CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 10

ON THE AGENDA

Report to Scrutiny Committee

Date of Meeting: 20th May 2010

Subject: Quality Report Adult Day Services

Report by: Head of Social Policy

1.0 Purpose

1.1. To advise Committee of the outcomes of an announced inspection process by the Care Commission that took place between June 2009 and August 2009.

1.2. In addition the Report also advises Committee of the outcome of the ISO 90 001-2000 reaccreditation inspection undertaken by verified external inspectors SGS Yardsley on 2nd February 2010.

1.3. The combination of Care Commission inspection linked to the internal ISO total Quality System currently provide Adult Day services with a robust quality approach that ensures services are delivered in a safe and efficient manner to vulnerable Service Users. This approach and commitment to quality will during 2010/11 be further enhanced with the integration into our quality system of the recently introduced Clackmannanshire Improvement Model(CIM).

1.4. The Care Commission has since April 2008 rated Services using a six point scoring scale. The Commission inspect Adult Day Services, on an annual basis, applying a thematic approach to areas inspected based upon the National Care standards for Day Support Services. The Service achieved a score of 5 in one area and consistently achieved a 4 in the three remaining areas. The service narrowly missed obtaining a score of 5 in each of the areas inspected.

1.5 Aspects of Service focussed upon by inspectors with final grading

- Quality of Care and Support (5 very good)
- Quality of Environment (4 good)
- Quality of Staffing (4 good)
- Quality of Management and Leadership (4 good)

2.0 Recommendations

2.1. It is recommended that the Committee acknowledge the positive practice of both the Whins and Centre Space and the efforts of all Staff and service users without whose efforts these positive inspection reports and outcomes would not have been achieved.

2.2. It is also recommended that Committee note the final Care Commission Report *(Appendix 1)* and the Services action plan in response to this inspection by the Care Commission *(Appendix 2)*.

2.3. It is also recommended that Committee note the positive ISO reaccreditation report and the constructive and positive comments of the SGS verifier around the quality systems in place within Adult Day Services. (*Appendix 3)*.

3.0 Considerations

3.1. Examples of positive practice highlighted within the Care Commission report provided a "wide range of choices of activity", appropriate methods of communicating with severely disabled adults was highlighted as being in place as was a commitment by the service to use independent advocacy services to help service users make informed choices about their futures.

3.2. The Service was acknowledged to having within the Whins Resource Centre a high quality and pleasant environment from which to provide support to service users. The inspectors also commented that the service promoted itself positively to the wider community It was highlighted that the Centre Space would provide enhanced opportunities for social inclusion than the then existing ALLOA Centre.

3.3. It was noted that the service was mainly provided within the community with good use made of mainstream community resources such as swimming pools, libraries and Community Art and cultural facilities. The inspectors acknowledged that the Services, through this approach, actively were promoting social inclusion and self esteem with service users.

3.4. The Care Commission highlighted that the service had in place a variety of groups and forums that encouraged service user and staff participation in the quality of care provided and enabled participation in the strategic direction the Service was progressing in.

3.5. The inspection highlighted that the recruitment process of staff to the service was of a high quality and that staff were recruited via robust and safer recruitment processes.

3.6. The inspection also noted the process of redesign and relocation being undertaken within the learning disability part of the service would assist in "more community rather than centre based support" to service users.

3.7. The inspection process has highlighted a number of minor service improvement recommendations. The Service as part of its commitment to a process of continual improvement and quality has accepted the recommendations and a action plan has been developed. *(Appendix 2)*.

3.8. With reference to the ISO accreditation report the Service received a highly positive inspection highlighting significant strengths in the processes and procedures that underpin the practice of the Adult Day Services. One minor issue was identified through the audit and has been subsequently resolved. It is significant however that the Auditor from SJS out with the terms of their audit, commented on the effectiveness of the new Centre Space model of service for adults with a learning disability and commended the service on the development of Community based enhanced disabled toileting facilities having been integrated into the four new community bases that replaced the ALLOA Centre.

4.0 Sustainability Implications

4.1. None.

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes X

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes X

5.4. Staffing No additional staffing implications are associated with this report

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No X

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011**(Please double click on the check box ☑)

The area has a positive image and attracts people and businesses	X
Our communities are more cohesive and inclusive	X
People are better skilled, trained and ready for learning and employment	X
Our communities are safer	☐
Vulnerable people and families are supported	X
Substance misuse and its effects are reduced	☐
Health is improving and health inequalities are reducing	X
The environment is protected and enhanced for all	X

The Council is effective, efficient and recognised for excellence X

(2) Council Policies (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes X No ☐

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes X

10.0 Appendices

Appendix 1 - Care Commission Report August 2009

Appendix 2 - Action plan in response to Care Commission Report

Appendix 3 - SGS ISO 9001.2000 Quality Management Report

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)
Yes ☐ (please list the documents below) No X

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Deirdre Cilliers	Head of Social Policy	Signed: D Cilliers
Grahame Blair	Director of Services to People	Signed: G Blair

scottish commission for the regulation of care

Inspection report

Whins/Alloa Centre
Support Service Without Care at Home

Whins Road
Alloa
FK10 3SA
01259 226800

Inspected by: Tony Clarke
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 27 August 2009

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Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Care service number:
CS2003011573

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	5	**Very Good**
Quality of Environment	4	**Good**
Quality of Staffing	4	**Good**
Quality of Management and Leadership	4	**Good**

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

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

What the service does well

The service is very good at involving people in groups which have a say in management decisions.

