

Inspection report

Clinton House Nursing Home Care Home Service Adults

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Inspected by:
(Care Commission officer)

Jim McNally

Type of inspection:

Announced

Inspection completed on:

28 October 2009

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Service provided by:

Clinton House Strathclyde (Care Home) Ltd

Service provider number:

SP2003002417

Care service number:

CS2003010566

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

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Easy read summary of this inspection report

We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



We gave the service these grades

Quality of Care and Support	 4	Good
Quality of Environment		N/A
Quality of Staffing	 4	Good
Quality of Management and Leadership		N/A

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

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

What the service does well

Participation and engagement with people who use the care home has improved since the last inspection. Feedback about the quality of the service and ideas for improving the service were sought from service users and their relatives. There were very good sources of information in the home about what the service provides.

The service had good recruitment procedures in place.

What the service could do better

The response from service users and relatives to questionnaires and in meetings about the quality of the service was low. The manager and staff need to continue to encourage people who use the service to provide more feedback. Different ways of getting feedback need to be introduced. Ways of providing information to people who might want to use the home but cannot always visit the home should be developed. Information about the home that people can take away should be developed.

What the service has done since the last inspection

There has been good progress made since the last inspection. The environment of the home is brighter, staff and people who use the home are communicating better and there is evidence of progress in areas for development that were highlighted at the last inspection.

Conclusion

This service is continuing to develop and build on the good progress to date.

Who did this inspection

Lead Care Commission Officer

Jim McNally

Other Care Commission Officers

Lay Assessor

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

About the Care Commission

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

Regulation involves:

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

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

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

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

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

The "Care services" area of our website also:

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

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

About the National Care Standards

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

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

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS
Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk

What is inspection?

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

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

When we inspect a service, typically we:

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

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

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

Our work must reflect the following laws and guidelines:

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

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

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

Recommendations, requirements and complaints

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

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

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

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

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

How we decided what to inspect

Why we have different levels of inspection

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

How we decide the level of inspection

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

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

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

Our inspections take account of:

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

What is grading?

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

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

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

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

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

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

About the service we inspected

Clinton House, owned and managed by a private provider, stated it was committed to providing high quality nursing and social care, in a safe, professional and flexible manner, encouraging choice, independence and reasonable risk taking. Twenty-four hour care and accommodation may be provided to older service users experiencing mental illness or frailty, young people with physical disability and people who are terminally ill; a maximum of 30 people may be accommodated. The service stated it embraced a holistic approach and promoted the principles of dignity, privacy and respect to each individual service user. The Home was situated in its own grounds in a small village and was close to public transport routes. There were no local amenities within walking distance of the Home. The service has been registered with the Care Commission since 1 April 2002. There were 23 people living in the home on the day we inspected it.

Included in the written objectives and principles of the service, were commitments to:

- * offer support to promote maximum independence with minimum restriction
- * acknowledge social, emotional and religious needs
- * facilitate service user participation and choice in the planning of care as much as possible
- * provide care in a relaxed and comfortable environment incorporating choice in the participation of activities.

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

Quality of Care and Support	4 - Good
Quality of Environment	N/A
Quality of Staffing	4 - Good
Quality of Management and Leadership	N/A

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

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

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

How we inspected this service

What level of inspection did we make this service

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

What activities did we undertake during the inspection

We wrote this report after an announced inspection that took place between 9 am and 5pm on Wednesday 28 October 2009. Feedback about the inspection was given to the manager on the day of the inspection.

The care service sent us an annual return. The service also sent us a self assessment form.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- * evidence from the service's most recent self assessment
- * personal plans of people who use the service
- * training records
- * health and safety records
- * accident and incident records
- * complaints records
- * questionnaires that had been requested, filled in and returned to the care service from people who use the service and from staff members
- * questionnaires that had been requested, filled in and returned to the care service from the relatives, carers or advocates of people who use the service
- * Discussions with various people , including:
 - the manager
 - three care staff
 - five people who use the service
 - two relatives and carers of people who use the service
 - observing how staff work
 - examining equipment and the environment (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?).

Inspection Focus Areas (IFAs)

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

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

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

Actions Taken on Recommendations Outstanding

1. The good standard of participation with carers and relatives should be further developed so that it is embedded in the culture of the home. The participation strategy should include how the service will reach out to service users and carers who may otherwise be unable to participate in improving the quality of care and support provided by the service e.g. people who cannot attend meetings, service users who have no representation.

National Care Standards. Care Homes for Older People.

Standard 1- Informing and Deciding

Standard 5 - Management and Staffing Arrangements.

