

## Care service inspection report

# Bankview Day Service (Hazel House)

## Support Service Without Care at Home

Kilsyth Road

Banknock

Bonnybridge

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Telephone: 01324 841831

Type of inspection: Unannounced

Inspection completed on: 26 May 2014



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## Service provided by:

Central Care Limited

## Service provider number:

SP2003002719

## Care service number:

CS2003011324

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

One of the main strengths of this service is that it is small which means staff and clients can get to know each other well.

The service is provided by an experienced and well managed group of staff who are very good at providing a friendly and stimulating environment for clients.

Clients value this service and said that staff treat them with respect, listen and respond to their views.

### What the service could do better

Staff should continue to provide this very good quality of service. We have suggested further developments of some aspects of record keeping. The manager took a very positive approach to suggestions for improvement made during the inspection and was eager to implement these.

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

Since the last inspection staff had implemented all the areas of improvement suggested in the last inspection report of September 2011. As a result the web site, newsletter and service leaflet had all been developed and client reviews now took place six monthly. We consider that staff took a very positive approach to acting on suggests made in the last report.

### **Conclusion**

The staff group work hard to ensure that clients enjoy their time at the service. Clients spoke highly of the quality of the service and the staff team.

The service is delivered by experienced and committed staff and overseen by an experienced Manager.

Overall we consider that this service provides a very good quality of support to clients.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

### Requirements and recommendations

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

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 result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 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 Inspectorate.

Bankview Day Service (Hazel House) (referred to in the report as "the service") is a day service provision for up to 20 older people each day. The service operates 7 days each week from 9am to 5pm. Seventeen older people (referred to in the report as "clients") attended the day centre on the day of inspection.

The service is owned and managed by Central Care Ltd (referred to in the report as "the provider") on the day of inspection.

The service is situated on the outskirts of Banknock, a village that is close to the main road links to Glasgow, Edinburgh, Falkirk and Stirling. The service is registered to provide support for up to 20 people each day, from Monday to Friday.

The building is on private ground. Accommodation consists of a number of sitting rooms with dining areas, a small kitchen, bathrooms and toilets. There are craft and therapy rooms as well as selection of small rooms where residents can meet. There is a secure, well maintained garden for client use. There is car parking in front of the building.

The service stated aims included to "provide each of our clients with the highest quality of service tailored to meet their personal needs" which will be achieved through "Recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and their personal needs".

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a 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 we did during the inspection**

We wrote the report after an unannounced inspection that took place at the service on the 26 May 2014 between the hours of 9am and 5.30pm.

The inspection was carried out by two Care Inspectorate Inspectors.

A volunteer inspector took part in the inspection. Volunteer inspectors are members of the public who have used a care service in the past or care for someone such as a family member or friend. They help us to get the views of people using the care service. The volunteer inspector's observations are incorporated into this report, particularly under the section which discusses residents and relatives views.

The outcome of the inspection was formally discussed with the manager and regional manager at the end of the inspection visit.

We gathered evidence from various sources, including the relevant documentation which included:

- the service's most recent annual return and self-assessment, which we asked them to complete before the inspection
- a sample of clients support plans
- the minutes of clients, relatives and staff meetings
- staff training records
- staff induction pack
- accidents and incidents records
- complaint records
- quality assurance records
- medication administration records (MARs).

We observed the following:

- staff practice and interaction with clients and their fellow workers
- the general environment
- how meals were served
- how clients spent their day.

We had discussions with various people including the manager, regional manager, staff who were on duty and clients.

We took account of the content of Care Standard Questionnaires which 4 clients, 11 relatives and 4 staff completed to share their views about how the service was provided. They returned these to us before the inspection.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

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

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

No recommendations were made following the last inspection.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self-assessment document from the manager. The manager identified what they thought the service did well, some areas for development and any changes they planned.

The manager's assessment of the quality of the service corresponded with our findings at this inspection.

Our grading for the Quality Statements reflects the evidence we found during the inspection.

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

Before the inspection we issued 20 Care Standard Questionnaires to the service for distribution to clients. This was to offer them the opportunity to share their views about the service. Four clients completed the questionnaires and returned these to us before the inspection.