The support can be organised in line with people's needs, either from a wide range of group activity or for daily individual attention.

There was a very good introduction for newcomers, including a home visit, supply of a handbook, a copy of the inspection report, and familiarisation with the minibus transport (if needed) before beginning to attend.

An innovative current program of setting up community based support locations will ensure people will have more contact with community facilities.

What the service could do better

There are good systems for participation in the running of the service. However it is not always obvious to people how they can be involved or get further information on the support options.

Staff involvement is encouraged, and the service is seeking to increase this element of developing the service.

Fund-raising groups, which include people using the service, contribute much of the equipment used. The service is reconsidering staff's role in these groups and has put financial controls and supports in place.

Some computer equipment needed replaced with more modern versions.

What the service has done since the last inspection

Several community bases had been identified and were being readied for use. People using the service were being involved through meetings, advocacy work, and actual visits to each new location.

How people get to the service was being looked at; smaller more wheelchair friendly transport had been obtained; people were being supported in learning skills to use public transport; and taxi and volunteer drivers were being considered. This was to move away from the use of larger minibuses which are not only expensive, but less personal and flexible.

The meal service had changed to an external provider, and people's views on the quality of the service were being considered.

Staff's role in fundraising groups was now more restricted.

Support had been developed in several ways.

- The work of the gardening group had attained an award at the Royal Horticultural Show.
- Drama work had increased in popularity with people.
- Work on mosaics and pottery had resulted in new work being commissioned by the public.
- Funding had been obtained to equip a bicycle group for people with disability.
- There was increasing involvement of the community in the Menstrie area through liaison with schools and with a care home for older people.

Overall there was a sense of a dynamic and innovative service which was constantly changing and improving.

Conclusion

Increasing staff involvement, modernising some equipment and finalising the move to community bases were on the agenda for the service. Significant improvements had been made in support and care since the last inspection, and the high grades for the service reflect an expectation that this will continue.

Who did this inspection

Lead Care Commission Officer
Tony Clarke

Other Care Commission Officers

Lay Assessor
Not used.

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:

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

The Adult Day Service is a support service for people with learning disabilities, or a physical and/or sensory impairment. The service has two bases: one is the Whins Resource Centre, purpose built in a business park in Alloa. Inside, this single storey building is light and airy, and provides a range of activity rooms, a central 'break out' room, a kitchen, dining room, a gymnasium, a small laundry, and a fully adapted kitchen for rehabilitation work. The rooms are used flexibly to accommodate the different groups and activities on offer. There is a car park to the front of the building and wheelchair access to a landscaped garden area, allowing people the opportunity to sit outside. The garden area also combines as the smoking area and suitable bins have been provided.

The other location is at Hawkhill, close by. This is less suited to the delivery of a support service, being a building which is shared with other services, with little outside area and a less varied layout of rooms and corridors. However, a Service Redesign Group was in place involving people using the service to look at replacing the Hawkhill site with several smaller more community based bases for the provision of service.

There was a detailed statement of Aims in place which confirmed the commitment to promote service user choice, control and independence, to facilitate centre and community based, person centred opportunities and to promote joint working and partnerships with community services and agencies.
The service was first registered on 1 April 2002.

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

Quality of Care and Support	**5 - Very Good**
Quality of Environment	**4 - Good**
Quality of Staffing	**4 - Good**
Quality of Management and Leadership	**4 - Good**

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
The service was visited on 25th September 2009, by arrangement. The visit lasted from 9.30 am until 4 pm.
Documents looked at included:

The services general policies and procedures were available.

Induction handbook

Review questionnaire

Quality Ideas and Suggestions book

Supervision and appraisal schedules

Training records

Registration certificate

Medication records

Minutes of consultation meetings

People spoken with were: 8 support staff, 2 external instructors, 2 managers and the external manager.

Computer, mosaic and gym activities were visited in two locations, in Hawkhill and The Whins Rd.

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

Has the service had to take any actions as a result of or since our last inspection?

There were no requirements proceeding from the previous inspection.

Action taken on the Requirement
N/A

The requirement 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
A Self Assessment and Annual return were received electronically. A more concise Self assessment would be helpful in identifying particular strengths and achievements of the service.

Taking the views of people using the care service into account
People felt satisfied with the service in general, commenting that it helped them maintain their social circle and to have new experiences.
Some direct comments were:
"I am getting a chance to learn new things.. my son was amazed.."

"I would like to complete my ECDL this time" (European Computer Driving Licence).

"The food is alright"

"I can't reach the USB port" (in the computer suite.)

Taking carers' views into account
Views of carers were not obtained as part of this inspection.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

There were several groups and systems in place to encourage people's participation in the quality of care. These included a service redesign group, looking at remote community based locations. There was also a carer's forum set up.

Every two months there was a member committee meeting with the broad roles of fund-raising as well as representing the views of people using the service to management.