Standard 11- Expressing your views

Standard 17 - Daily Life

This recommendation is met and continues to be developed.

2. The Activities Coordinator would benefit from access to a wider range of meaningful activities for older people and individuals suffering from dementia or other cognitive impairment. This would allow activities to be directed by best practice as well as the choice of service users. (See <http://stirling.jellycommunications.com> (the website for the Dementia Services Development Centre)).

National Care Standards. Care Homes for Older People.

Standard 5 - Management and Staffing Arrangements.

The activities coordinator present at the last inspection is no longer working in the home. The manager is in the process of recruiting a new activities coordinator.

This recommendation is not met.

3. Personal plans should demonstrate more evidence of care plans being completed with

service users and/or their carers. Review sheets should always signed by staff.

National Care Standards. Care Homes for Older People:

Standard 5 - Management and Staffing Arrangements.

Standard 6 - Support Arrangements.

This recommendation is partially met and continues to be developed.

4. Separate forms should be used to record accidents for staff and service users. The accident form and incident form should always indicate if the next of kin had been informed and/or when. There should always be an indication in the personal plan in what circumstances next of kin wish to be informed and when.

National Care Standards. Care Homes for Older People.

Standard 5 - Management and Staffing Arrangements.

This recommendation is met.

5. Senior staff members, with a supervisory role, should receive refresher training on what this means in practice for them and the supervise.

National Care Standards. Care Homes for Older People.

Standard 5 - Management and Staffing Arrangements.

This recommendation is met.

6. The procedure for complaints resolution letters should follow a consistent format. This should be fully developed and in place by the next inspection of the home.

National Care Standards. Care Homes for Older People.

Standard 5 - Management and Staffing Arrangements.

Standard 11- Expressing your views

This recommendation is met.

The annual return

We use annual returns (ARs) to:

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

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act

(Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

We spoke with five service users during the inspection and had lunch with service users. Overall all the service users spoken with were happy or very happy with the care they received. Service users were also familiar with their keyworker.

We sent out six questionnaires to the home to give to service users and three were completed and returned to us. Two service users agreed and one strongly agreed with the statement that overall, they were happy with the quality of care their relative/friend received at the home.

Taking carers' views into account

We spoke with two visitors on the day of the inspection who indicated that they were very happy with the care received by their relative. We sent out six questionnaires and received two completed questionnaires from a relative/carer of a service user who agreed with the statement that overall, they were happy with the quality of care their relative/friend received at the home.

Comments included: " I am very pleased how my mother is being looked after. Everyone looks after her great."

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

The service had a written participation strategy and this had been shared with staff, service users and carers.

Copies of the participation strategy, service user agreement and service user guide were available in each service user's bedroom.

There was very good evidence of frequent consultation with service users and their carers/families in a number of ways. Examples included various questionnaires for relatives, residents and about the quality of different aspects of care provided in the home.

The home had produced a newsletter, which was compiled by a staff member. Invitations to contribute to the newsletter had been made to service user, carers and friends. Newsletters and minutes of meeting were posted out to relatives of people who used the service.

A suggestion and complaints book was easily accessible for carers. There were very good sources of information available in the foyer of the home including:

- Information about independent advocacy services
- Details of keyworkers
- Minutes of recent meetings with staff and residents
- Carers and service user questionnaires
- the most recent Care Commission inspection report
- information about planned activities

The provider was developing a web-page which was planned as another way that information could be shared about the care service provided.

Service users and their relatives had been involved in decisions and choices about the redecoration and refurbishment of the home.

Areas for Improvement

Feedback from carers and relatives of service was still low despite the efforts of the home manager and staff to promote greater participation. (see recommendation 1).

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The manager and staff should continue to encourage feedback from carers and relatives of service. Participation with people who use the service should continue to be developed.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.
Standard 11- Expressing your views

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.

Service Strengths

We found that the service had good sources of information for people who use or would like to use the service. An introductory folder containing information about the home was available in the entrance hall. The information made available included a copy of the current residency agreement, a service user guide and details about the cost of living at Clinton House. Information about the home's accommodation and facilities was also provided.

As stated earlier in this report the provider was developing a web-page that would provide additional information about the home to prospective and existing users of the service. (see recommendation 1).

Prospective users of the service could visit the home before making a decision about living there. Trial periods of stay were available to service users to allow them and their carers to decide about living in the home on a long term basis. Staff were regularly involved in assessing prospective service users and supported them and their relatives in making the transition to living in the home.