The questionnaires showed that all clients were very satisfied with the service. They all agreed that staff were respectful, had the skills to meet their care needs and that their support needs would be met.

The questionnaires showed that one client was not aware of the complaint procedure and another did not know if they had a support plan. These comments are discussed under the Quality Theme 1, Statement 1 in this report.

During the inspection we saw all clients and spent time in their company, in general conversation. All clients who spoke with us were very satisfied with the service. They spoke warmly of staff and were complimentary about their skills. They all enjoyed coming to the service and felt the environment was comfortable and welcoming. Clients valued this service.

The volunteer inspector spoke with 14 clients while at the service. The volunteer inspector noted the following:

When asked about the quality of support, clients told the volunteer inspector:

- "They look after us with tremendous care".
- "They treat us like gods".
- "Lots of activities to do and they let us choose what we do".
- "We can do something else if we do not like what is going on".
- "The food is brilliant".
- "There is a good variety food and you get lots of it".
- "If I want anything I just ask and they will get me it".
- "I like everything about coming here".
- "I like the company and the staff".
- "I look forward to coming here".
- "There are lots of activities and I enjoy them".
- "There is lots to do but we choose what we want to do".

When asked about the quality of the environment, clients told the volunteer inspector:

- "It's nice and comfortable here".
- "It's very clean".
- "It's like home".
- "It's beautifully decorated".
- "It feels warm and welcoming".
- "We can go into any room we want".
- "Sometimes I like to go into the quiet sitting room".
- "It's nice outside as well".
- "In the summer we go outside".

When asked about the quality of staffing, clients told the volunteer inspector:

- "They are great".
- "They cannot do enough for you".

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"They know what they are doing. They are well trained".

"They are second to none".

"They take care of us".

"I like them all, they listen to us".

"We are made welcome".

"They are very sociable".

When asked about the quality of management, clients told the volunteer inspector:

"It's XXX (manager's name), she is very sociable".

"She is very kind".

"I know her well. If I had to complain I would speak to her".

"She speaks to us all".

"She makes sure everything goes well. She asks if we are happy with everything".

"It would be (the manager) I would complain to but I have never needed to complain".

"There is a newsletter and I read it but we are always told what is going on".

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

Before the inspection we issued 20 Care Standard Questionnaires to the service for distribution to relatives. This was to offer them the opportunity to share their views about the service.

Eleven relatives completed the questionnaires and returned these to us before the inspection.

From the content of the questionnaires we saw that all relatives were very satisfied with the service. They all agreed that staff were respectful, had the skills to meet clients support needs and that communication with staff was good.

The questionnaires showed that 2 relatives were not aware of the complaints procedure and 3 were not aware if support plans were in use. These comments are discussed under the Quality Theme 1, Statement 1 in this report.

Comments from questionnaires included:

"No complaints. All staff are very nice and helpful. Transport very good, premises very clean and welcoming. The choice of meals is very good and regular outings. Nothing is too much trouble".

"A vital and valued service. The office could communicate a bit better regarding running late".

"Excellent. In safe hands with all the staff".

"Always has an enjoyable time and feels safe. The staff are very friendly and communication is excellent. Family feels included in care plans and every day events because of the good communication".

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 5 - Very 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**

We found that the service offered clients and relatives very good opportunities to express their views and participate in making decisions about the service. To assess this statement we looked at support plans, spoke with clients and observed how staff offered clients choices on a daily basis.

The consultation methods used to help clients express their views included, care reviews, suggestion boxes, newsletter, client/relative meetings, verbal comments and individual discussions.

All care reviews were up to date and had been carried out six monthly. This was important because reviews offer clients the opportunity to say how they want their support given and any changes they want made.

Clients spoke highly about how well staff communicated with them on a day to day basis and they felt their comments were responded to. We saw good examples of how the manager implemented client and relatives views, for example the menu was changed and concerns around the transport was being addressed.

Throughout the inspection we saw that staff encouraged clients to make choices about everyday things. When we arrived to carry out the inspection, clients were told who we were and this helped created an opportunity for them to become involved and share views.

The service carried out satisfaction surveys with clients, relatives and other professional to gain their views about the service. The findings were shared with clients and relatives in a graph form which was displayed at the entrance and anyone entering the building could read this.

