

Care service inspection report

Sir Gabriel Woods, Mariners Home

Care Home Service Adults

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Greenock

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HAPPY TO TRANSLATE

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Service provided by:

Sir Gabriel Woods, Mariners Home

Service provider number:

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Care service number:

CS2003001088

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Summary

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

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

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

At this inspection we could see that the meaningful involvement of residents and their families has continued to be valued and positive relationships have been developed.

Residents' health and wellbeing needs are well managed within a relaxed and comfortable environment.

The management and staff team are skilled and experienced, meeting the needs of individual residents in a person centred way that promotes involvement, choice and independence.

What the service could do better

We made four requirements in relation to dependency assessments, residents' personal plans, medication management and refreshing mandatory training.

We continued six recommendations from the last inspection in relation to:

- environmental audits
- sluicing procedures
- bedrail risk assessments
- staff training (2)

- action planning for improvement.

We also made a new recommendation about the quality assurance system.

We re-evaluated the grades for Quality Theme 1 - Statement 3, Quality Theme 2 - Statement 2 and Quality Theme 3 - Statement 3 from 'very good' to 'good' as a result of the issues identified.

The areas for improvement detailed under each quality statement should be addressed as this will continue to develop and improve the quality of the overall service.

What the service has done since the last inspection

A recommendation about improving the quality of residents' six monthly review minutes has been met.

The refurbishment programme has continued to maintain and improve the quality of the environment.

Conclusion

Sir Gabriel Woods Mariners Home provides a homely, relaxed and personalised service where the needs, choices and preferences of individual residents are well managed and the meaningful involvement of residents and their families is welcomed and valued.

There are high levels of satisfaction with the quality of the service as a result of the commitment and approach of the management and staff team.

However, the requirements, repeated recommendations and other areas for improvement give us cause for concern about the way in which the quality of the service is informed and monitored to establish and sustain improvement. The management team need to demonstrate a more targeted and pro-active approach towards the continued development and improvement of the service as a whole and improvements need to be brought about more quickly.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Requirements and recommendations

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

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Sir Gabriel Woods Mariners Home (the Mariner's Home) is a care home registered for 35 older people who may have dementia and/or physical disabilities and 12 adults with a diagnosis of Korsakoff's Syndrome. The service is a registered charity held in trust by the British Sailor's Society. There were 44 residents using the service during our inspection.

The care home is situated in a residential area of Greenock near local amenities including shops, bus routes and rail links. The service is provided from a large, detached Victorian property, originally opened in 1854 as a service for retired seafarers.

Accommodation in the main home is spread over two floors. There are 41 single bedrooms and three double bedrooms which are currently used as single rooms. There are lounge and dining rooms and adapted bathrooms on both levels. The home also has a large garden that is easily accessible. Work is ongoing to upgrade the quality of the environment for residents.

The stated aims of the service are:

- to provide a supportive, comfortable and caring environment
- to enhance the quality and enjoyment of life for each resident
- to meet the changing physical, emotional and spiritual needs of individual residents
- to provide a trained and caring staff which offers the necessary friendship and support
- to respect the privacy of each resident, ensuring dignity and freedom of choice.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one Inspector and an Inspection Volunteer. The inspection was carried out on 25 and 27 March 2015.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 15 staff questionnaires but none were returned.

During this inspection process, we gathered evidence from various sources including the following:

We spoke to:

- three residents
- two care workers
- two senior care workers
- the maintenance officer
- the administrator
- the care manager
- the manager.

The Inspection Volunteer also spoke to six residents and three visiting relatives.

We looked at:

- the way staff worked with residents
- the service's annual return (a document completed each year detailing key information about the service)
- evidence from the service's most recent self-assessment where the manager set out the strengths and areas for improvement
- participation records including personal plans and newsletters

- the residents' needs summary
- residents' personal plans including needs assessments, care plans, risk assessments and evaluations
- residents' healthcare records and case tracking for specific healthcare needs
- professional visitors records including community healthcare input
- six monthly care reviews
- medication records
- the activities programme
- minutes of staff meetings
- staff training and development records including SVQ training and registration with the Scottish Social Services Council (SSSC) registration
- staffing rotas
- accident and incident records
- complaint records
- quality assurance checks, records and audits
- repair and maintenance records
- cleaning records
- the policy and procedure manual
- general observation of the environment, resources and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- the registration certificate
- the insurance certificate
- the staffing schedule.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

Eight recommendations had been made at the last inspection. One of these had been met and we continued six and made a requirement about dependency assessments which had previously been a recommendation as detailed under the relevant quality statements in this report.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

We found that the self-assessment was still not detailed enough to reflect the strengths and areas for improvement under each quality statement or the way that the strengths identified influenced the quality of the service despite raising this previously. This should be addressed as the self-assessment continues to be updated and actual outcomes for residents should be considered and reflected. Residents, relatives and staff should be also consulted when the self-assessment document is done in the future and their views on the quality of the service should be included.

