

Dunbar Day Centre SCIO Support Service

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Type of inspection:
Announced (short notice)

Completed on:
17 June 2025

Service provided by:
Dunbar Day Centre SCIO

Service provider number:
SP2023000383

Service no:
CS2024000101

About the service

Dunbar Day Centre is a registered Scottish charity which was registered with the Care Inspectorate in March 2024.

The service is registered to support up to 16 people within their building which is located in Dunbar, East Lothian. In addition, the community outreach service provides respite and support services to people within the local community.

About the inspection

This was a full inspection which took place on 11 and 12 June 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with six people using the service and their representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Staff were warm, compassionate and had positive relationships with people using the service.

The service was well staffed, allowing timely access to support.

Staffing was consistent, promoting continuity of care.

The environment was welcoming, bright and comfortable.

Support plans were person centred and goals focussed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

During inspection, we witnessed interactions between staff and people using the service. Staff were compassionate, warm and encouraging. People were treated with respect and their dignity was protected. One person shared "Everyone here treats us very well." This meant people experienced a warm atmosphere and had positive relationships with staff who supported them.

People were encouraged to do things for themselves when able and were encouraged to take part in activities including cleaning up the garden area and planting flowers. During lunchtime, one person enjoyed helping staff to serve juice to others using the service. This promoted independence and allowed people to feel valued.

People were able to choose activities throughout their day in the service. Activities ranged from word games, arts and crafts to more physical activities such as table tennis. This allowed people to choose activities according to preference and meant people that were physically able could participate in movement based activities. Although some people who participated in the physical activities did have poor mobility, staff offered support to enable them to take part. This highlights that people were encouraged to maintain their interests and positive risk was taken to enhance quality of life.

During activities, staff were aware of individual abilities and skills. People that were good at spelling or word games were encouraged to support others with answers. Those who were creative were asked to support staff to create a banner advertising the service for an upcoming parade. This showed that people were enabled, their strengths were recognised and people were supported to maintain their abilities.

During mealtime observations, people were seated in positions which promoted social interaction. The dining room was bright, warm and tables were dressed appropriately. Music was playing and staff continued to engage in casual conversation with people throughout. People were able to eat at their own pace and the atmosphere was relaxed. This provided people with access to meals which was unhurried and enjoyable.

The medication policy was robust, providing clear guidance about the administration of medications within the service. Medication was stored appropriately in a locked cabinet and the staff who were responsible for administering this had appropriate training to do so. This good practice promoted safety for people using the service.

One person shared "This place really is wonderful and I'd be lost without it."

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 2.2 Quality assurance and improvement is led well

Auditing systems were in place for several areas including environmental checks, support plans, staff supervision and staff training. This allowed management to have oversight of the service's performance. Better use of information from audits and incidents would help the service to learn from practice, identify areas for development and enhance the quality and safety of support.

Following feedback provided during inspection, the service updated their incident reporting process. Incident forms were changed to include consideration of measures that could help to prevent future incidents. This showed that the service was willing to make changes to foster a culture of continuous improvement.

The continuous improvement plan included clear, measurable goals with realistic timescales. The service based each improvement on how it would positively impact the experience of people using the service. The service regularly requested feedback from people using the service and their relatives. This included questions about things that could be improved and an area to suggest any recommendations. This meant that people could be actively involved in improving the service.

Meeting minutes sampled highlighted that staff were asked for feedback about the service and ideas for improving. Staff shared that they felt able to approach the manager with ideas and felt included in any changes to the service. This meant people received care from a service where staff and leaders embraced positive change.

Relatives shared that they felt well-informed. A social media page and newsletters were used regularly to keep loved ones up to date about changes in the service and to share photographs of daily activities.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Strong recruitment procedures including pre-employment checks were in place to reduce the risk to people using the service. The induction process included mandatory training and time shadowing more experienced members of staff. Staff were up to date with mandatory training and those who had responsibility for administering medication had appropriate training. Although not essential for the service, staff were encouraged and supported to complete Scottish Vocational Qualification (SVQ) Health and Social Care. Staff received regular supervision and this was used as an opportunity to discuss performance, wellbeing and training needs. This meant staff had the necessary guidance and resources to provide a high standard of care.

