

**PERTH AND KINROSS COUNCIL**

**Housing and Health Committee – 25 January 2017**  
**Scrutiny Committee – 8 February 2017**

**REPORT ON SOCIAL CARE AND SOCIAL WORK  
IMPROVEMENT SCOTLAND INSPECTIONS (SCSWIS)**

**Report by Director (Housing and Social Work)**

**PURPOSE OF REPORT**

This report advises Committee of the key findings of 11 inspections carried out in Perth and Kinross by the Care Inspectorate in the past year. These have focused on all four quality themes: Quality of Care and Support, Environment, Staffing and Management and Leadership. The report highlights some excellent performance and grades awarded by the Inspectorate across the majority of services, as well as some areas for improvement.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 Care and support services provided for vulnerable members of society are registered and inspected by the Social Care and Social Work Improvement Scotland (SCSWIS) to make sure they are of a high standard and provide quality care and support. SCSWIS is the unified independent scrutiny and improvement body for care and children's services, known as the Care Inspectorate. They regulate services, carry out inspections and award grades based on the findings of their inspections.
- 1.2 The Scottish Government's statutory minimum frequency of inspections means that all services registered in the following categories will receive, as a minimum, an annual unannounced inspection, no matter how well the service has been performing:
- Care homes for older people
  - Care homes for adults
  - Care homes for children and young people
  - Support services – care at home
  - Housing support services, but only those which are combined with care at home services
  - Secure accommodation
- 1.3 There are 14 services across Perth and Kinross Council which are subject to inspection:
- Adults with Learning Disabilities (St Catherine's)
  - Beechgrove House
  - Blairgowrie Adult Resource Centre
  - Dalween Care Home
  - Gleneagles Day Opportunities

- Home Care
- Homeless Housing Support
- Kinnoull Day Opportunities
- Lewis Place Resource Centre
- New Rannoch Day Services
- Older People's Housing Support Service
- Parkdale Care Home
- Parkdale Day Support Service
- Strathmore Day Opportunities

1.4 The Care Inspectorate inspect and grade elements of care under quality themes:

- Quality of Care and Support
- Environment
- Staffing
- Management and Leadership

Under each quality theme are 'quality statements' which describe what a service should be doing well under that theme. The Inspectorate then awards grades which reflect how the service is performing in each of the quality themes and statements.

1.5 SCSWIS use six grades. Grades of Excellent (Level 6), Very Good (Level 5) and Good (Level 4) represent increasingly better levels of performance. The Adequate (Level 3) grade represents performance SCSWIS find acceptable but which could be improved. Weak (Level 2) indicates concern about the performance of the service and that there are things which the service must improve. Unsatisfactory (Level 1) represents a more serious level of concern.

1.6 SCSWIS inspections are proportionate, meaning they spend less time with services they are satisfied provide consistently high standards of care, and these are classed as low intensity inspections. Services where there is more concern receive more intense inspections and are classed as medium or high intensity inspections.

## **2. SUMMARY OF FINDINGS**

2.1 Since the last report (Report No. 15/518 in November 2015), 11 of the 14 services have been inspected: Adults with Learning Disabilities Housing Support Service, Beechgrove House, Dalweem Care Home, Homecare, Homeless Housing Support, Lewis Place Resource Centre, Kinnoull Day Opportunities, Parkdale Care Home and Day Care Services, New Rannoch Day Centre and Older People's Housing Support Service.

2.2 This report provides an overview of the findings, the details of which are included in the Appendix.

- 2.3 The table below provides a summary of the performance across all services. Levels awarded are based on the services last inspection, and grades awarded are presented as a % of the total number of inspections carried out across the four quality themes.

*Table 1: Overall summary on performance for all PKC services (inspections were carried out between February 2015 and June 2016)*

Quality Themes	Gradings Awarded by the Care Inspectorate						Total
	Excellent (6)	Very Good (5)	Good (4)	Adequate (3)	Weak (2)	Unsatisfactory (1)	
Care & Support	3	8	2	1	0	0	14
Environment	1	4	2	0	0	0	7
Staffing	2	8	3	0	0	0	13
Management & Leadership	2	7	3	0	0	0	12
<b>Total</b>	<b>8 (17.4%)</b>	<b>27 (58.7%)</b>	<b>10 (21.7%)</b>	<b>1 (2.2%)</b>	<b>0</b>	<b>0</b>	<b>46</b>

*Source: Care Inspectorate Website as at 25th November 2016*

- 2.4 Of the 11 services inspected, 46 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 17% (8) received Excellent, 80% (37) received Very Good/Good grade; all of which represent increasingly better levels of performance. Quality of Care and Support received an Adequate which represents performance that is acceptable to the Care Inspectorate but which could be improved.

No services were awarded grades for Weak or Unsatisfactory, indicating the inspectorate had no concerns about any of the services' performance.

- 2.5 Out of the 11 services inspected, 9 received unannounced inspections and two were announced at short notice.
- 2.6 If the Care Inspectorate is concerned about some aspect of a service, or think it could do more to improve its service, they make a requirement or recommendation. If requirements and recommendations are made, the service must submit an appropriate action plan within the required timescale.

Beechgrove House and Home Care received requirements and recommendations. As a result, they developed action plans outlining improvements and submitted these to the Care Inspectorate. These are detailed in Appendix 1.

2.7 The attached report in Appendix 1 provides details on individual inspections. Under each service information is provided for grades awarded for these inspections. The report also highlights strengths identified at the time of inspection, requirements and/or recommendations and improvement actions. The overall assessment is that the vast majority of services have performed consistently well and been graded as Good, Very Good and Excellent.

### 3. CONCLUSION AND RECOMMENDATIONS

- 3.1 This report demonstrates that care and support services across Perth and Kinross in the vast majority of cases continue provide excellent services to some of our most vulnerable people. This is reflected in the external inspection and evaluation by Social Care and Social Work Improvement Scotland and their findings which highlight high standards and quality of care which is informed and acknowledged by people who use the services, their families and carers and staff.
- 3.2 It is recommended the Housing and Health Committee note the contents of this report with regard to Care Inspectorate inspections.
- 3.3 It is recommended the Scrutiny Committee scrutinises and comments as appropriate on the contents of the report.

#### Authors

Name	Designation	Contact Details
Diane Fraser/ Colin Johnson	Head of Adult Social Care	<a href="mailto:hcccommitteereports@pkc.gov.uk">hcccommitteereports@pkc.gov.uk</a> 01738 475000
Alan Taylor	Head of Corporate IT and Revenues	

#### Approved

Name	Designation	Date
Bill Atkinson	Director (Housing and Social Work)	12 <sup>th</sup> January 2017

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>None</b>
Workforce	<b>None</b>
Asset Management (land, property, IST)	<b>None</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Strategic Environmental Assessment	<b>Yes</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>None</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

1.1 The Community Plan / Single Outcome Agreement 2013-2023 and the Council's Corporate Plan 2013-2018 both set out five objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The two most relevant objectives are as follows:-

- iv) Supporting people to lead independent, healthy and active lives
- v) Creating a safe and sustainable place for future generations

#### Corporate Plan

As above

### 2. Resource Implications

#### Financial

2.1 None

#### Workforce

2.2 None

#### Asset Management (land, property, IT)

2.3 None

### **3. Assessments**

#### Equality Impact Assessment

3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

3.2 The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

(i) Assessed as **not relevant** for the purposes of EqIA;

However, the findings of this report will have a positive impact on people's wellbeing as they demonstrate excellent care and support for some very vulnerable people.

#### Strategic Environmental Assessment

3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matter presented in this report. The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

#### Sustainability

3.4 None

#### Legal and Governance

3.5 The Head of Legal Services has been consulted and there are no direct legal implications of this report.

#### Risk

3.6 The Housing and Community Care Senior Management Team regularly reviews complaints and identifies areas for action.

### **4. Consultation**

#### Internal

4.1 The Chief Social Work Officer has been consulted in the preparation of this report. He has considered the improvement plans and he is satisfied that these are robust and appropriate

The Heads of Finance and Legal Services have been consulted on this report.

External

None

**2. BACKGROUND PAPERS**

None

**3. APPENDICES**

Appendix 1: Report on Social Care and Social Work Improvement Scotland Inspections (SCSWIS)





## Appendix 1

### Report on Social Care and Social Work Improvement Scotland Inspections (SCSWIS)

#### 1. INTRODUCTION

- 1.1 This annual report provides details of individual inspections of registered care services. The findings show a range of care and support services which perform to a very high standard, offering excellent personalised support which is informed by user, carer and staff engagement and developed as part of a wider commitment to continuously improve. The report also gives examples of where services need to improve in order to achieve higher grades in specific inspection areas. The report highlights strengths identified at the time of inspection, requirements and/or recommendations and improvement actions.
- 1.2 14 services across Perth and Kinross Council are now subject to external inspection. The table below provides an overall summary on performance for all services. Levels awarded are based on the services last inspection, and grades awarded are presented as a % of the total number of inspections carried out across the four quality themes.

