement within the service.
- 4.14 The grades awarded at the inspection have been confirmed as follows:
- |                                    |   |          |
|------------------------------------|---|----------|
| Quality of Care and Support        | 4 | Good     |
| Quality of Staffing                | 3 | Adequate |
| Quality of Management / Leadership | 4 | Good     |
- 4.15 In conclusion, significant progress has been achieved in making improvements to service delivery.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## **6.0 RISK ASSESSMENT**

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

## **7.0 CONSULTATIONS**

The Chief Officer and the Clerk were consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

None

Dave Berry  
Chief Finance Officer

DATE: 22 August 2017



## Weavers Burn Housing Support Service

315 South Road  
Dundee  
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced  
Inspection completed on: 3 November 2016

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2014324110



# Inspection report

## About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

## How we inspected the service

The service was inspected during an unannounced visit on 31 October and 1 November 2016. Feedback was given to the manager and senior staff of the service on 3 November 2016. The inspection was carried out by two Care Inspectorate inspectors.

During the inspection, evidence relevant to the requirements and recommendations made at the last inspection was gathered from a number of sources, including:

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

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- temporary depute manager
- senior social care officers
- social care workers.

Observation of staff practices.

Observation of the environment.

All of the above information was taken into account and included within the body of the report.

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

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

## Taking carers' views into account

We did not speak with carers during this inspection.

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service user's health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The following National Care Standards Housing Support Services - Standard 3: Management and Staffing Arrangements

**Timescale - within four weeks of receipt of the letter sent on 8 June 2016.**

**This requirement was made on 25 May 2016.**

#### Action taken on previous requirement

We could see that the service had made good progress in this requirement. There was clearly an increase in the number of staff on duty, and these were a combination of new appointments, transfers, and agency staff. However we could see that the staff complement of permanent staff was not yet met. In addition, although the service had a plan for training in place, but not all new staff have completed their induction, or have had core training such as Crisis, Aggression, Limitation and Management (CALM).



All support plans have been updated and a health mapping exercise has been carried out, and this gave useful information on the health needs, any referrals made and support needs for all service users. This document also identified specific actions to be completed and those responsible.

We saw that a comprehensive risk assessment had been carried out and was in place for individual service users and for communal areas. We could see that actions had been taken to reduce some of the identified risks such as removing some of the chairs from the foyer and therefore reducing the opportunities for individual service users to interact in a negative way.

**Not met**

## Requirement 2

The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(1). This is a requirement for providers prepare a written plan which sets out how service users' health, welfare and safety needs are to be met.

National Care Standards Housing Support Services - Standard 4: Housing Support Planning

**This requirement was made on 25 May 2016.**

### Action taken on previous requirement

All support plans have been updated and changes made to reflect current practice. Where relevant additional referrals have been made, for example to associated health professionals. There was evidence that family members and or guardians have been appropriately consulted.

**Met - within timescales**

## Requirement 3

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded
- where the guardian has agreed delegated powers to the service this is clearly recorded.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

**Timescale - within six weeks of receipt of this report.**

**This requirement was made on 25 May 2016.**

**Action taken on previous requirement**

In all support plans sampled we could see evidence of discussion with guardians in relation to delegated powers, plus copies of relevant documents such as the legal order granting guardianship (interlocutor). Staff were able to confirm that they were aware of these documents and how they affected how and what they communicated to guardians.

**Met - within timescales**

**Requirement 4**

The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

This is to comply with

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive-

- (i) training appropriate to the work they are to perform; and
- (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

**Timescale - within eight weeks of receipt of this report.**

**This requirement was made on 25 May 2016.**

**Action taken on previous requirement**

During the inspection we spoke with 13 staff of a variety of grades. Staff made positive comments on the re-introduction of supervision. In addition the full complement of senior social care workers meant that they felt there was generally a senior member of staff available to speak with, especially as with the general increase in social care workers the senior staff no longer needed to work directly with service users and were available to consult with staff.

However supervision is not yet consistently in place for all staff members and this needs to become embedded in staff practice.