The suggestions for improvement noted in the last inspection report had been implemented. As a result the service booklet, web site and newsletter had all been developed. This helped evidence staff commitment to increasing client involvement in developing the service.

### **Areas for improvement**

The content of our questionnaires showed that some relatives and clients were not aware of the complaints procedure or if support plans were in use. The manager should continue to raise client and relative awareness of all aspects of the service. One way of doing this would be through the newsletter by sharing information about the daily working of the service. We will monitor progress at the next inspection.

The manager identified in the self-assessment that an area for improvement would be to increase attendance at the relative meetings and invite special speakers to attend relative meetings to give presentations and advise. We will monitor progress at the next inspection.

The graph used to explain the results of the services satisfaction survey, did not accurately reflect the findings which were much more positive that the graph would suggest. This was as a result of how the returned information was calculated. The current graph does the service a disservice as it does not reflect the very positive views of participants. The manager will review how the results were calculated.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

We found the service was giving very good quality support resulting in very good outcomes for clients. To assess this statement we looked at a sample of personal plans, spoke with clients, observed how clients spent their day, meal times and how staff interacted with clients.

Clients said they liked coming to the service. They said staff had the knowledge and skills to support them and were confident that staff would contact their family or healthcare professionals if they became unwell.

We observed staff practice and saw that staff discretely gave clients support in a way that helped them maintain their dignity and independence.

Staff showed awareness of how the environment could impact on a clients' health and had worked hard to create a welcoming and calm environment. It was very clean and comfortably furnished which helped create a very homely and relaxed atmosphere. Clients told us they liked this and that it was important to them.

We saw that staff used a variety of approaches to support clients to have a healthy and stimulating experience while using the service. A varied activity programme was in place, planned around clients' interests and choices. The activities took place in small groups and clients told us they enjoyed these. Staff worked hard to make clients time at the service stimulating and clients appreciated this.

Staff created opportunities for clients to enjoy the social aspects of meal times. The dining tables were attractively presented with table cloths, napkins and condiments. Service users told us they appreciated this and the conversations that took place during meals.

Staff were very conscious of the importance of very good quality meals in helping maintain clients health and increase their enjoyment of the service. Without exception, all clients described meals in the most positive of terms. They told us this was an important aspect of the service for them. They used expressions such as "wonderful" and "excellent" to describe the meals.

We sampled a selection of service users' files. All clients had an assessment which contained information about what type of support they needed staff to give them. Support plans were then devised based on this information. As a result the service had a method which identified clients support needs and the action staff should take to make sure their health and well-being was met.

Staff could confidently describe how they supported clients and on the whole the care plans accurately reflected this. The files recorded very good information which showed that staff responded effectively to health issues that affected clients. Staff were very conscious of their responsibilities in this area.

The volunteer observed the following:

"The volunteer observed clients at both their breakfast and lunch. All clients were asked what they wanted to eat and drink. If they did not like what was on the menu they were offered an alternative. In my opinion everyone seemed relaxed and enjoyed both their food and the interaction with each other and the members of staff. Lots of jovial conversation was going on and I felt the atmosphere was very friendly and relaxed.

The carers offered to help clients with their meal and also offered clothing protection in an unobtrusive manner.

Those clients who wanted to could pay for their meals themselves thus promoting their independence and freedom of choice. Others who were not as capable could have a family member arrange payment.

The staff encouraged the clients to participate in activities, the activity was meant to be bowling but the men wanted to play dominos and the staff helped them do this."

### **Areas for improvement**

The service had systems in place to support clients with their medication and finance while at the service. Staff we spoke with were knowledgeable about the system, but it would be better if the clients care plans reflected this support. This would help ensure the support was assessed to make sure the support was still appropriate to meet the clients' needs. The manager agreed to address this.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service strengths

The service was demonstrating very good practice in areas covered by this Quality Statement. The strengths stated in Quality Theme 1, Statement 1 are also relevant to this Statement.

Clients told us they liked the environment and felt it was homely. They told us that if they wanted they could bring items such as ornaments to help make the sitting rooms cosy. This involvement was important to them.

### Areas for improvement

The areas for improvement identified in Quality Theme 1, Statement 1 were relevant to this Statement.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We make sure that the environment is safe and service users are protected.