*Table 1: Overall summary on performance for all PKC services (inspections were carried out between February 2015 and June 2016)*

#### Overall Summary on all PKC Services

Quality Themes	Gradings Awarded by the Care Inspectorate						Total
	Excellent (6)	Very Good (5)	Good (4)	Adequate (3)	Weak (2)	Unsatisfactory (1)	
Care & Support	3	8	2	1	0	0	14
Environment	1	4	2	0	0	0	7
Staffing	2	8	3	0	0	0	13
Management & Leadership	2	7	3	0	0	0	12
<b>Total</b>	<b>8 (17.4%)</b>	<b>27 (58.7%)</b>	<b>10 (21.7%)</b>	<b>1 (2.2%)</b>	<b>0</b>	<b>0</b>	<b>46</b>

*Source: Care Inspectorate Website as at 25<sup>th</sup> November 2016*

- 1.3 Of the 11 services, 46 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. The results were:
- 17% (8) Excellent
  - 80% (37) Very Good/Good grade.

According to the Care Inspectorate the above grades represent increasingly better levels of performance. Quality of Care and Support received an Adequate which represents performance that is acceptable to the Care Inspectorate but which could be improved. No services were awarded grades for Weak or Unsatisfactory indicating the inspectorate had no concerns about any of the services performance.

Out of the 11 services inspected, 9 received unannounced inspections and two were announced at short notice.

1.4 Since the last report to Committee in November 2015 (Report No 15/518), 11 services have been inspected:

- Beechgrove House
- Dalweem Care Home
- Kinnoull Day Opportunities
- Lewis Place Resource Centre
- New Rannoch Day Centre
- Parkdale Care Home and the Support Service
- Adults with Learning Disabilities Housing Support Service
- Homecare
- Homeless Housing Support Service
- Older People Housing Support Service

This report provides detail on these inspections and the key findings.

1.5 If the Care Inspectorate are concerned about some aspect of a service, or think it could do more to improve its service, they make a requirement or recommendation. If requirements and recommendations are made the service must submit an appropriate action plan within the required timescale.

Beechgrove House and Homecare received requirements and recommendations. Action plans were developed as required and submitted to the Care Inspectorate. Full details are provided under Sections 2 and 6 of this report.

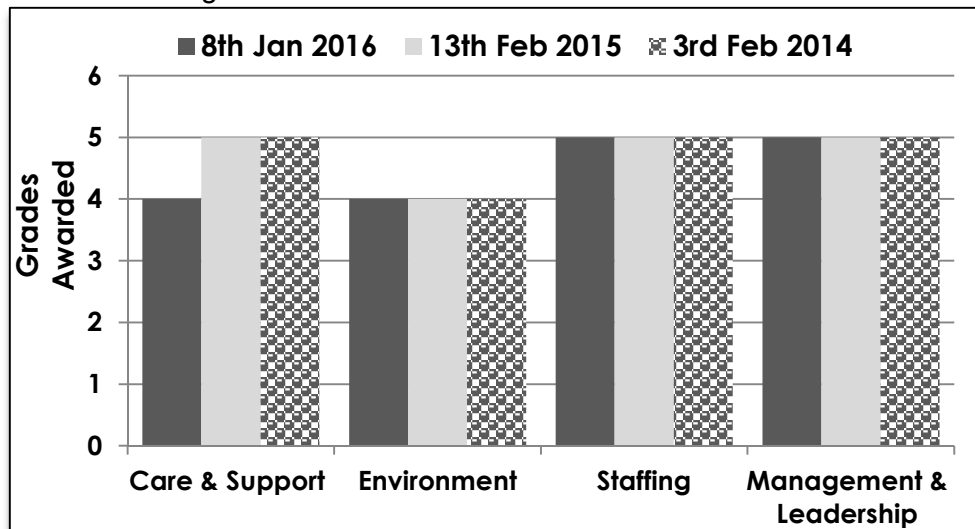
1.6 Inspections by the Care Inspectorate provide information on the standards and quality of the services and establishments provided by Community Care and Housing Services in Perth and Kinross. The findings outlined in this report demonstrate the commitment to continuous improvement in the standards and quality of these services.

## **2. BEECHGROVE HOUSE**

2.1 The Care Inspectorate carried out an unannounced inspection on 8 January 2016 at Beechgrove House. Beechgrove House provides permanent and respite accommodation to support people who, because of their age or disability, are no longer able to live fully independent lives in the community.

- 2.2 Overall the Inspectorate found that the Beechgrove House staff team work in partnership with people who live in the home and their families to plan and agree personalised plans of care and support. They saw a caring and compassionate group of staff who worked well together to support people who lived in the home. People the Inspectorate spoke to confirmed that they were happy with the care they received living in Beechgrove House.
- 2.3 The level of inspection carried out was of low intensity and the chart below shows the grades awarded for the last 3 inspections:

Chart 1: Beechgrove House



At the latest inspection carried out in 2016 the Quality of Staffing and Management and Leadership received Very Good (*Level 5*), Care & Support, and Environment received Good (*Level 4*). The Chart above highlights that Quality of Environment, Staffing and Management and Leadership all maintained performance over the last three inspections. Quality of Care and Support has slipped from Very Good to Good; two recommendations were made at time of inspection. Full details are provided in para 2.6.

- 2.4 The Inspectorate assessed 8 quality statements in total and awarded 6 Very Good and 2 Good across the four quality themes.
- 2.5 The inspection identified strengths throughout the service including the following:
- ✓ The service continued to consult with a range of people on a regular basis. Evidence provided demonstrated a structured and regular approach to consultation with people where feedback was valued and used to help develop and improve the service.
  - ✓ A new care plan format was being introduced. These provided good person centred information about the person which was important when developing plans of care and support.

- ✓ An 'All About Me' had been completed with people. This document provided a summary of people's care and support needs and is a useful tool to support people who may have to go to hospital.
- ✓ People were generally happy in the environment, bedrooms had been personalised to provide a warm and homely space for people to enjoy.
- ✓ The Care Inspectorate received feedback from some family members during this inspection who confirmed that they were always made to feel welcome when visiting their relative and that staff kept them up to date in relation to the wellbeing of their relative.
- ✓ Overall staff demonstrated that they had very good person centred values that were embedded in day-to-day practice and said they were happy with the support they received from staff.

2.6 Two recommendations were made at the time of inspection. An action plan is in place to take forward recommendations and improvements identified by the Care Inspectorate:-

- Quality of Care and Support - Recommendation 1: The manager should ensure that information pertaining to people's care and support is readily available for staff to refer to and is stored securely.
  - ✓ *A review of archived files was carried out in January this year, all support plans have been transferred onto new files keeping all service user information in the one file and easily accessible. The archiving of files is part of the 'support plan audit' which is carried out before supervision takes place. This ensures that relevant and in date documents are kept on file. The service also carries out internal quality assurance audits every 3 months.*
- Quality of Environment – Recommendation 1: The Provider should take appropriate action to address the recommendations made within the recent fire inspection.
  - ✓ *The procurement process to take forward the identified works is currently underway. The Corporate Health, Safety and Wellbeing Consultative Committee are kept up to date by the Head of Property regarding programming of these works.*

2.7 There are no outstanding requirements or recommendations from the previous inspection.

2.8 Clients and carers spoke highly of the staff and all respondents in the inspectorate questionnaires were overall happy with the care provided and said they felt treated with respect. Some of the comments residents made were:

- *"I am very happy with the care I receive here."*
- *"I attend residents meetings, I can voice my opinion."*
- *"We are very well cared for here."*

Staff worked well together as a team which helped to maintain good outcomes for people and demonstrated a very good knowledge about the care and support that people who lived in the home needed. The Inspectorate observed that staff responded to people's needs discretely and in a manner that preserved their dignity and privacy.

2.9 Beechgrove House continuously improves its services and has an action plan in place to progress the above recommendations and further improvements including:

- Quality assurance system is in place and audits take place every 3 months to maintain high standards of quality care and meet the needs of individual service users.