**Not met**

**Requirement 5**

The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

This is in order to comply with:

## Inspection report

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

**This requirement was made on 25 May 2016.**

### Action taken on previous requirement

The service's provider is currently developing a quality assurance process, but the existing framework is not yet established. The introduction of senior social care worker regular checks has been a positive step, but this has still to become consistent practice to show evidence of actions identified and carried forward.

**Not met**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

People who use the service and who have been assessed as requiring one-to-one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.

National Care Standards Housing Support Services - Standard 5: Lifestyle - Social Cultural and Religious Belief or Faith

**This recommendation was made on 25 May 2016.**

#### Action taken on previous recommendation

We could see a general improvement in service users accessing a range of activities which were previously difficult to access due to staffing levels. Regular activities were identified as part of support plans and staff were able to confirm that they felt this had improved. Although we felt this recommendation had been met we will continue to monitor access to activities for service users at future inspections.

#### Recommendation 2

Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well-informed staff.

National Care Standards Care at Home - Standard 4: Management and Staffing

**This recommendation was made on 25 May 2016.**

#### Action taken on previous recommendation

We could see some positive progress in this area. Handovers for all staff had been introduced, and key workers and senior staff can make changes to support plans, although there was still a degree of uncertainty about who

was acting as key workers for which service users. This was due to changes in staffing and was due to be clarified soon after the inspection. We felt that this recommendation had been met but we will continue to monitor this in future inspections and it remains an area for improvement.

### Recommendation 3

That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home: Standard 4: Management and Staffing

**This recommendation was made on 25 May 2016.**

#### Action taken on previous recommendation

We saw that team meetings had been re-introduced and gave staff the opportunity to discuss individual service users, as well as general information sharing. Due to the number of new staff to the service, team meetings were mainly concerned with information sharing but as the staff team is consolidated this should develop to allow for the further discussion of good practice issues. There were some comments from staff about the difficulties in attending due to the shift system, and the service should consider how they can maximise attendance. We thought it was a positive development that the service had arranged team development days which would take place over the next three months to allow all staff to attend. This recommendation has been met but remains an area for improvement.

### Recommendation 4

The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing

**This recommendation was made on 25 May 2016.**

#### Action taken on previous recommendation

The service had made positive steps towards identifying training needs. They had identified which training was regarded as core, plus essential and desirable training. Some training had been carried out but due to the number of staff new to the service this had not yet been completed. As at the last inspection staff made some comments about the effectiveness of training, in particular whether CALM met the needs of service users, and the service should evaluate the effectiveness of training provided. As previously mentioned, team development days had been organised and these should be fully evaluated and potentially extended, and information used to inform the training plan. This recommendation is not yet met and we will look at this at our next inspection.

### Recommendation 5

The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home - Standard 11: Expressing your Views

**This recommendation was made on 25 May 2016.**

## Inspection report

### Action taken on previous recommendation

We did not look at this recommendation in detail but we saw clear evidence that strategies have been put in place to increase opportunities for service users to comment on the service. The service had involved speech and language therapy staff in proposed future service user meetings. The service had also held carers meetings. We felt this recommendation had been met, but remains an area for improvement and we will look at this at our next inspection.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

### Enforcement

No enforcement action has been taken against this care service since the last inspection.

### Inspection and grading history

Date	Type	Gradings	
25 May 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

## To find out more

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You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

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## Weavers Burn Housing Support Service

315 South Road  
Dundee  
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced  
Inspection completed on: 16 March 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2014324110





## About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

## How we inspected the service

The service was inspected during an unannounced visit by one Care Inspectorate inspector, which took place between the 1 and 3 March. Feedback was given to the manager and senior staff of the service on 16 March 2017.

During the inspection, evidence relevant to the requirements and recommendations made at the last inspection was gathered from a number of sources, including:

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

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- temporary depute manager
- senior social care officers
- social care workers.

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

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

## Taking carers' views into account

We did not speak with any carers specifically relating to this inspection.