Two advocacy services had regular meetings with people in order to ensure there was a smooth transition to the new community locations.

A Quality Ideas and Suggestions system allowed staff and/or or people using the service to have ideas for improving the service to be considered.

Areas for Improvement

The role of the member committee in putting forward people's views may need to be reconsidered. This is suggested by comments of several people on the day of the visit, who were unsure about how to take their views forward.

The committee meets every two months, and has a formal re-election every two years. A more flexible forum may enable people to discuss and decide informal proposals, gain information and generally feel greater ownership of the service.

The difficulty of setting this up is acknowledged, given the diverse patterns of attendance with the co-ordination problems this might bring.

A new tutor from Falkirk College led The computer support group. The work of the group was said to lack continuity. For example this was a new tutor who was communicating well, but had not been briefed on people's prior progress. One person stated they had already had to restart the European Computer Driving Licence course because of equipment limitations, and now was both to begin again with a new tutor.

The service was developing a user-friendly questionnaire in order to gather people's views on the quality of the service and support.

Grade awarded for this statement
4 - Good

Number of Requirements
0

Number of Recommendations
2

Recommendation

1.
The service should consider a more flexible forum to augment the work of the member's committee in representing the views of people using the service.

This is in line with the National Care Standards, Support Services 8: Making choices

2.
More continuity of progress should be provided to people attending the computer support group.
This is in line with the National Care Standards, Support Services 9: Supporting communication.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service Strengths

The service was very good at facilitating choice, and enabling people to fulfill their potential.

People were supported in activities to promote independence. These included cooking, shopping. personal care, transport, and employment.

On the foundation of independence, the service promoted health, wellbeing and achieving aspirations through a wide range of activities. These included drama, art, sport, falls prevention, Reach (In collaboration with NHS), gardening, healthy eating, community involvement and many others.

Reviews, consultation and the proactive use of advocacy supported the above objectives.

Areas for Improvement

The service intended to implement the new additions to SVQ on medicine, for all staff.

Ways of extending staff's knowledge in supporting good nutrition were being considered. The service saw this as a way of complementing the input from professional nutritionists, and to support good health and achieving potential.

Grade awarded for this statement

6 - Excellent

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

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 environment within the service.

Service Strengths

The service was mainly provided in the community through journeys to facilities for swimming, other sports, art and gardening. Therefore the wider social environment was most relevant to consider for this quality statement.

As noted earlier, it was good to see the movement towards more local bases in the community. The service redesign group involved stakeholders, with strong representation of people using the service, in this area.

A developing area was to improve involvement by the community, through work done with schools and care home, community gardening and art, as well as community cafes and supported employment.

In the main base at the Whins, equipment for the gym was purchased according to individual need.

Areas for Improvement

Car parking: the management had considered a request to move the parking bays for disabled people closer to the main entrance. The bays seemed much further from the entrance than in some other community facilities, such as supermarket parking. However, there was a traffic management difficulty in the car park which was said to prevent the bays from being nearer. This was because of large minibuses which had to come close to the main entrance at times during the day.

A survey of people's views had been taken on the quality of meals from the new provider. It was not clear how this was being acted upon.

Equipment: some of the equipment used, particularly in Information and communications technology(ICT), was dated. For example, one person had been unable to complete her computer course because of lack of internet access for her machine in the ICT suite. The photography group had only one camera, which had low mega pixels and a broken viewing screen.

The provider's IT adviser had anecdotally stated that the IT support to the service could be greatly improved. This initiative would presumably have to be led by the management of the centre. The need for improvement was also confirmed by people using the service, staff and a visiting college tutor who gave lessons in IT at the centre.

Grade awarded for this statement
4 - Good

Number of Requirements
0

Number of Recommendations
3

Recommendations

1.
The service should take action on the views of people regarding the new meals service.

This is in line with the National Care Standards, Support Services 15: Eating well

2.
Given the move towards more individualised transport, the service should provide easy parking for those who bring their own cars. The traffic problem requires to be addressed to enable this. This should be done after consulting the group of people who bring their own cars.
This is in line with the National Care Standards, Support Services 5: on accessibility of the building.

3.
ICT equipment and support requires to be improved.

This is in line with the National Care Standards, Support Services 9: Supporting communication.

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service Strengths

The increasing involvement with and by the community was a rapidly developing area. This was increasing the opportunities for people to be included in wider social activities and facilities as noted earlier.

Individualised transport was benefiting people using the service. One person who had acquired new skills was able to visit distant relatives more frequently, and smaller minibuses allowed easier transport for those who used a wheelchair.

As noted earlier, the service had achieved an award at the Royal Horticultural Society for a particular display using their community garden's produce. The produce was also used in the running of community cafes.

All of these developments were commendable, and promoted people's social inclusion and self esteem.

Areas for Improvement

The service was monitoring the suitability and effectiveness of the facilities in the new bases in the community.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

People using the service took part recently in recruiting new staff. The service found this useful, and was looking to set this up as a regular part of recruiting.

Staff and people using the service interacted in meetings, such as the service redesign group and the service user committee meeting. There was also interaction in taking forward ideas for the Quality, Ideas and suggestions procedure.

There had been joint training carried out with staff and people using the service in the use of 'Talking Mats' aids.