### 3. DALWEEM CARE HOME

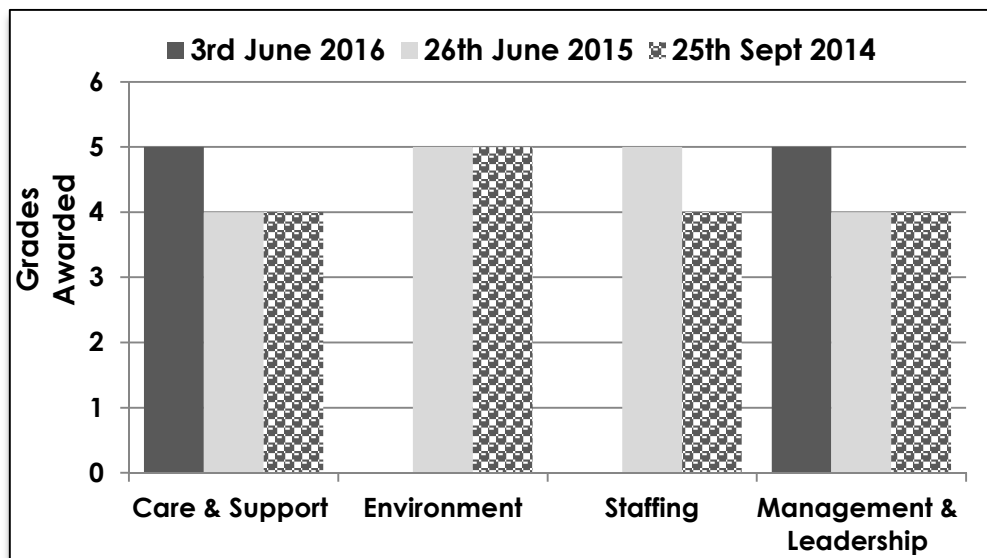
3.1 The Care Inspectorate carried out an unannounced inspection on 3 June 2016 at Dalweem Care Home. The care home is registered to provide care for up to 16 older people and aims to provide high standard care services, enabling all older people to remain as independent as possible.

3.2 During inspection the Inspectorate found that Dalweem care home provides a very good service to residents and relatives. There are very good levels of satisfaction with the quality of the overall service. A high priority is given to making sure residents feel safe, listened to and well supported in a way that meets their needs in accordance with their individual choices and preferences. Staff and management work hard to provide a person-centred model of care in a homely atmosphere.

Residents said that they were supported in their preferred way and there was a good range of activities available.

3.3 The level of inspection carried out at the Care Home was of low intensity. The following chart provides grades awarded for the last 3 inspections:

Chart 2: Dalweem Care Home



Please Note that Quality of Environment and Staffing were not inspected in 2016

At the latest inspection carried out in June 2016 the Quality of Care and Support and Management and Leadership received Very Good (*Level 5*). The Chart above shows that Quality of Care and Support and Management and Leadership have both improved from Good to Very Good since last inspection.

3.4 The inspectorate assessed 4 quality statements in total and awarded Very Good for Quality of Care and Support and Management and Leadership.

3.5 The inspection identified strengths throughout the service including the following:

- ✓ The Care Inspectorate observed staff supporting residents with dignity, respect and compassion. Staff demonstrated very good values in their work with residents and each other. Their evaluation was that this ethos was developed throughout the home by the management team.
- ✓ The Inspectorate carried out a medication check to ensure that residents were receiving their prescribed medication. They were satisfied that safe procedures were in place for the management and administration of medication.
- ✓ During inspection the Care Inspectorate observed lunchtime dining experience and found that residents were actively engaged and encouraged by staff to make choices from the menu and were given the appropriate level of assistance to eat their lunch.
- ✓ The Inspectorate audited money held by the service securely for residents who may be unable to manage their money themselves. They found that residents' finances were very well managed and clearly accounted for at the service.

3.6 There were no requirements or recommendations made at the time of inspection, however, previous requirements from the last inspection on 26 June 2015 included:

- The provider must ensure that the information and guidance in residents' care plans and risk assessments is clear, consistent and accurately reflects their current health and support needs.
- The provider must develop and implement a safe and effective system for the management and administration of medication.

✓ *The Inspectorate were satisfied that both requirements had been met.*

3.7 The Inspectorate spoke with residents and relatives during their visit and also observed a mealtime experience. Some of the findings included:

- Residents told the Inspector that they liked the meals and thought the quality of food and the presentation was good.
- The Inspectorate was satisfied overall that the staff at Dalweem were attentive to residents, knew their main needs, responded to health changes and provided a relaxed and caring atmosphere.

- Residents said they were very happy living at Dalweem and staff were happy to work at the home. The environment was welcoming and homely.

3.8 Dalweem Care Home works to continuously improve services and has an action plan to progress key improvements including:

- 'Talking Mats' training is to be undertaken by all staff to ensure that those service users with communication difficulties can also participate in the consultation and review process.
- Quality assurance audits are undertaken in the 3 Council-run homes (cross audits) which has supported consistency across the three homes in the service and quality that they provide.
- A development plan is being compiled showing how staff suggestions are considered through Employee Review and Development (ERD) /Supervision and how these suggestions can contribute to the development of the service.

#### **4. PARKDALE CARE HOME and SUPPORT SERVICE**

4.1 The Care Inspectorate carried out an unannounced inspection on 13 January 2016 at Parkdale Care Home and Day Care Support Service. Parkdale provides permanent and respite accommodation to support people who, because of their age or disability, are no longer able to live fully independent lives within the community.

The Day Care Support Service for older people is also provided on the premises. This service is registered separately with the Care Inspectorate and is subject to a separate inspection.

4.2 Overall the Inspectorate found that Parkdale Care Home performs very well and is supported by a manager and staff who are committed to the development and improvement of the service for people who live in the home. The staff team worked in partnership with people who lived in the home and their relatives to plan and agree personalised plans for care and support.

The Inspectorate found the environment for the Day Care Service warm and welcoming and the staff enthusiastic and caring. People who use the service told them they enjoyed attending the activities that are available.

- 4.3 The level of inspection carried out was of low intensity. Table 2 provides grades awarded for the last 3 inspections for the Care Home and Day Care Service, which shows consistently high performance and grade:

Table 2: Parkdale Care Home and Support Services

Quality Theme	Parkdale Care Home			Parkdale Support Service		
	13/01/16	23/01/15	09/01/14	13/01/16	06/02/13	24/05/10
Care & Support	Very Good (Level 5) over the last three inspections			Very Good (Level 5) over the last three inspections		
Environment	Very Good (Level 5) over the last three inspections			Very Good (Level 5) over the last two inspections		Not Assessed in 2010
Staffing	Very Good (Level 5) over the last three inspections			Very Good (Level 5) over the last three inspections		
Management And Leadership	Very Good (Level 5) over the last three inspections			Very Good (Level 5) over the last two inspections		Not Assessed in 2010

At the latest inspection carried out in 2016 all quality themes received Very Good (*Level 5*) for both Care Home and Day Care services. The table above highlights that over the last three inspections services have maintained a Very Good level of performance.

- 4.4 The inspectorate assessed 8 quality statements in total and awarded all statements Very Good across the four quality themes for the Care Home and the Day Care Services.
- 4.5 The inspection identified strengths throughout the service including the following:
- ✓ The service continued to consult regularly with a range of people. This was carried out in a structured manner to make sure regular opportunities were available for people to express their views and opinions and contribute to the development of the service.
  - ✓ A new care plan format had been introduced. These provided good person centred information about the person which was important when developing plans of care and support.
  - ✓ The environment was clean, comfortable and welcoming. Staff carried pagers that enabled the team to summon assistance from staff in other areas of the home if necessary. This helped make sure people were supported safely.
  - ✓ People who used the Day Care service were included in residents' meetings within the care home. It was observed from the minutes that day care was discussed and there were opportunities for people to talk about activities as well as the environment and the food.



4.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the last inspection for both Care Home or Day Care Services.

4.7 The Inspectorate spoke informally with residents living in the home, who told them that they were happy living at Parkdale. Some of the comments included:

- *“I am always made welcome by staff. They treat me and my (relative) with great respect.”*
- *“I can rest easy knowing (my relative) is in excellent hands.”*
- *“Staff are very good’, ‘I can go to staff if I need to.”*
- *“As a family we are very happy with the care my (relative) is receiving.”*

Staff knew people well and responded to their needs discretely and with respect. Staff were observed to be warm and caring when supporting people and this was confirmed by people who lived in the home and relatives.

People said they enjoyed coming along to the day service. They enjoyed the company and the activities that were offered, staff were very good and that they enjoyed the food.