**What the service has done to meet any requirements we made at or since the last inspection**

**Previous requirements**

**Requirement 1**

The provider must ensure that each service user's health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service user's health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

**This is to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.**

**This is also to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.**

**National Care Standards Housing Support Services - Standard 3: Management and Staffing Arrangements**

**Timescale - within four weeks of receipt of the letter sent on 8 June 2016.**

**This requirement was made on 25 May 2016.**

**Action taken on previous requirement**

We could see that the service had continued to make good progress in this requirement. There was clearly an increase in the number of staff on duty, and these were a combination of new appointments, transfers, and agency staff.

In addition, the service had sufficient senior staff in post to ensure that there were senior social care workers on duty on all daytime shifts.

All support plans had been updated and we saw that changes were made to reflect a change in the support needs of people who used the service.

Staff had the opportunity to complete a variety of training, and one senior staff member had completed training as an instructor in Crisis, Aggression, Limitation and Management (CALM). He had made plans to ensure that all new staff received an introduction to CALM on starting in the service, followed by full training as soon as was practicable.

We felt the service had worked hard to meet this requirement, and although we can see that it has been met we will continue to monitor this at future inspections.

**Met - within timescales**

## Requirement 2

The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due

**This is to comply with**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive:**

- (i) training appropriate to the work they are to perform; and**
- (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.**

**Timescale - within eight weeks of receipt of this report.**

**This requirement was made on 25 May 2016.**

### **Action taken on previous requirement**

During the inspection we spoke with nine staff of a variety of grades. Staff made positive comments on the reintroduction of supervision, and confirmed that this had now been made available to them. The full complement of senior social care workers meant that staff felt well supported, and most had had at least two supervision sessions since the last inspection. Staff continued to state that senior social care workers were supportive and available to discuss any issues raised by social care workers.

However the reintroduction of supervision is a relatively new process for this staff team and this needs to become embedded in staff practice. Although the requirement has been met we will continue to monitor this in future inspections.

**Met - within timescales**

## Requirement 3

The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations**

2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

This requirement was made on 25 May 2016.

### Action taken on previous requirement

The service's provider is currently developing a quality assurance process, but the existing framework is not yet established. However the service had increased the number of audits and monitoring checks completed by senior social care workers and we could see that these had been completed consistently, and actions carried out where identified. This remains an area for improvement for this service.

Met - within timescales

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 25 May 2016.

#### Action taken on previous recommendation

The service had made positive steps towards identifying training needs. At the last inspection the service had identified which training was regarded as core, plus essential and desirable training. Team development days had been carried out, and staff commented that they felt they had been generally successful. We felt that this recommendation had been met but remains an area for improvement particularly in relation to induction of new staff and CALM training.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
2 May 2017	Re-grade	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
3 Nov 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
25 May 2016	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
24 Aug 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Sep 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

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

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਟੁੱਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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## Weavers Burn Housing Support Service

315 South Road  
Dundee  
DD2 2RT

Telephone: 01382 436720

Type of inspection: Unannounced  
Inspection completed on: 11 July 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2014324110





# Inspection report

## About the service

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The service was registered with the Care Inspectorate on 19 May 2014.

## What people told us

During the inspection we did not speak directly with service users, but we observed interactions taking place in communal areas.

## Self assessment

We did not request a self-assessment this year. We discussed and considered the service's own development plan as part of this inspection.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

During the inspection we sampled personal plans of people who used the service. We saw that staff had detailed knowledge of the likes and dislikes of individual service users. The service had recorded useful information, for example 'All About Me' and 'Disdat' on how people displayed how they were feeling, although it is likely that people who used the service would be accompanied on any admission to hospital. Action plans identified that all reviews were on schedule to be completed by September, and thereafter completed regularly in April and October unless the circumstances of individual tenants changed. We saw evidence of good quality reporting of accidents including follow up by senior staff.

The service received detailed support from the Behaviour Support Intervention team (BSI) resulting in Positive Behaviour Support (PBS) plans to guide staff, and specialist support and training to support staff in meeting the needs of tenants, particularly around PBS, communication, dysphagia and nutrition.