Good support was provided to service users and families who chose to move way from the service. Through discussion with the manager it was confirmed that staff would support and assist people to move out of the home and would involve the service users and their carers in the transition period. Trial visits to new accommodation were supported by staff. Good support was also made available to bereaved families who had a relative who had passed away.

Areas for Improvement

The information pack had good information in it but this could not be taken away from the home. (see recommendation 2).

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

2

Recommendations

1.

The construction of the web page about the service should be completed as soon as possible so that people who cannot visit the home can access on-line information about the service provided.

National Care Standards. Care Homes for Older People.
Standard 1 - Informing and deciding.
Standard 20- Moving on.

2.

A pack that contains information about the home that people who visit the service can take away should be developed. This could include information that is already available inside the home such as the latest newsletter, care commission report, inspection action plan and a service user guide.

National Care Standards. Care Homes for Older People.
Standard 1 - Informing and deciding.
Standard 20- Moving on.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

See comments under Quality Statement 1.1

Staff from the kitchen were invited to participate in meetings with service users so that they could get feedback on the quality and presentation of meals as well as menu ideas.

Areas for Improvement

See comments under Quality Statement 1.1.

Feedback from service users and relatives of service users was limited despite the efforts of the home manager and staff to promote greater participation. (see recommendation 1).

Although there was good information in the home about advocacy services this was rarely used. (see recommendation 2).

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

2

Recommendations

1.
The manager and staff should continue to encourage feedback from service users and relatives about the quality of staff working in the service. Participation with people who use the service should continue to be developed.
2.
Consideration should be given to making more use of advocacy representation for service users that have no-one else to represent themselves. Advocates could

then feedback service users views and ideas for assessing and improving the quality of staffing in the service.

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

We found that the service had an effective and transparent recruitment policy and procedure. Retention of staff was good. The service had access to best practice guidance on safer recruitment.

There was an induction plan in place for all new staff and regular training opportunities included as part of the induction process.

We looked at a sample of staff files in relation to recruitment procedures and found that overall the procedure was very good.

The policy and practice for storing confidential information such as Disclosure Scotland returns was secure and in line with current best practice guidance.

Very good use was made of interview assessment notes and each staff file had a recruitment checklist. Applicants were invited to spend time with service users after they had been interviewed so that service users could feedback their initial impression of each applicant.

Checks were made of nurses registered with the Nursing and Midwifery Council, (NMC), using the employer confirmation service provided by the registration body.

Areas for Improvement

The Adult Protection policy and procedures had not been updated to include recent changes in legislation and changes to the responsibilities of the home and other agencies involved in the investigation of adult protection concerns. (see recommendation 1).

In the sample of staff files examined, not all references included a reference from the last employer. (see recommendation 2).

The application form used for care staff did not have a section where the applicant could sign and date the form. (see IFA recommendation 3)

There was no procedure in place yet for checking the registration of employees that were to be registered with the Scottish Social Services Council (SSSC). (see IFA recommendation 4).

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

4

Recommendations

1.

The Adult Protection policy and procedures should be updated to include recent changes in legislation, (see Adult Support and Protection (Scotland) Act 2007). Changes to the responsibilities of the home and other agencies involved in the investigation of adult protection concerns should be noted. Procedures should be amended and staff training updated to take account of these changes.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.

2.

Reference requests should always include a reference from the previous employer.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.
and
SSSC Code of Practice - Employer

- Make sure people are suitable to enter the workplace
- 1.1 Using rigorous & thorough recruitment & selection processes etc

Safer Recruitment through Better Recruitment-Scottish Executive (2007)

Safer Recruitment - Inspection Focus Area (IFA) outcome

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

Recommendation

3.

The application form used for care staff should have a section where the applicant could sign and date the form.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.

Recommendation

4.

A procedure should be put in place for checking the registration of employees that are to be registered with the Scottish Social Services Council (SSSC).

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.

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

We noticed some improvements to the environment since we last inspected the service, Improvements included new carpets in the corridors and lounge areas and some service users had been involved in the selection of decor for their bedrooms.

Action Plan

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

Summary of Grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 6	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Quality of Management and Leadership - Not Assessed	

Inspection and Grading History

Date	Type	Gradings	
30 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
20 Mar 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

Terms we use in our report and what they mean

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

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

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

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

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

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

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

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

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

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

How you can use this report

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

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

People who use care services, their relatives and carers

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

The Care Commission

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

Reader Information

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

Translations and alternative formats

This publication is available in other formats and other languages on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

-هه بایتسد یم وونابز رگید روا دولکش رگید رپ شرازگ تعاشا هی

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