4.8 Although no requirements or recommendations were made at the time of inspection, Parkdale Care Home and Day Care Support continue to improve the services they deliver. They have an action plan in place to progress improvements including:

- Parkdale have been working to improve the methods of consultation with service users using the ‘My Home Life resource’
- The service is looking at ways to improve the environment for residents who have dementia using the ‘Kings Fund’ audit tool.
- Further development is underway of the existing Activity Planner to include more physical activity and to support residents to make and maintain links with the local community.

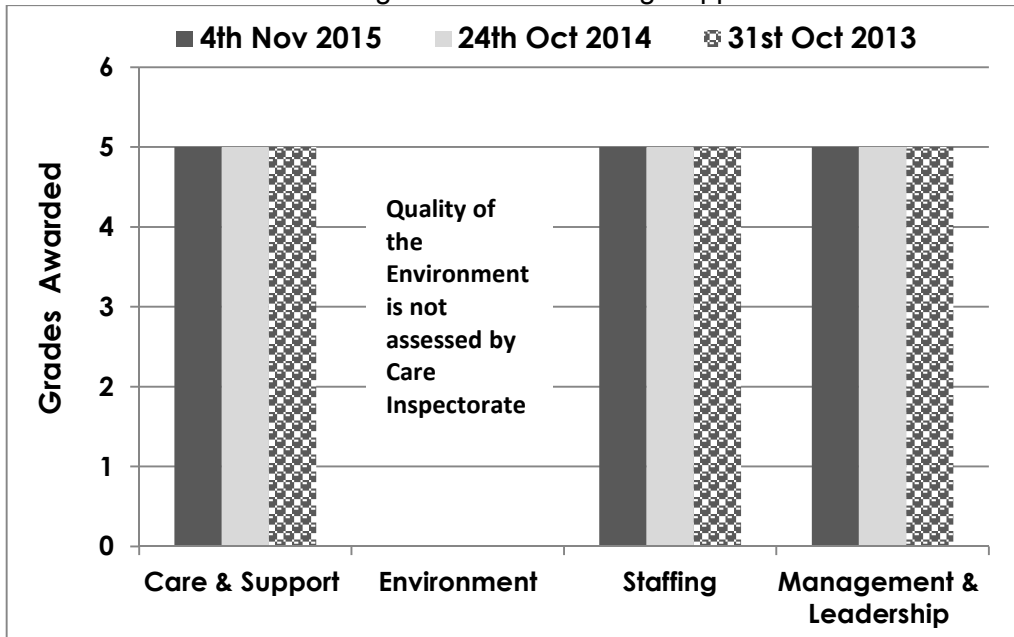
## **5. ADULTS WITH LEARNING DISABILITIES HOUSING SUPPORT SERVICE**

5.1 The Care Inspectorate carried out an unannounced inspection on 4 November 2015 for the Adults with Learning Disabilities Housing Support Service. This service supports adults with a learning disability who need care and housing support services in their own home. The service aims to develop and encourage decision-making skills and involvement in the planning for all aspects of their lives.

5.2 Overall the Inspectorate found that the service works hard to involve service users in the development of the service, particularly in identifying how they would like to receive their own care. Service users said they got on well with the staff who provided them with support, and they felt comfortable that they could complain or raise any issues which concerned them.

5.3 The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:

Chart 3: Adults with Learning Disabilities Housing Support Service



Please note that Quality of Environment is not assessed by the Care Inspectorate

At the latest inspection carried out in 2015 Quality of Care and Support, Staffing and Management and Leadership all received Very Good (Level 5). The Chart above highlights that the service has maintained Very Good levels of service over the last three inspections which shows consistently high grades and performance.

5.4 The Inspectorate assessed 6 quality statements in total and awarded Very Good (Level 5) for Quality of Care and Support, Staffing and Management and Leadership.

5.5 The inspection identified strengths throughout the service including the following:

- ✓ During inspection a sample of service users' support plans were reviewed. It was found that support plans were generally very person-centred, with information which had obviously been provided by service users.
- ✓ Records sampled as part of the inspection were seen to be respectful with evidence that staff treated service users with dignity and respect.
- ✓ Staff had a good knowledge of relevant good practice, such as the National Care Standards, and the Scottish Social Services Council codes of conduct.
- ✓ All service users had worked with staff to complete an 'All About Me', which recorded a variety of useful information which could be used if the service user was, for example, admitted to hospital. During the inspection the Inspectorate saw that this worked well when one person

was admitted to hospital on an emergency basis, and the information had been available to nursing staff.

- 5.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.
- 5.7 During the inspection the Inspectorate visited people in their own homes and spoke to them about the service they received. All service users were happy with the service they received and were able to tell them about how staff supported them to be as independent as possible and make good use of local facilities. They made comments such as:

- *“I like (staff member), they help me get organised and do my shopping.”*
- *“I can knock on the door of the staff flat if I need extra help.”*
- *“I know who is coming in to help me, they tell me who to expect.”*

During the inspection it was observed that staff interacted well with service users, had a good knowledge of their individual needs and how best to communicate with them.

- 5.8 Although no requirements or recommendations were made at the time of inspection, Adults with Learning Disabilities Housing Support Service continuously improve their services and have an action plan in place to progress improvements including:
- A Service Newsletter has been implemented and is being shared with all tenants supported, parents, and carers quarterly. This informs all parties of current service delivery, general information, “What’s On”, etc. For 2017 the service aims to distribute the tenants’ newsletters in a more appropriate and effective Easy Read format.
  - Increased use of Social Stories, Guidelines, and Procedures in an Easy Read format for tenants.
  - Improved learning and development with tenants through the use of approved well-being training and educational methods such as “Healthy Eating, Healthy Living”, “Keeping Safe”, Adult Protection”, and “Josephine” (to help women with learning disabilities explore a range of issues, in a confidential and supportive environment).

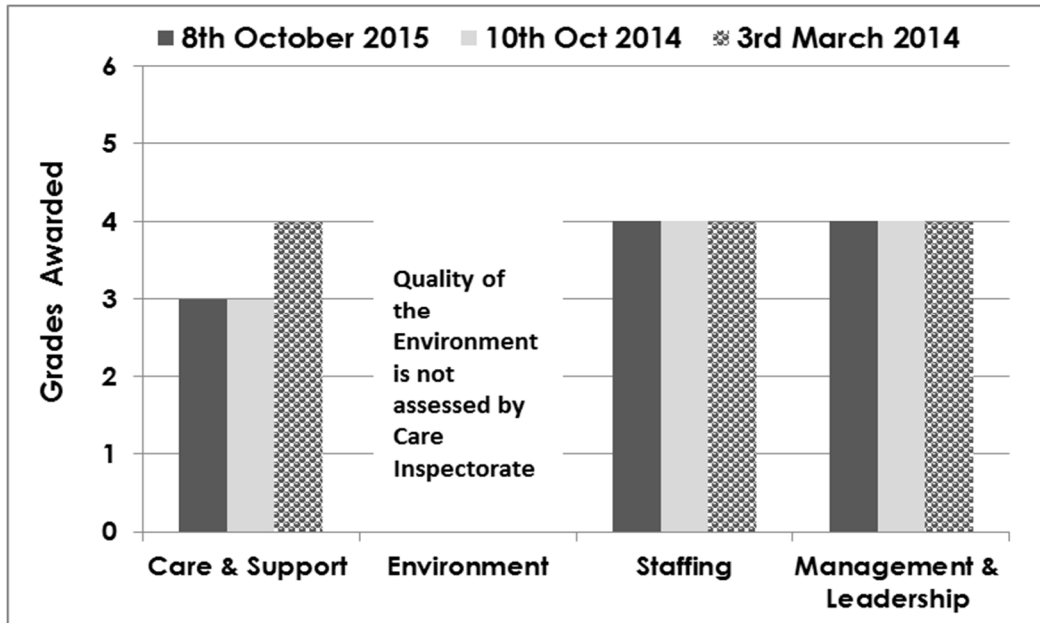
## **6. HOME CARE (CARE AT HOME)**

- 6.1 The Care Inspectorate carried out an announced inspection at short notice on 8 October 2015. The service provides a combined Care at Home and Housing Support Service and also includes a Reablement Service, which aims to help people who use the service to regain skills needed to feel confident about living independently at home.
- 6.2 At the time of inspection, the Inspectorate were confident of good outcomes for service users through our discussions with them, their relatives and managers.

Service users who spoke to the Inspectorate during inspection, and those who completed the Care Standard Questionnaire prior to the inspection, spoke positively about the service. Staff also spoke positively about their jobs and worked well to meet the needs of individuals.