As part of the inspection we spoke with staff, and they made positive comments about increased opportunities for training, administration time and access to activities for tenants. We also received some positive comments from parents. There were more consistent opportunities for staff to attend handovers which improved

communication throughout the service.

Although staff told us that tenants were much more likely to be able to regularly access a range of activities, we did not always see this recorded, either in daily contact sheets or other documents such as activity planners.

One parent felt that her son did not receive a balanced diet despite the involvement of a dietician. This parent also had other concerns about the ability of the service to meet her son's needs.

We did not always see a Section 47 in place, but the manager was able to confirm at feedback that these were currently being updated and the relevant GP was taking action.

Risk assessments would benefit from evaluation as part of the review process, for example we saw risk assessments which did not appear to have been evaluated since they were put in place.

Actions identified as part of the review process would benefit from more detail in how they would be achieved/ the positive outcome they would have for the tenant. We saw that body maps were recorded daily even though there did not appear to be a history of recorded marks. We queried the purpose of this and the resultant increased paperwork, and the manager was able to confirm that it was as a result of previous risk issue, and negative recording allowed them to monitor whether checks were being carried out. The need for this should continue to be monitored.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 4 - good

## Quality of staffing

### Findings from the inspection

At this inspection we felt there were more positive comments from staff, who said that they felt they were more supported, more informed and more consulted. They were able to tell us which training they had attended recently and all said that the training they had received had been useful. The increased frequency of team meetings had been positively received, staff said they could bring things to the agenda and had easy access to minutes of previous meetings.

Supervision appeared to be carried out as per policy, and minutes were kept of issues discussed. The provision of in-house trainers, for example Crisis, Aggression, Limitation and Management (CALM), meant that staff could have ad hoc training as required.

Long term vacancies meant that agency staff continued to be used - and although consistent agency staff were used this was not ideal, especially as due to the tendering process the preferred agency was due to change. The

## Inspection report

manager was however able to confirm that they would be able to continue to use the current agency despite tendering rules.

Supervision records did not always show actions decided on, and previous actions decided on were not always followed up at the next session.

Several people commented that despite having had the two-day theory CALM training and access to ad hoc training they had not had the opportunity to attend the two-day follow-up practical training. The manager stated that this was now organised centrally across the council and spaces would be allocated as soon as training dates were identified.

Some records such as supervision agreements etc should be signed and dated. Records of staff training did not appear to be up to date and didn't always see a competency observation record, for example when a staff member completed medication training. The manager confirmed that these had been carried out.

### Requirements

Number of requirements: 0

### Recommendations

Number of recommendations: 0

Grade: 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The management action plan clearly identifies action points within each focus area, and this was reviewed regularly by senior staff.

There were a range of audits completed by senior staff and team manager, and we could see that action had been taken as required following the audit.

An iMatters survey had been carried out across the partnership, and results for the staff team at Weavers Burn were fairly positive. The survey process resulted in actions/areas for work and this had been fed into the management action plan.

The service maintained a weekly register of aggressive incidents. This provided good information, and gave additional information such as whether additional referrals had been made etc.

The service had carried out an in-house questionnaire completed by the staff team on the subject of team meetings, specifically reviewing the new timescales. This had had a good response, with valuable comments from staff.

Complaints records showed that complaint had been investigated as per policy.

The partnership continues to work on developing a council wide quality assurance process.

Some incidents did not appear to have been notified to the Care Inspectorate, and although technically they did not require to be, they could have resulted in harm and the manager should consider informing the Care Inspectorate of these types of incidents.

**Requirements**

Number of requirements: 0

**Recommendations**

Number of recommendations: 0

Grade: 4 - good

**What the service has done to meet any requirements we made at or since the last inspection****Previous requirements**

There are no outstanding requirements.

**What the service has done to meet any recommendations we made at or since the last inspection****Previous recommendations**

There are no outstanding recommendations.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
16 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
2 May 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 May 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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