A key-worker system was in place, and this allowed the person using the service to have direct influence on how the service was provided to him/her. There was also the opportunity to do this at reviews. These were followed up by a questionnaire survey to detect any ways the person felt the review process could be better.

Areas for Improvement

The service intended to extend the coverage of the review questionnaire to cover other aspects of the service provided. Other ways to influence the quality of staffing could include: routinely involving people using the service when recruiting new staff; involving people using the service in the actual delivery of training, and the intended further involvement of carers in these areas.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The service should continue with its intention to increase people's opportunities to contribute to the quality of staffing.
This is in line with the National Care Standards, Support Services 2: Management and staffing.

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
An audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission.

Overall, the audit evidenced very good performance on staff recruitment procedures across the organisation.

The audited files consistently evidenced that application forms were completed, all files held job profiles and the majority of files had copies of the council aims and objectives. Overall, the organisation followed their comprehensive recruitment policy and further procedure documents were in place to support the policy.

The organisation made use of their occupational health service to determine applicant's fitness for the post.

Relevant Disclosure Scotland checks were completed by all applicants before starting work with the council. The council had been audited by Disclosure Scotland and the report confirmed that the council was compliant in most areas of the Code of Practice with a range of recommendations made to meet full compliance. The council have completed a review of their recruitment policy and procedures in line with the recommendations made and a draft policy is ready for council approval.

The organisation policy and person specification form used at the recruitment panel and interview stage identified posts where qualifications were either required or desirable.

Areas for Improvement
This audit highlighted a small percentage of files where gaps were identified, for example;

1 file had no evidence that a Disclosure Scotland Check had been carried out. A further check on the council data base confirmed that this had not been done.

The audit highlighted inconsistency in checking required qualifications at point of interview.
7 files had no evidence of following the council panel and recruitment guidance of viewing and confirming qualifications where candidates had declared qualifications in support of their application.

Discussions with the council HR Team Leader identified that their most recent recruitment checklist should identify these gaps. After examining some of the completed checklists, the CCOs advised the HR Team Leader that there continued to be

inconsistent completion of these and further work needed to be done to ensure that the Council had a clear and consistent audit trail which supported their new draft Recruitment and Disclosure Scotland policies and procedures.

The HR Team Leader confirmed at the feedback stage that they intend to improve their performance on quality control by introducing a systematic audit check of recruitment files on an ongoing basis in the near future. The findings of this audit support this area of improvement identified by the Council.
The service had not developed its plans to involve the views of people using the service in its recruitment process, as recommended last year. This recommendation is repeated.

Grade awarded for this statement
5 - Very Good

Number of Requirements
0

Number of Recommendations
1

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

1.

It is recommended that the provider develops a system, as planned, which monitors and supports their current recruitment policies and procedures to ensure these are being consistently applied and that there is a robust evidence trail of these safe recruitment practices.

In making this recommendation reference has been made to Scottish Social Services Council Code of Practice 1.1 to 1.5

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service Strengths

The views of people using the service were taken into account when drawing up the annual service development plan.

People using the service were involved in the operation of many of the group meetings within the service, and these had a direct influence on how the service was managed and run.

The service redesign group has been an opportunity for the service to increase user participation in conjunction with other stakeholders and carers.

Advocacy meetings were held regularly. These were an excellent indication of the commitment to incorporating the views of people using the service in its development.

Areas for Improvement

The service intended to continue to evaluate its management development in consultation with people using the service.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

Staff could put forward their ideas at supervision and appraisal. During the inspection visit it was confirmed that these meetings take place regularly and were found to be useful and effective in developing practice.

Several staff initiatives had been taken forward, for example a Bicycle Group had been established over the past year, and gained Lottery funding for purchase of equipment. This was a joint suggestion from staff and people using the service.

Staff had access to an electronic library of training and professional issues materials. They could also attend conferences and undertake project work in the community.

All of these measures showed a good commitment to maintaining the professionalism of staff, which is a good basis for their involvement in the development of the service.

Areas for Improvement

Management were considering how to extend "360 Degree Appraisal" to all members of staff.

The service saw the need to feed back more regularly to staff on the development and progress of its strategic action plan.

The service thought it could better inform staff about how it was developing in line with its annual plan.

It was intended to maintain the Service Redesign group after the current move to bases in the community. This would allow all stakeholders to have a say in how the service developed.

Grade awarded for this statement
4 - Good

Number of Requirements
0

Number of Recommendations
1

Recommendations

1.
The service should proceed with its aim to further involve staff in setting the future objectives of the service.
This is in line with the National Care Standards, Support Services 2 Management and Staffing Arrrangements.

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
There is no other information.