6.3 The level of inspection carried out was of low intensity. The following grades were awarded:

Chart 4: Homecare/Care at Home



Please note that Quality of Environment is not assessed by the Care Inspectorate

At the latest inspection carried out in 2015 the Quality of Staffing and Management and Leadership received Good (*Level 4*), the Quality of Care and Support Adequate (*Level 3*). The quality of Staffing and Management and Leadership has remained at a Good level of performance over the last three inspections. The quality of Care and Support received three requirements and two recommendations at the time of inspections. Full details are provided in paragraphs 6.8 and 6.9.

6.4 The Inspectorate assessed 6 quality statements across Care and Support, Staffing and Management and Leadership. Two received Very Good (Level 5), 3 at Good (Level 4) and one Adequate (Level 3).

6.5 The Inspectorate during their visit reviewed requirements and recommendations that were made at the previous inspection in October 2014:

- Recommendation 1: Staff should have access to regular supervision according to the service's agreed policy and procedures
- Recommendation 2: All staff should receive up to date training in adult support and protection to ensure that they are aware of local policies and procedures

- ✓ *The Inspectorate were satisfied that there was evidence to demonstrate staff receive regular supervision in accordance with the services agreed policy and receive up-to-date training as per recommendations.*

6.6 The inspection identified strengths throughout the service including the following:

- ✓ Evidence that managers and staff engage with local groups within the community through venues such as the dementia café, to make sure local people are aware of the service, and have the opportunity to give their views on how the service can be developed to meet local needs.
- ✓ The service is supporting staff to develop their knowledge and understanding of working with people with learning disabilities.
- ✓ The Inspectorate visited service users at home and looked at their hand-held records. The records contained good information about the service provider along with the individual's care plan.
- ✓ Staff were courteous and respectful to the service users and worked with them at a pace which allowed tasks to be carried out in a person-centred manner.

6.7 Service users had the opportunity to comment on their experience of using the service in Care Standard Questionnaires (CSQs), during inspection visits to their homes, and telephone calls. During the inspection, the Inspectorate also looked at a wide range of feedback from them provided through surveys and questionnaires carried out by the service. They made comments such as:

- *"I am really happy with the service, all carers are really helpful and understand my needs."*
- *"Thank you to all the carers - they were excellent, just what I need to get back to normal".*
- *"They are very cheery and particular, and they inform me of the outside world."*

Relatives commented on their experience of using the service during inspection, telephone calls and visits. Some of the comments included:

- *"Carers are very good and my relative is happy with what he gets."*
- *"The carer helps my husband to have a shower at his own pace."*

It was observed during inspection that staff were enthusiastic about their job and said they were well supported by managers of the service.

6.8 The Inspectorate made two recommendations at the time of the October 2015 inspection, details as follows:

- Quality of Care and Support - Recommendation 1: It was recommended that the service develops a Participation Strategy and that an Audio and Easy Read version of the strategy is made available to service users.

- ✓ *The Council has a wider Engagement Strategy which covers all our Homecare and Reablement participation work. In 2015 as part of the development of the Joint Strategic Commissioning Plan for Health and Social Care, an ambitious consultation and engagement survey “Join the Conversation” was carried out with service users, carers and the public. The resources required for this survey meant that all teams, including the Access and Reablement team contributed to this activity.*

*Recent engagement activities include:*

- *coffee morning organised with service users to share their experiences of the service to support improvements and it is hoped that some of those who participated would be willing to support future staff recruitment.*
- *Service users and carers workshop held to look at future commissioning of Care at Home Services. Topics for discussion included challenges facing people who need support to manage in their homes and how services can be shaped to respond effectively to the increasing demand in future years. The learning from this day is informing our future commissioning strategy.*
- Quality of Care and Support - Recommendation 2: The provider should routinely carry out skin assessments to identify service users at risk of pressure ulceration.
  - ✓ *The “Adults at Risk of Pressure Ulcers” Health Improvement Scotland guide has been circulated to all staff and added to all handheld records for client and staff reference. All Coordinators have discussed the guide with staff at team meetings. Information will also be included in the Staff Newsletter in early January 2017.*
  - ✓ *Our Skin Policy is being reviewed and updated with support from the Community Nursing link. The updated policy will include clearer processes for acting on concerns about skin integrity and be in place by January 2017.*
- The Care Inspectorate highlighted the service ‘Champions for Falls’ as best practice, and the Preliminary Pressure Ulcers Risk Assessment (PURRA) was taken into account in making this recommendation as an example of good practice.
  - ✓ *“Preventing Pressure Ulcers” Health Improvement Scotland Guide for practice and suggested the service replicate this in other areas. The service will identify ‘Skin Champions’ as suggested and provide relevant training in early 2017.*

6.9 Three requirements were made at the time of the 2015 inspection, details as follows:

- Quality of Care and Support - Requirement 1: The provider must develop and implement an effective system to ensure that all reviews are carried out at a minimum of six monthly intervals and that records are kept of these reviews (carried forward from previous inspection).

- ✓ *A new management structure has now been implemented with the introduction of three reviewing officers and three Quality Monitoring Officers based within the locality teams. The Reviewing Officers main responsibility is to ensure that all reviews are completed as required for all service users across Perth & Kinross which will address the outstanding requirement.*
- Quality of Care and Support - Requirement 2: The provider should resolve matters relating to the administration of medication so that service users are given appropriate support to take prescribed medication safely and in accordance to their preferences.
  - ✓ *Service managers met with pharmacy leads, two 'train the trainer' sessions have now been delivered to the Reablement Coordinators and In-house Quality Monitoring Officers. Training materials are currently being amended and updated before they can be delivered to frontline staff which will address the outstanding requirement. The Community Pharmacist who is delivering the training is in talks with Service Managers regarding arrangements for sign off of staff once they have completed training. The first training of staff is planned to be delivered to Rapid Response and Immediate Discharge Service in early 2017.*
- Quality of Care and Support - Requirement 3: The provider must ensure that staff are provided with the necessary training regarding falls prevention and that appropriate assessment of the risk of falls, including how the service can support service users to reduce the risk, are made and reviewed (carried forward from previous inspection).
  - ✓ *All staff within Reablement have undertaken the falls training and are able to complete level 2 falls screening which has helped identify and manage the risk of falls, enabling the person to remain independent. In addition, Falls Champions has been identified within the Care at Home/ Reablement Service. The recording processes have been reviewed and amended to support the monitoring of this work.*
  - ✓ *Staff in Perth City Reablement Team have been trained in Strength and Balance exercises to encourage older people to stay active and reduce likelihood of falls. The aim is to encourage people to make this part of their daily routine.*

6.10 The Care Inspectorate upheld one complaint since the last inspection. The complaint was in relation to clients/families not being informed of staff running late or visit times being changed. The service reviewed the existing procedure and actions taken forward included:

- ✓ *A note on all client's schedule to alert clients to the fact that "due to the nature of and demands of the Care At Home and Reablement Services, scheduled home visits are sometimes subject to change at short notice, where there is likely to be a variation of 30 minutes or more to the scheduled time of your visit, we will always try to contact you in advance".*

- ✓ *The new procedure which was implemented to resolve the issue highlighted in the complaint also ensures that staff let the office know if they are running late and have contacted clients to let them know.*

6.11 The Homecare service is focussing on the improvement areas detailed within the requirements and recommendations highlighted by the Care Inspectorate. Other areas of improvement include:

- As part of a training review a new reablement interactive workbook has been developed based on a tool developed by Argyle and Bute and NHS Highland. The interactive workbook will also be made available as an online module for staff.
- Monitoring and disseminating information on ongoing reviews of National Care Standards and Codes of Practice to make sure all staff are fully aware of developments.
- New locality managed Care at home Services are now in place, and it is anticipated that locality working will support closer working relations between in-house and external providers, more effective use of informal local resources, and integrated working.