Rotas showed that staffing was consistently above minimum numbers with no use of agency staff. During inspection, staff were able to respond to needs quickly, spend quality time with people and keep on top of other tasks within the service. This demonstrated that the service had adequate staffing levels to provide timely access to support.

Rotas and staff files showed consistent staffing and strong staff retention within the service. One person shared that they have got to know staff well. Another person said "I get on with every single one of them." This showed that people were able to build relationships with people supporting them and had access to support from people who knew their needs.

We found that staff were aware of their roles and responsibilities, were proactive and responsive to people using the service. We witnessed staff supporting each other and offering help when needed. Documentation sampled showed that tasks were shared amongst staff. A system was in place to enable shared responsibility for planning activities within the service. Staff shared kitchen duties, driving the minibus and leading group activities. This showed that the team worked collaboratively to provide positive outcomes for people.

One person shared "The staff are all great. We have such a good laugh with them all. Everyone is very relaxed."

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator 4.1 People experience high quality facilities

The entrance to the service was welcoming, with a sign in book to protect the safety of people in the service. A notice board at the entrance with names and photographs of staff members helped people to recognise the people supporting them. A board in the main lounge had information about menu choices for each day as well as activities planned for the day. This meant people were well informed.

An enclosed garden area at the front of the building had several seating areas to allow people to sit in small groups. Ramp access made the garden area accessible for people with poor mobility or walking aids. During inspection, people using the service were weeding, pruning plants and sweeping the garden area. This encouraged active participation in the upkeep of the service, helping people to feel recognised and appreciated.

Clear, large signs on the toilet doors meant people with dementia or poor vision were able to identify them without assistance. The building was over one level and well laid out so people were able to roam the building freely with minimal assistance. This promoted independence for people using the service,

The large communal lounge allowed the whole group to participate in activities together, but seating position was adapted when necessary to accommodate smaller groups and activities. The dining area was bright, spacious and was adapted outside of meal times to accommodate activities. The entrance area was set up with comfortable seating to allow people to have a quieter space to sit or to do arts and craft if they wished. This allowed people to choose their environment depending on their needs and preferences.

During inspection the service was clean, with appropriate infection control precautions in place. The kitchen area was clean, open food was labelled appropriately and cleaning records were completed fully. This contributed to the health and wellbeing of people using the service.

People shared that they were able to give feedback about the setting and ways it could be improved. Documentation sampled showed that necessary maintenance and safety checks were up to date. Environmental audits allowed the leadership team to identify any areas that could be improved. This ensured people were supported in an environment which was safe and suitable for their needs.

How well is our care and support planned?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Support plans sampled were person centred, easy to navigate and reviews were mostly up to date. A photograph at the beginning of support plans made it easier for people to be identified. People shared that they felt included in the care planning process and were regularly asked if anything had changed for them. When people were not able to give sufficient information themselves, input from people who knew them well was included. This meant people were able to express their preferences and values, resulting in more meaningful outcomes for them.

Risk assessments were comprehensive, person centred and included measures to reduce potential harm. Positive risk assessments were included in support plans, which enabled people to make informed choices whilst minimising the risk of harm. This highlighted that the service protected people's safety whilst respecting their right to make decisions about the risks they take in life.

Plans included information about specialist diets, allergies and preferences. One person shared "I have a special diet. They have food especially for me and it's all lovely." Other information within support plans included contact details for healthcare professionals, DNACPR status, emergency contact information and details about past medical history and medication. This meant the service had the necessary information to provide support which was individualised.

Support plans were goals focussed and included an area to specify what the person would like to achieve from using the service. When asked if people felt included in the planning process, one person shared "I definitely am. I don't really feel like I need much from the service other than friendship, activities and somewhere that feels like home but with other people here." When this person's support plan was sampled, their goals reflected this information. This highlighted that people's support plans were shaped by individual goals and wishes.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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