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 - 5 - Very Good	
Statement 1	4 - Good
Statement 2	6 - Excellent
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 2	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good

Inspection and Grading History

Date	Type	Gradings	
14 Jan 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very 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 he 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.

scottish commission for the regulation of care

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.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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Email: enquiries@carecommission.com
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Improving care in Scotland

Service Name	**Whins/Alloa Centre**
CS Number	**CS20033011573**
Service Provider	**Clackmannanshire Council**
Address	**Whins Road, Alloa, FK10 3SA**
Care Commission Officer	**Tony Clarke**
Date Inspection Concluded	**27th August, 2009**

Requirement and Recommendations	**Action Planned**	**Timescale**	**Responsible Person**
Quality Theme 1 : Statement 1 <u>Recommendations</u>			
1.The service should consider a more flexible forum to augment the work of the members committee in representing the views of people using the service. This is in line with the National Care Standards, Support Services 8 : Making Choices	Consideration will be given to the way in which the members committee operates to develop a more open forum to enable increased representation of the views of people using the service. Also consider effectiveness of flow of information. It should be acknowledged that the service user committee is one of many processes for consultation/feedback service users, e.g. personal planning/review meetings, internal/external Quality Assurance Audits, service provision questionnaires, Care Commission Inspections, SWIA Inspections, Service Redesign Group (to be continued after move in DEC 09)	ADS Monthly Management Team Meetings January to March 2010	ADS Management Team Representative Keyworker support for committee ADS Committee Members
2. More continuity of progress should be provided to people attending the computer support group. This is in line with the National Care Standards, Support Services 9 : Supporting Communication	The day of the inspection just happened to be the first day of college term following the summer break. The college had difficulty in enabling continuity of teaching staff for us, this was due to staff structure changes at college and totally outwith control of ADS. Lack of continuity of tutor from Forth Valley College to be discussed with Margaret Strain, Forth Valley College.	Feedback college response to ADS Management Team Meeting February 2010	Cath Arnold Team Leader

Requirement and Recommendations	Action Planned	Timescale	Responsible Person
Quality Theme 2 : Statement 1 Recommendations			
1. The service should take actions on the views of people regarding the new meals service. This is in line with the National Care Standards, Support Services 15 : Eating Well	At time of inspection the new meals service had only been in place for 6 weeks. Initially, the views of service users on meal provision were sought by keyworker staff on a one to one basis, also mention in the monthly newsletter encouraging service users to make their views known. All views were discussed at management meetings and taken forward with Class Cuisine the provider for information and resolution. The menu has been changed in response to requests from individuals, for example less popular menu choices have been replaced in line with service user preferences. Monitoring continues on an on-going basis, for example annual questionnaires for service users specifically in relation to meals provision, service users committee, personal planning/review meetings, entries in monthly newsletter. All views are recorded in line with our Quality Assurance procedures, discussed at management meetings and taken forward with Class Cuisine the provider for information and resolution.	On-going monitoring at ADS Monthly Management Team Meetings	ADS Management Team
2. Given the move towards more individualised transport the service should provide easy parking for those who bring their own cars. The traffic problem requires to be addressed to enable this. This should be done after consulting the group of people who bring their own cars. This is in line with the National Care Standards, Support Services 5: on accessibility of the building	We are currently reviewing the availability of accessible, safe and easy parking for service users who bring their own cars. At the Whins, the Care Commission has suggested a proposed relocation of easy access spaces. This will make it easier to access the building in relation to distance from car to front door but it may have implications in restricting drivers space to manoeuvre in the car park when large council vehicles are dropping off and picking up passengers. Service users who use bring their own cars will be consulted in this process. In relation to additional car parking spaces and easy access spaces at Miller Court, we are consulting with Ceteris who own the car park.	April 2010	Stuart Landels Service Manager

Requirement and Recommendations	Action Planned	Timescale	Responsible Person
Quality Theme 2 : Statement 1 Recommendations continued			
3. ICT equipment and support requires to be improved. This is in line with the National Care Standards, Support Services : Supporting Communication	We accept that the equipment needs to be upgraded and this is planned to commence during financial year 2010/2011. We did discuss at the time of inspection that this was included in our service redesign plans and that that we had also made the commitment to ensure that broadband internet access would be available in all bases. In line with our commitment to social inclusion, it should be acknowledged that we also encourage and support service users to access IT facilities in the community, for example local libraries and Forth Valley College.	July 2010	ADS Management Team
Quality Theme 3 : Statement 1 Recommendations			
1. The service should continue with it's intention to increase people's opportunities to contribute to the quality of staffing. This is in line with the National Care Standards, Support Services 2: Management and Staffing	We will be meeting with People First Advocacy Group, service users and carers group to explore how we can further involve service users in recruitment of staff. HR staff will support us in this process to ensure that we develop appropriate guidelines and support mechanisms for full service user participation. HR staff will also ensure that our proposals for including service users are in line with councils Safer Recruitment Policy and Guidelines.	April 2010	ADS Management Team

Requirement and Recommendations	Action Planned	Timescale	Responsible Person
Quality Theme 3 : Statement 2 **Safer Recruitment - Inspection Focus Area (IFA) outcome** The requirements and/or recommendations below reflect our view of the providers performance in meeting it's legal responsibilities when recruiting staff and its compliance with best practice. This is a result of an audit of the providers recruitment files. <u>Recommendations</u>			
1. It is recommended that the provider develops a system as planned, which monitors and supports their current recruitment policies and procedures to ensure these are being consistently applied and that there is a robust evidence trail of these safe recruitment practices. In making this recommendation reference has been made to Scottish Social Services Council Code of Practice 1.1 to 1.5	ADS adhere to Clackmannanshire Council Safer Recruitment Practices which includes checking of references, identity, driving licence and other qualifications, Disclosure Scotland and Occupation Health checks are carried out. Paperwork in relation to the recruitment process is not held in personnel files in the base, it is returned to Human Resources and held centrally. The inspector discussed identified gaps in personnel files with Human Resources Team Leader who confirmed that they intend to improve their performance on quality control by introducing a systematic audit check of recruitment files on an on-going basis in the near future. ADS will liaise with Human Resources regarding progress.	Human Resources Identify timescales, this is outwith ADS control March 2010	Human Resources Stuart Landels Service Manager