## **7. HOMELESS HOUSING SUPPORT**

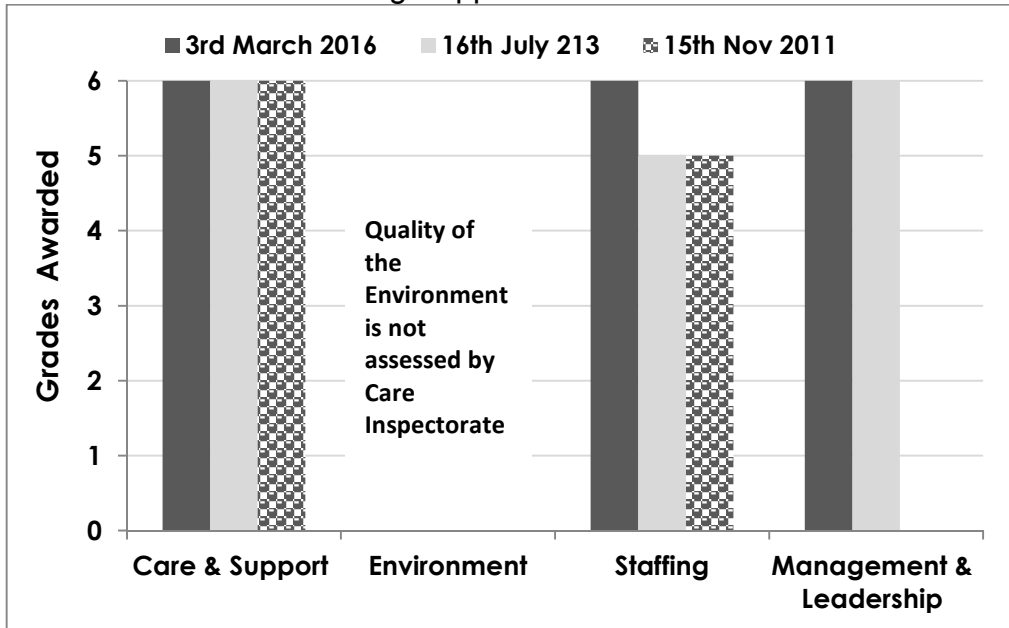
7.1 The Care Inspectorate carried out an unannounced inspection on 3 March 2016. The Homeless Service offers a housing support service. Support includes advice, residential provision and support to people in tenancies in the community. Residential provision included RIO House, Tayview and Greyfriars Hostel and inspectors spent time with residents from Greyfriars and RIO house during their visit.

7.2 Overall the Inspectorate found that Service users are actively involved in the development and review of the service in a wide variety of meaningful ways. Their opinions, views and ideas are regularly sought and are clearly valued. The staff team are committed and enthusiastic about their role in supporting homeless people.

7.3 The level of inspection carried out was of low intensity. All three areas were awarded Excellent grades.



Chart 5: Homeless Housing Support



Please note that the Quality of Environment is not assessed by the Care Inspectorate

At the latest inspection carried out in 2016 the service received Excellent (Level 6) for the Quality of Care and Support, Staffing and Management and Leadership. The Chart above highlights consistently excellent services being delivered by the Homeless Housing Support Service, reflected in the last three inspections.

- 7.4 The Inspectorate assessed 6 quality statements in total and awarded Excellent for all statements across Quality of Care and Support, Staffing and Management and Leadership.
- 7.5 The inspection identified strengths throughout the service including the following:
- ✓ Homeless housing support service provides an excellent service to homeless people. The staff team are committed to providing a high level of support to service users and are continually developing innovative ways to involve people and to develop the service.
  - ✓ During inspection it was evident that people who used the service were central to their support planning and that plans were reflective of their needs.
  - ✓ The organisation was committed to a well-trained and qualified team with most of the staff already having completed, or in the process of completing, the necessary qualifications for registration without condition with the Scottish Social Services Council, despite the required registration date being by 2020.
- 7.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.

7.7 During the inspection the inspector spoke to service users who were attending that day. They were all happy with the level of care and support they received at the service.

- *“My housing support worker has been very supportive and applied things quickly. Very easy to talk to and understanding. All the staff at Rio house have been terrific and supportive, cannot thank them enough.”*
- *“Great service. I'm back on my feet with the support of my support worker.”*
- *“I'm happy with what I get at the service. I know I can talk to any member of staff and they listen and comment/advise if they can.”*

Throughout the inspection staff were observed to interact with service users in a warm, friendly manner. They were considerate to their wishes and needs and promoted their opportunities to make choices and be involved in purposeful activity.

7.8 Although no requirements or recommendations were made at the time of inspection. Homeless Housing Support continue to improve their services and have an action plan in place to progress improvements including:

- Revising the support assessment consent form based on feedback from the Inspector and examples of good practice
- Evaluating the feasibility and benefits of Support Officers undertaking the “Step into Leadership” course provided by Scottish Social Services Council (SSSCS)

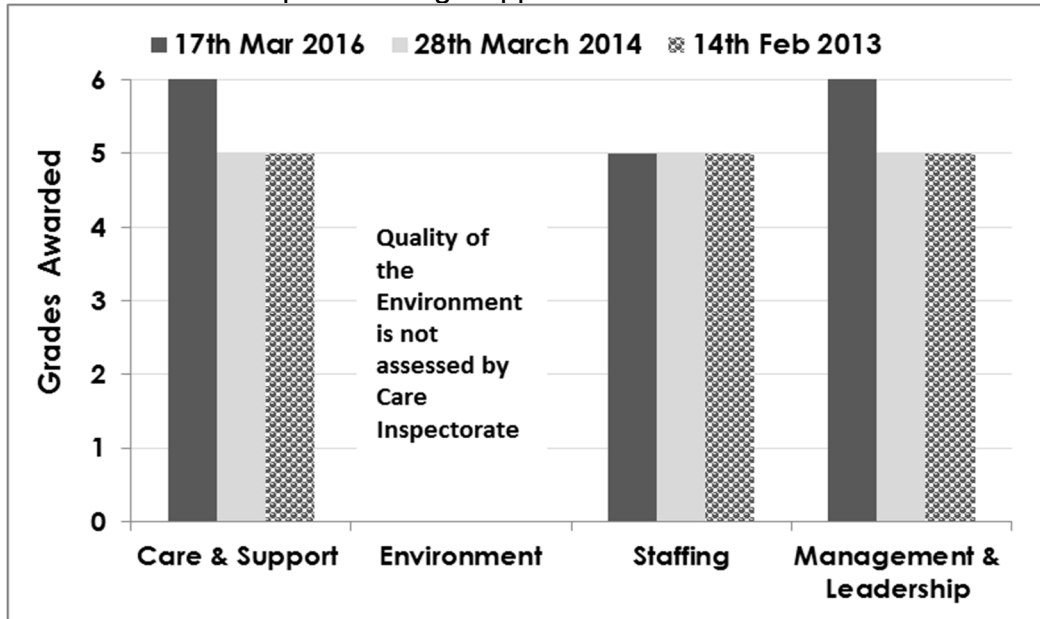
## **8. OLDER PEOPLE HOUSING SUPPORT (SHELTERED HOUSING)**

8.1 The Care Inspectorate carried out an announced inspection at short notice on 17th March 2016. Housing Support is provided to Older People within sheltered housing accommodation provided by Perth and Kinross Council. The aims of the service is to provide an environment, which actively promotes and encourages individual independence and enables people to live as normal and satisfying a life as possible within their own homes.

8.2 The Inspectorate concluded that the Older People Housing Support provides an excellent service in meeting the housing needs of older people, people with a disability and other complex needs. The service actively promotes and encourages the independence of the individual, enabling people to live as normal and satisfying a life as possible.

8.3 The level of inspection carried out was of low intensity. The following high grades were awarded:

Chart 6: Older People Housing Support Service



Please note that the Quality of Environment is not assessed by the Care Inspectorate

At the latest inspection carried out in 2016 the Quality of Care and Support and Management and Leadership received Excellent (Level 6), Staffing Very Good (Level 5). The Chart above highlights that Quality of Care and Support and Management and Leadership have both improved in grading since last inspection, improving from Very Good to Excellent. The Quality of staffing has been maintained at Very Good over the last three inspections.

8.4 The Inspectorate assessed 6 quality statements and awarded 5 Excellent (Level 6) and one received Very Good (Level 5).

8.5 The inspection identified strengths throughout the service including the following:

- ✓ The service strives to meet the outcomes of the people they support while keeping people at the heart of the service. They have a committed and skilled staff team who offer an excellent package of support.
- ✓ Personal plans had been signed off by the person who owns it and where appropriate signatures from advocates. This was highlighted as excellent practice as it ensures people know and agree with the content and are helped to find it a meaningful document which enhances their quality of life and meet their outcomes.
- ✓ The Service User Review Team (SURE) team (supporting tenant participation and scrutiny) has representation from people who use the service who look at assessing and improving the service delivery. The Inspectorate highlighted this as excellent practice and demonstrated that the service value people views and contributions.
- ✓ As a result of the latest service user survey, photographs of staff have been laminated and put on the office door so that people can instantly know who is on shift that day. This helped people who have poor memories or dementia they have a constant reminder of who is in and what day it is.