### Service strengths

The performance of the service was very good for this statement resulting in very good outcomes for clients. To assess this statement we observed the environment, looked at maintenance records and spoke with clients.

On arrival at the service we saw that the premises were very clean, nicely decorated, bright, tidy and comfortably furnished. The sitting rooms were very cosy and clients told us they liked this because it was welcoming. Great effort had been made to keep the environment as homely as possible for example toiletries were stored in pretty baskets, the type a client might have chosen for their own home. There was a secure, well maintained garden which clients told us they enjoyed in good weather. The environment was extremely pleasant to spend time in. We concluded that this must enrich clients enjoyment of the service.

Systems were in place to enhance the safety of the building. Visitors were asked to sign in and out of the building so that staff knew who was in the building at any time. There were maintenance contracts for appliances and equipment to make sure these were fit for purpose. A maintenance system was in place to make sure repairs were attended to quickly. Recorded checks were carried out on all equipment including emergency lighting and emergency exits. All activity equipment was clean. There was a plentiful supply of liquid soaps, disposable gloves and these were accessible to staff. These were used as infection control measures to reduce potential harm to clients and staff. The effect of this was a safer environment for clients to use and potentially increased their sense of security.

The provider had developed a selection of policies and procedures to direct staff about how to maintain clients' safety. These included: infection control and adult protection. Staff received training to help them maintain a safe environment, including moving and handling and health and safety.

Staff were very visible at all times and could be easily summoned if a client needed assistance. Staff practice was safe, for example how they served hot drinks to residents, without restricting residents' independence.

The atmosphere felt very calm and this contributed to making the environment feel very safe and pleasant for clients.

The volunteer observed the following:

"The décor was attractive and well maintained. The rooms were warm and very comfortable. The toilets were very clean and the items stored in them very well organised.

There was a separate therapy room which seemed very calming and a well-used craft room which contained several items the clients had made."

### **Areas for improvement**

The service had systems in place to support clients to manage their finance while at the service, for example pay for their meals. Staff we spoke with were knowledgeable about the system, but it would be better if the support was recorded. This would help provide a clear auditable trail of all transactions. The manager agreed to address this. We will monitor progress at future inspections.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very 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 was demonstrating very good practice in areas covered by this Quality Statement.

Since the last inspection, the recruitment policy had been revised to include participation of clients in staff selection and the participation policy has been revised accordingly. This would help clients promote the qualities they think are necessary in a good carer.

During client/relative meetings information was shared about staff training. A survey questionnaire asked clients their views about the quality of staff. This offered them an opportunity to influence the quality of staffing at the service.

The strengths stated in Quality Theme 1, Statement 1 are also relevant to this Statement.

#### Areas for improvement

The manager identified in the self-assessment the need to actively encourage client involvement in staff recruitment should a post become vacant. We will monitor progress at future inspections.

The recommendations and areas for improvement noted in Quality Theme 1, Statement 1 are also relevant to this Statement.

**Grade awarded for this statement:** 5 - Very 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

At this inspection we found that the performance of the service was very good for this statement. To assess this statement we spoke with clients and staff and observed staff practice. We looked at staff training records and a selection of policies and procedures.

Clients told us that staff were very good. They said that staff were always respectful towards them and had the knowledge and skills to support them. Clients said that staff were friendly and always made them feel welcome at the service. We concluded that this would contribute positively to clients' experience of the service.

The provider had developed a selection of policies and procedures to guide staff in their work and to promote professional practice. These included: confidentiality, training and whistle-blowing. Questionnaires which four staff completed and returned to us before the inspection showed that all staff were aware of all the policies and thought these were implemented fully.

Staff received a selection of mandatory training to support their practice and maintain and develop their skills. This included: moving and handling, infection control, adult support and protection and activities. Staff told us they had received this training. Staff training records were up to date and showed staff had received the training. Mandatory training is training which the provider has identified as basic and necessary for all staff, either because of a legal requirement or because it is essential for providing support.

The manager was registered with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and for regulating their education and training. The manager had been in discussion with the SSSC regarding staff registration and would ensure staff applied for this at the appropriate time.

Staff received regular supervision. A support and supervision session is where a worker has one to one time with a supervisor to discuss work, any concerns and training and development. Staff meetings also took place and as a result staff had a forum to discuss practice and training needs.