Requirement and Recommendations	Action Planned	Timescale	Responsible Person
Quality Theme 4 : Statement 2 <u>Recommendations</u>			
1. The service should proceed with its aim to further involve staff in setting the future objectives of the service. This is in line with the National Care Standards, Support Service 2 Management and Staffing Arrangements	We are committed to staff involvement and realise that this can be improved upon and we intend to take the following action. A copy of the strategic service action plan is made available for staff but we intend to be more proactive in seeking staff views, ideas and suggestions, also providing more regular feedback to staff on progress. The action plan will become a permanent agenda item at 2 monthly full staff meetings. Staff views will be fed back at monthly ADS Management Meetings. The Service Redesign Stakeholders group has been successful in bringing together service users, carers, staff and other agencies. It has been agreed that this group will continue after the move and will include representation from the Whins. It is an excellent opportunity to maintain a core focus group for consultation, including staff. Staff are already involved in the planning and implementation of various community projects, for example Cycle Project, Ochil Community Garden, Centre Space Work Skills Training Cafe and this will continue for any new developments.	Feb 2010 on-going Feb 2010 on-going On-going	ADS Management Team Stuart Landels, Service Manager ADS Management Team

Name			
Designation			
Signature		**Date**	7th December 09
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider			

Hesp
Issue 9

Management System Certification
Audit Summary Report

Organisation:	CLACKMANNANSHIRE COUNCIL ADULT DAY SERVICES		
Address:	Whins Resource Centre Whins Road Alloa FK10 3SA		
Standard(s):	ISO 9001:2000 - Quality Management System Certification	Accreditation Body(s):	UKAS
Representative:	Cath Arnold		
Site(s) audited:	Whins	Dates(s) of audit(s):	02/02/2010
EAC Code	38	NACE Code:	85.3
No of Employees:	85	No of Shifts:	0
Lead Auditor	Alex McCClymont	Additional team member(s)	Alex MCClymont
This report is confidential and distribution is limited to the audit team, client representative and the SGS office			

1. Audit objectives

The objectives of this audit were:
- To confirm that the management system conforms with all the requirements of the audit standard;
- To confirm that the organisation has effectively implemented the planned management system;
- To confirm that the management system is capable of achieving the organisations policy objectives.

2. Scope of certification

ISO 9001:2000 - Quality Management System Certification	Assessing and meeting the social, educational, training and employment needs of adults with learning difficulties, physical disabilities and complex special needs through the provision of high quality assessments, day services and a supported employment service.

Has this scope been amended as a result of the audit? Yes ☒ No ☐

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established and agreed with the client.

Yes ☐ No ☒

3. Current audit findings and conclusions

The audit team conducted a process-based audit, focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.
The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organisation ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products and services within the scope and the organisations' policy and objectives.

Number of non conformities identified: __0___ Major __1___ Minor

Therefore the audit team recommends that, based on the results of this audit and the systems' demonstrated state of development and maturity, management system certification be:

☐ Granted / ☒ Continued / ☐ Withheld / ☐ Suspended until satisfactory corrective action is completed.

4. Previous audit results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

☒ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective.
☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been redefined in the nonconformity section of this report.

5. Audit findings

The audit team conducted a process based audit, focusing on significant aspects/risks/objectives. The audit methods used were interviews, observations of activities and review of documentation and records.	Yes ☒ No ☐
The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system.	Yes ☒ No ☐
The organisation has demonstrated effective implementation and maintenance/improvement of its management system.	Yes ☒ No ☐
The organisation has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement.	Yes ☒ No ☐
The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system.	Yes ☒ No ☐
The management review process demonstrated capability to ensure the continuing suitability, adequacy, effectiveness of the management system.	Yes ☒ No ☐
Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard.	Yes ☒ No ☐
Certification claims are accurate and in accordance with SGS guidance.	Yes ☒ No ☐ N/A ☐

6. Significant audit trails followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Objectives were established on 14/1/09
There are some Observations on the Annual Reviewing Report, there has been a considerable action some of which has to be documented

Complaints and Compliments were reviewed one complaint is open.

Internal Audits are following schedule, they would benefit from objective evidence quoted in the reports

Two of the new space centres and the Service Centre were visited

7. Nonconformities

Nonconformity No: ___of ___	☐ **Major**	☒ **Minor**	
Department/Function:	Documented Procedures	Standard Ref:	4.2.3
Document Ref:		Issue/Rev Status	
Details of Non-Conformity:	The conversion to ISO 9001:2008 has to be documented and reference to ISO 9001:2000 removed by the next SGS Surveillance visit		

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity prevent recurrence, and complete records maintained.