- 8.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.
- 8.7 Staff and tenant questionnaires returned to the Care Inspectorate were all very positive which contributed to evidence that Older People Housing Support provide an excellent service along with effective management and leadership. They made comments such as:
- *"I like staying here, it makes me feel secure"*
  - *"The staff are good here, they listen to us"*
  - *"We are lucky to have the staff in our complex, if we have a problem it is dealt with"*
  - *"I like living in Carpenter Court, the staff are helpful and friendly, I enjoy the social activities"*.

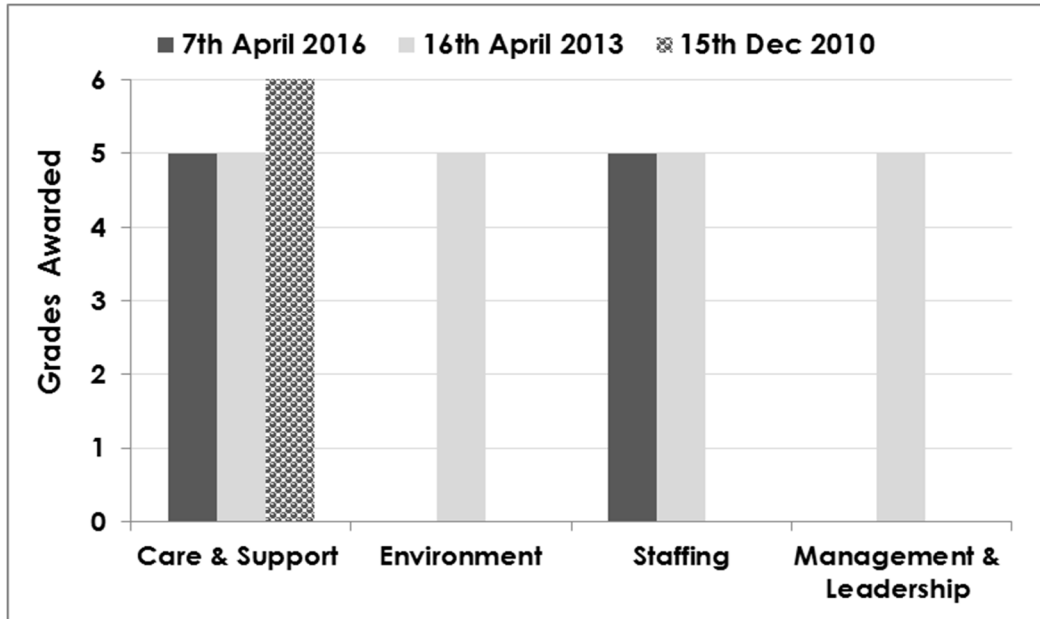
During the inspection it was observed that the staff are a very motivated team who are supportive of each other and committed to what they do. This was confirmed by people who lived in the complex.

- 8.8 Although no requirements or recommendations were made at the time of inspection. Older People's Housing Support continue to improve their services and have an action plan to progress improvement, including:
- Developing a service user profile page to be included at the beginning of all support files.
  - Continuing to develop the staff team through planned supervision and reflective practice.

## **9. LEWIS PLACE RESOURCE CENTRE**

- 9.1 The Care Inspectorate carried out an unannounced inspection on 7th April 2016. The centre provides day places for up to 40 people and has a range of communal facilities including a large multi-purpose dining room, hairdresser studio, adapted kitchen and activities rooms.
- 9.2 During the inspection it was found by the Inspectorate that service users spoke very highly of the service and said that they enjoyed attending the centre. Staff and service users had very good relationships with each other. People commented that they enjoyed the range of activities offered and the company of others.
- 9.3 The level of inspection carried out was of low intensity. The following grades were awarded:

Chart 7: Lewis Place Resource Centre



Please note the Quality of Environment and Management and Leadership were not inspected in 2016

At the latest inspection carried out in 2016 the Quality of Care and Support and Staffing received Very Good (Level 5). The Chart above highlights that Lewis Place has maintained Very Good levels of service over the last two inspections for Care and Support and Staffing.

9.4 The Inspectorate assessed 4 quality statements under Quality of Care and Support and Staffing, 2 received Excellent and 2 received Very Good.

9.5 The inspection identified strengths throughout the service including the following:

- ✓ People using the service and their carers spoke very highly of the support they received. The staff team demonstrated a high level of commitment to providing a quality service in the ways people preferred.
- ✓ Support plans were seen to be very informative and person-centred. Life histories had been completed. This helped the service to make sure each day care package was built around the person, taking into account their preferences and hobbies.
- ✓ During their visit the Inspectorate examined medication practices and was overall satisfied that these were being managed safely.
- ✓ Staff spoke very positively about the support and training opportunities they received. Recent training had been provided tailored to the support needs of service users. These included Parkinson's and Speech and Language Therapy input for communication and specialised diets.

9.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.

9.7 During inspection the views of service users and carers are taken into account. Their comments included:

- *"I feel I get all the help and care I need."*
- *"I find the management team very approachable, friendly and helpful. My mother has settled well into Lewis Place."*
- *"If I didn't come here it would just be another day staring at the four walls at home. I like meeting the people and there is always something to do."*
- *"This place is a lifesaver for us and that's thanks to the manager and staff. I can leave and know they are safe and happy."*

It was observed that the manager and care staff spoke very respectfully about the people supported. This included the person living with dementia and their family carers. They demonstrated an ethos of respect towards each individual and they worked with people to make sure they were meeting their needs and wishes.

9.8 Although no requirements or recommendations were made at the time of inspection. Lewis Place Resource Centre continues to improve its services and has an action plan to progress improvements, including:

- Dementia Ambassadors are linking in with local schools, churches and shops to enable the service to achieve our objective of Perth becoming a dementia-friendly city.
- Community and outreach developments being explored to create a more flexible service.
- Staff are undertaking in-house Cognitive Stimulation Therapy Training to enhance the experience for individuals during group activities.

## **10. NEW RANNOCH ROAD DAY CENTRE**

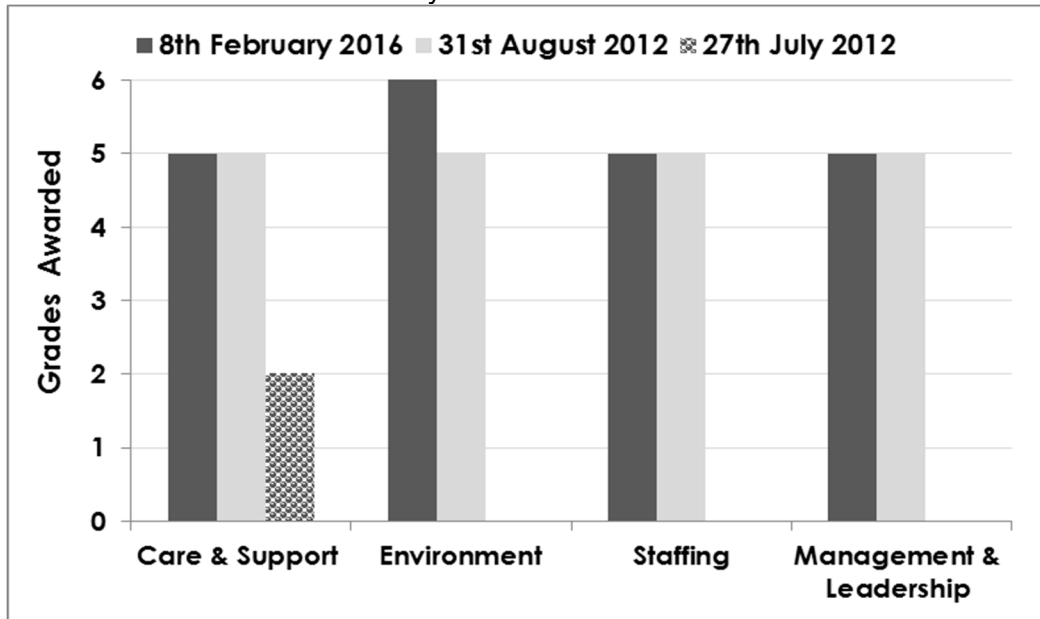
10.1 The Care Inspectorate carried out an unannounced inspection on 8th February 2016. The service provides support for a maximum of 20 older people each day. Breakfast is served on arrival and service users also receive a hot meal at lunch time. People who use the service are transported to and from the Centre by minibus or volunteer drivers.