We observed how staff interacted with service users. They were gentle, patient and discrete when offering support. Staff who spoke with us were professional and spoke caringly about clients.

There was mutual respect between management and staff. Staff who spoke with us respected the manager and felt they were approachable. They felt they could make decisions in a supportive environment. Staff were motivated and enthusiastic about supporting clients. They were clear about the limitations of their role and their responsibility to report any concerns to the manager.

All of this helped demonstrate that staff were professional, trained and motivated.

The volunteer observed the following:

"Staff worked well together. They were very friendly and attentive to the clients. They seemed to know what the clients' likes and dislikes were. They encouraged clients to choose what activity they wanted to do and encouraged everyone to participate, which most did. The staff in my opinion seemed happy and very caring."

### **Areas for improvement**

Recorded staff meetings were held twice a year. Staff told us there were also informal meetings especially if any major issue needed discussed. It would be better if meetings to discuss major developments were recorded. This would provide a record of any agreements reached and mean staff not present at the meeting would be able to read these. This would help maintain communication within the team and help all staff feel part of decision making processes. The manager agreed to address this. We will monitor progress at future inspections.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service strengths

The performance of the service was very good for this statement. The strengths stated in Quality Theme 1, Statement 1 are relevant to this Statement.

The service had updated client survey questionnaires to reflect the quality themes. This offered clients the opportunity to share their views about the quality of management at the service.

### Areas for improvement

The manager should consider offering clients, relatives and staff the opportunity to contribute to the completion of the self-assessment before inspections. This would give the provider the chance to hear their views about what the service does well and what could be improved. This would be one way of helping people feel more involved in the service development.

The recommendation and areas of development noted in Quality Theme 1, Statement 1 are also relevant to this Statement.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### Service strengths

At this inspection we found that the performance of the service was very good for this statement. To assess this statement we spoke with clients, staff and observed the interaction between the manager and staff. We looked at the quality assurance system.

During the inspection we saw that the service actively promoted consultation and participation. Support plans demonstrated a person centred approach which allowed clients to say how they wanted their support to be provided. Care reviews took place six monthly and allowed clients the opportunity to say how they want their support given. Clients said they felt well informed and involved.

The service carried out a number of satisfaction surveys to help find out clients views. There was evidence that the manager responded to comments in a positive way.

The manager worked directly with staff and clients on a daily basis. We were told this helped them to monitor the quality of the service and hear views which contributed to developing the service. Client spoke warmly of the manager and trusted her to respond to their concerns and ensure the service operated efficiently.

A quality assurance system was used effectively to identify areas of the service that could be improved.

Copies of the complaint procedure were proximately displayed so that anyone entering the building would know the complaint procedure should they wish to use it. Clients told us they would speak to the manager if they had any concerns.

The manager was very aware of her role and responsibility to notify us and other relevant professional bodies of significant events.

Staff had a high regard for the manager and the way she managed the service.

Since the last inspection the keyworker role had been developed. Keyworkers now met regularly with their named clients to discuss their support needs and offer additional opportunities for them to have their say.

The volunteer observed the following:

"Everyone knew who the manager was and that it was she that they could complain to. The manager came into all of the rooms and chatted to clients and all seemed at ease with her. It is also my opinion that the service and staff seem well organised."

### **Areas for improvement**

In the self-assessment the manager identified that the service would continue to encourage clients and relatives to participated in the surveys to maintain a good number of returns to ensure a more positive quality assurance system.

Several copies of the complaint procedure were displayed around the building. One of these contained out of date information because it referred to the previous regulatory body rather than the Care Inspectorate. The manager agreed to amend this notice. We will monitor progress at the next inspection.

The medication procedure while comprehensive was more suited to a care home setting and as a result all aspects were not relevant to this service. The provider agreed to amend the procedure to take account of the specific needs of the support service. We will monitor progress at future inspections.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### 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 manager stated that the service name did not accurately reflect the service because "Hazel House" was no longer referred to. We suggest that the provider submit an application to vary the name of the service.

### 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
16 Sep 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
17 Aug 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
27 Jan 2010	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good

## Inspection report continued

2 May 2008	Announced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم ا اذه

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