☐ **Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a follow up visit within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.**

☐ **Corrective actions to address identified major nonconformities shall be carried out immediately and records with supporting evidence sent to the SGS auditor for close-out within 90 days.**

☐ **Corrective Actions to address identified minor non conformities shall be documented on an action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.**

☒ **Corrective Actions to address identified minor non-conformities have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.**

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.
Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations and Opportunities for Improvement

With the removal of the Alloa Centre and inclusion of the New Centre Spaces a review and update of the Quality Procedures is required by the end of the 2010 - 2011 internal audit year i.e. when the four proposed Centre Spaces are in operation.

In the Annual Review Report
There is no input on Section 3 Review of Audits i.e. are they proceeding to schedule and in Section 4 CARs and PARs are there any trends, repeating faults,[re Section 5.6.2 in the Standard]
There is also no input on Sections 10 Staff Training, 11 Analysis of Risk and 15 Review of Effectiveness , Appropriateness.

The effectiveness of the new Centre Spaces was very evident during the Audit but improvements neec to be documented. A cross reference to an existing report would be sufficient

The Community Toilet Facilities at each Centre Space is an excellent facility.

Audit Plan

Organisation:	CLACKMANNANSHIRE COUNCIL ADULT DAY SERVICES		
Address:	Whins Resource Centre Whins Road Alloa FK10 3SA		
Visit Number:	3	**Actual Visit Date:**	02/02/2010
Visit Due by Date:		**For Auditor Information only**	
Lead Auditor:	Alex McCClymont		
Team Member(s):			
Standard(s):	ISO 9001:2000 - Quality Management System Certification		
Audit Language:	English		

Audit objectives: To confirm that the management system has been established and implemented in accordance with the requirements of the audit standard.

Date	Time	Auditor	Area / Department / Process / Function	Key Contact
	09.15		At Whins, opening meeting, Organization	SL,CA
	09.30		Management Review,Objectives	CA
	10.00		Development, Centre spaces	SL
	10.30		Complaints and Compliments	CA
	11.00		Internal Audit, Corrective Actions	CA
	12.00		Preventive Actions, Team Meetings	CA
	12.30		Lunch	
	13.00		Supplier assessments	CA,SL
	13.30		Employment	
	14.00		Procedures, document control	CA
	14.30		Prepare Report	
	16.00		Closing Meeting	

Notes to Client:

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of the on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditors use.
- Please provide a light working lunch on-site each audit day.
- Your contract with SGS is an integral part of this audit plan and details and confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

Audit Plan

Organisation:	CLACKMANNANSHIRE COUNCIL ADULT DAY SERVICES		
Address:	Whins Resource Centre Whins Road Alloa FK10 3SA		
Visit Number:		**Actual Visit Date:**	
Visit Due by Date:		**For Auditor Information only**	
Lead Auditor:			
Team Member(s):			
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	10.00		Development, Centre spaces	
	10.30		Complaints and Compliments	
	11.00		Internal Audit, Corrective Actions	
	11.30		Preventive Actions, Team Meetings	
	12.00		Convert to ISO 9001:2008	
	12.30		Lunch	
	13.00		Open Space Ochills	
	14.00		Open Space Sauchie	
	15.00		Prepare Report	
	16.00		Closing Meeting	

Notes to Client:

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of the on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditors use.
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Audit Planning Matrix

Area / Department / Process / Function	ASPECTS, RISKS, OBJECTIVES	Clauses	Visits: 1	2	3	4	5	6	1R
		Dates:	18-19/12/08	18thJune 09	2/2/10				
		Auditor(s):	AIM	AIM	AIM				
Document & Data Control		4.2	**X**		X				**O**
Routine Monitoring		7.5	**X**						**O**
Managerial monitoring		7.5	**X**		X	**O**			
Internal audit		8.2.2	**X**	X	0	**O**			**O**
Handling complaints		7.2.3	**X**	X	X	**O**			**O**
Annual review		5.6	**X**	X	X	**O**			**O**
Referral, admissions		7.1		X					
Ongoing assessment		7.5		X	X				
Team briefing		7.5		X					**O**
Risk assessment		7.1	**X**	X					**O**
Medication									**O**
Service users committee meeting						**O**			**O**
Records and access									**O**
CAR/PAR		8.5	**X**	X	X	**O**			**O**
Transport				X					
Personal Care			**X**	X	X				
Challenging behaviour			**X**	X					**O**
Confidentiality			**X**						

Bullying			X						O
Menu selection etc					X				
Cleaning of ALLOA centre	From V3 Whins Centre Space				X				
Property maintenance	From V3 Town Centre Space		XALLOA		X				O
Rota organisation	From V3 Town Restruant				X				O
Staff introduction	From V4 Sauchie Centre Space					O			
Staff development and supervision	From V4 Ochills Centre Space		X			O			O
Security of the ALLOA centre			X						
Health & Safety			XALLOA						O
Fire procedures			XALLOA						O
Reception & administration			XALLOA						O
ALLOA CENTRE			X	X					O
WHINS			X	X	X	O			O
Employment centre									

General Notes:	

In column 1, list the departments, processes, activities or other functional units, as defined by the organisation. These should the same departments and/or processes identified on the audit plan.
In column 2, list the primary or critical aspects, objectives and/or KPI's applicable to the department, process or activity.
In column 3, list all the elements of the applicable standard that relate to each activity or process defined in column 1 (when complete, each element of the standard must be listed in column 2 at least once.
For planned visits, indicate with an "O" in the box for each process covered.
For each completed visit, mark "X" in the box for each department or process covered. If nonconformities are identified, note the number of minors and/or majors identified in each department or process.