10.2 The Inspectorate concluded that the service provides a stimulating environment for people who use the service who have dementia. All the evidence they evaluated indicated that people who use the service were very happy with the support they received. The service has built an excellent facility since the last inspection and has kept up to date with some of the latest developments such as promoting excellence and identifying causes of stress and distress.

The service and carers representatives had visited the dementia-friendly specialised services such as the Iris Murdoch Centre at Stirling University for advice and guidance and this was taken into account when planning and building the new centre. Perth and Kinross were congratulated by the Inspectorate for this innovative step.

10.3 The level of inspection carried out was of low intensity. The following grades were awarded:

Chart 8: New Rannoch Road Day Centre



At the latest inspection carried out in 2016 the Quality of Environment received Excellent (Level 6), Care and Support, Staffing and Management and Leadership all received Very Good (Level 5). The Chart above highlights that high levels of service are being maintained with Excellent for the Environment as an improvement on last year.

10.4 The inspectorate assessed 8 quality statements across the four quality themes, 5 received Excellent (Level 6) and 3 Very Good (Level 5).

10.5 The inspection identified strengths throughout the service including the following:

- ✓ The service had a Participation Strategy and a Partnership Plan, which had been produced following a joint carer and staff workshop, as well as consultation with people who use the service.
- ✓ During inspection there were some very good examples of positive outcomes which were in place to help reduce service users' distress and agitation e.g. hanging out the washing, doing some dusting.
- ✓ The Inspectorate found very good evidence of 'Talking Mats' being used to capture the views of those service users who had difficulty in expressing their views.
- ✓ The range of facilities at New Rannoch was of an excellent standard. The facilities were dementia-friendly with appropriately design features in line with best practice. All staff have been trained in 'Promoting Excellence' for all social services staff working with people with dementia.

10.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.

10.7 Everyone who completed a Care Inspectorate questionnaire, or completed one on behalf of a service user, strongly agreed or agreed that overall they were happy with the quality of care and support this service gave them. All indicated that they knew they could make a complaint to the Care Inspectorate. Their comments included:

- *"Staff always friendly welcoming and professional. Always have time to speak with carers which helps alleviate anxieties. They also encourage families to attend social events. Lovely environment safe, secure but not restrictive "*
- *"They aim to please", "Staff are very good", "I like coming here".*
- *"I feel my relative is very happy going to the centre and is well cared for by the friendly helpful staff who care for my relatives every need".*

During inspection the Inspectorate spoke with staff. Staff felt that they had good opportunities to make sure they had all the necessary information to provide a good service. They felt well supported in their work, and said that the manager was approachable and very effective, and they felt involved in the development of the service.

10.8 Although no requirements or recommendations were made at the time of inspection. Rannoch Road Day Centre continues to improve its services and has an action plan in place to progress improvements, including:

- Staff undertaking in house Cognitive Stimulation Therapy Training to enhance the experience for individuals during group activities.
- Community and outreach developments being explored to create a more flexible service.
- Re introduction of Community Monthly coffee mornings and the development of 3:16 weekly café based within the Salvation Army building in St John's Street, Perth.

## **11. KINNOULL DAY OPPORTUNITIES**

11.1 The Care Inspectorate carried out an unannounced inspection on 21 April 2016. Kinnoull Day Opportunities is a community based service which supports individuals with a learning disability to make use of local services and take part in activities/hobbies which they enjoy.

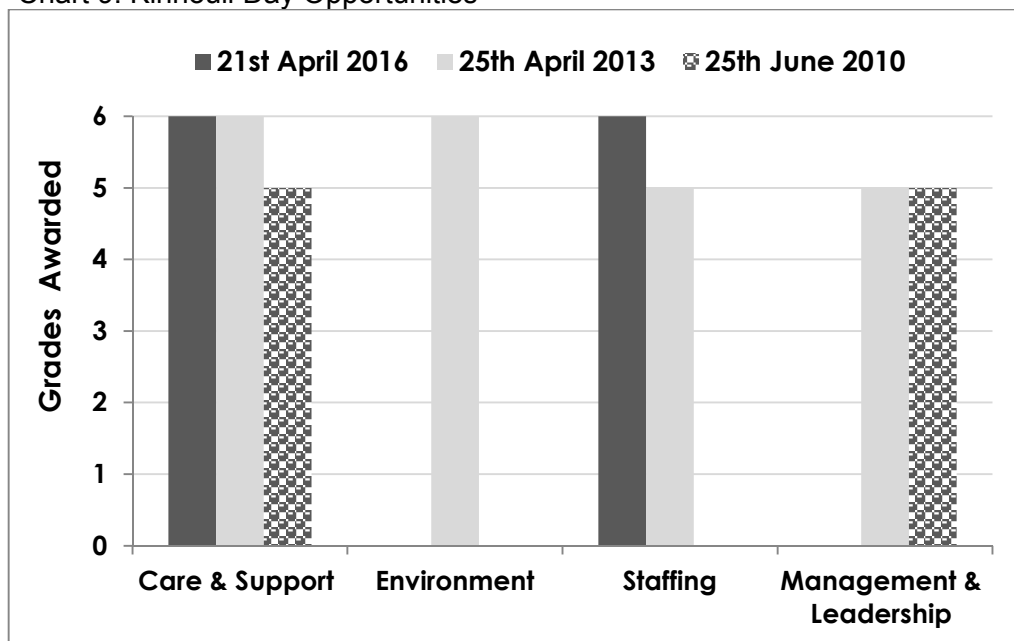
The service aims to support and encourage people who use the service to make use of a range of community facilities such as sport, libraries and social activities. The service also aims to encourage people to access educational and developmental activities as well as employment opportunities.



11.2 During their visit the Inspectorate found that the service makes good use of facilities in local communities across Perth and Kinross. This has resulted in service users maintaining, and making new contacts in their own local communities. Service users told the Inspectorate they felt staff worked hard to support them to try new activities and listened to them when they commented on the activities they experienced.

11.3 The level of inspection carried out was of low intensity. The following excellent grades were awarded:

Chart 9: Kinnoull Day Opportunities



*Please note that the Quality of Environment and Management and Leadership were not assessed at the April 2016 inspection*

At the latest inspection carried out in 2016 the Quality of Care and Support and Quality of Staffing received Excellent (Level 6). The Chart highlights that the service has maintained excellent levels of service for Care and Support over the last two inspections and improved in grading for Quality of Staffing.

11.4 The inspectorate assessed 4 quality statements across the four quality themes and awarded Excellent (Level 6).

11.5 The inspection identified strengths throughout the service including the following:

- ✓ The service had good links with associated professionals, such as the local Community Learning Disability Nursing Team, and psychiatry services.
- ✓ Service users' plans, clearly showed that people who use the service have a range of options to allow them to make individual choices.
- ✓ The service had comprehensive risk assessments in place and these led to clear protocols being put in place to minimise any identified risks. This was particularly important in relation to the environment as the service

did not operate from a static base and made good use of community facilities.

- ✓ The service had been part of a national task group dementia pilot for Perth and Kinross, which looked at ways of early detection and screening of those adults with a learning disability who may be showing early signs of an additional cognitive impairment or dementia.

11.6 There were no recommendations or requirements made at the time of inspection and none outstanding from the previous inspection.

11.7 During the inspection the Inspectorate spoke with service users while visiting four community groups. All service users they spoke with were very happy with the service they received. They made comments such as "I can speak to my key worker about anything", "I enjoy trying baking, (the staff member) keeps me right" and "I would speak to the staff if I wasn't happy about something".

Service users knew who their key worker was, and that they were confident that if they had an issue, then their key worker would help them deal with it.

11.8 Although no requirements or recommendations were made at the time of inspection. Kinnoull Day Opportunities continue to improve their services and have an action plan in place to progress improvements including:

- FUN (Friends Unlimited Network) – in April 2016 Kinnoull Day Opportunities took over the running of this service from ENABLE. FUN empowers people with learning disabilities to enjoy social activities and events, make new friends and be involved in new experiences and opportunities in line with other members of the community.
- Improved learning and development with service users through the use of approved well-being training and educational methods such as "Healthy Eating, Healthy Living", "Keeping Safe", "Adult Protection", and "Josephine" (e.g. to help women with learning disabilities explore a range of issues, in a confidential and supportive environment).
- Currently the Learning Disability service has evolved a new communication forum which encompasses a variety of communication methods e.g. Talking Mats, Easy Read, Boardmaker, I-pads etc. Staff are now using this method of communication to prepare for reviews, initiate choice and ensure that personal outcomes are achieved a future development will see the use of Talking Mats APPS via I-pads and interactive Smart Boards at community Campuses.