CERTIFICATION HISTORY REVIEW

Client Name: CLACKMANNANSHIRE COUNCIL ADULT DAY SERVICES	Job #: GB/SS 201871
Location: Whins Resource Centre Whins Road Alloa FK10 3SA	Date: 02/02/2010

Instructions to Auditor:
Evaluate the Organisations Management System Performance over the certification cycle. Confirm details with details with client (overleaf) – these are used to plan the audit cycle.

Management System:
The organisation has made significant changes to its management system or small refinements?
☐ Small Refinements ☐ Significant Changes
Upper Management are actively involved in the operation of the Quality System
☒ Management Active ☐ Management not active

Internal Audit Program:
Internal responses to corrective actions raised result in system improvement
☐ System Improvement seen ☐ 'Symptoms' fixed only
Internal audits in year three identify improvements as opposed to showing system compliance only
☒ Results used to improve system ☐ Audits concentrate on compliance only

Corrective and Preventive Action Program:
Response to corrective actions raised concentrates on root cause rather than superficial fixes
☒ Root causes identified ☐ 'Symptoms' fixed only
No history or evidence that issues identified through corrective action reappear
☐ Action prevents recurrence ☐ Items reappear

Evaluate possible future changes to the organisation:
Change in scope adding design or diversification of existing products or services
☐ No scope change likely ☒ Change in scope projected
Addition of sites, number of employees or shifts
☐ No change to sites / employees / shifts ☒ Sites / employees / shifts will change
Consideration of Automotive / Aerospace / Technology variants (QS/TE/AS)
☐ No technology variants likely ☐ Technology variants likely

Registration History:
The number of corrective actions raised by SGS over the registration period decreases
☐ SGS corrective actions decrease ☒ SGS corrective actions constant or increase
Major corrective actions (if any) appear in year one only
☐ No majors, or in Y1 only ☐ Major corrective actions in Y2 and/or Y3

Based on the above categories, the Quality Management System is

☒ Well Developed ☐ Satisfactory

Information relating to Renewal of Certification

Number of employees in organisation:	85
Number of shifts:	

- This form may be used to note or comment on significant factors relating to the execution of subsequent visits: e.g.: this organisation is a satellite operation of a multi-site organisation, management review / internal audits / corrective and preventative action controlled for a different site, seasonal work, large degree of automation.
- When used for transfer of clients if an on-site visit is not conducted the justification for this shall be fully documented on this form.
- Sales and/or certification managers to use this information to supplement justification for non-standard time assignments or audit schedules.

Conversion to ISO 9001”008 to be carried out at the next SGS visit in June

The Space Centres are controlled directly from Whins therefore Whins is the sole address.for Clackmannanshire Council Day Services

Form completed by: Alex McCClymont	Date: 13/05/10

Contract Data Information Return Form

I confirm that the details on the CDS/Certnet Data are correct with the exception of changes indicated on this form. ☒

I confirm that the current CDS and all the below changes have been agreed with the client. ☒

I confirm I have completed the relevant Industry Sector Qualification forms for the NACE Code(s) listed on the CDS. ☒

Auditor Name:	**Alex McCClymont**	**Date**	**02/02/2010**

Client Details:

- ***Email address must be confirmed here***

Company Name		
	Main Site Address	Invoicing Address
Address, including postcode		
Country		
Telephone No		
Fax No		
Contact Name		
Position		
Email	carnold@clacks.gov.uk	
Website		

Technical Details:

- ***Scope details to appear accurately on Stage 2 report GSO304***
- ***Please use columns below to indicate for each standard separately***

Standard	ISO 9001:2000			
Has scope changed?	No			
Ref Docs				
NACE	85.5			
EAC	38			
Notes				
No of Employees	85			

Certificate Details:

- ***Please indicate below any changes to additional site addresses***
- ***Please indicate the certificate number the address relates to***

Certificate Number(s)	Additional Site Address(es)

Marketing Details:

No of Duplicate Certificates		No of Van Stickers (Colour on White)		No of Van Stickers (Colour on Clear)	

Other Details:

Provisional date for next visit (to be filled in by SGS Employees only)	***25th June 2010***
Additional comments	

Expense Details:

I confirm the invoicing address has been confirmed with the client ☐

Miles at current rate:	60@55p	£ 33.00
Air		£
Rail		£
Taxi		£
Hotel & Subsistence		£
Parking		£
Car		£
Toll		£
Incidental Expenses		£
EXPENSES TOTAL		£ 33.00

Purchase order number (If applicable)	
Days to invoice client (Minimum of 2 hours for Major CAR close out)	one

For completion by Contractors:

Number of days for payment	
Day rate for payment	
LTD Co ONLY – Your SGS Purchase Order Number for this visit	