Taking the views of people using the care service into account

For this inspection, we received views from three residents who were spoken with individually. The Inspection Volunteer also spoke to six residents. The feedback we received was very positive.

We have included comments from residents under the relevant quality statements throughout this report.

Taking carers' views into account

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

The Inspection Volunteer spoke with three visiting relatives during the inspection. Feedback was very positive.

We have included comments from relatives under the relevant quality statements throughout this report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 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

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where recommendations and areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place.

We found this service had continued to perform to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff. The methods established to support the involvement of residents and their relatives in assessing and improving the quality of the overall service, including care and support had continued to be promoted. These had included:

- 1-1 meetings with residents and their relatives
- an effective and informal 'open door' approach favoured by residents, relatives, staff and the management team
- consultation when writing personal plans
- formal care reviews to discuss how well care and support needs had been met
- a key worker system
- information about advocacy services
- newsletters that kept people up to date with what was happening in the home
- comment/suggestion forms
- notice boards where useful information was posted

- a complaint procedure that people could use to address issues on a more formal basis.

In the Mariners' Home, some of the standard methods for promoting and supporting the involvement of residents and their families in assessing and improving the quality of the overall service had been introduced but were not felt to be necessary by residents. Group meetings and questionnaires had been tried and then discontinued in favour of the 1-1 approach preferred by residents. The management team intended to keep this under review as circumstances change to make sure that meaningful participation continues to be well supported by a wide range of options.

The residents we spoke to told us that staff had consulted them about their support needs and any preferences they had. Residents said that staff respected the choices they made and encouraged them to make their own decisions. Some of the comments made by residents included:

"You can do your own thing."

"They listen to you - they don't order you about."

"I don't know about care plans - I don't need to. All I know is that I'm well looked after."

"Anything you want all you have to do is ask."

"I stick to my own routine."

There had been a consistent team of staff in place and we found that staff had developed positive relationships with residents and their relatives which helped to support meaningful involvement. The feedback we received during the inspection showed that residents and relatives were very happy with the care and support provided by staff and the way they had been involved in discussing and agreeing this.

The 'open door' approach operated by the management and staff team had continued and this had encouraged and enabled residents to discuss the service they were receiving, including the care and support being provided, when they wanted to. This had helped to support the individual approach favoured by residents as, overall, they continued to choose to express their views on a 1-1 basis. Residents told us that they were happy with the informal and relaxed way in which they could discuss any issues or concerns with staff who were said to be very approachable and responsive.

We sampled residents' personal plans focussing on significant healthcare needs like pain management, weight loss, diabetes and the use of medication to manage anxiety and/or agitation. Overall, there was good information in personal plans about the way that staff met each person's needs in accordance with their individual

choices and preferences. We saw that residents had been consulted about decisions and changes where they were able to participate in this process. However, we did identify a number of improvements that needed to be made in relation to the quality of residents' personal plans as detailed below.

At a previous inspection, we saw that the life story books in use had not been completed and they did not form part of the residents' personal plan. The format was very detailed and we said that a more manageable version should be considered as this would enable staff to complete this work in a more meaningful way that can be added to the personal plan as opposed to being separate from it. At this visit we were advised that these records had been completed with input from key workers and will check this at the next inspection to see how the life story books compliment the personal plans.

Six monthly care reviews had been carried out and these had provided an opportunity for residents and their families to formally discuss the quality of the care and support being provided. Where residents preferred to represent themselves independently at review meetings this had been supported. We also saw that minutes of review meetings had been sent to relatives who had asked for the review to go ahead in their absence.

There was a meaningful key-working system in place. This role included staff reviewing their allocated residents' care and support needs on a regular basis to make sure that they continued to be met properly. Most of the residents we spoke to knew that they had a key-worker.

At the last inspection, although six monthly review meetings had been held and the involvement of residents and their families had been well supported, we found that the minutes needed to be reviewed and improved as they did not represent a good overview of residents' health and welfare needs and how these had been managed. We said that good pre-review planning; including an overview of the last six months, key issues and an evaluation of the effectiveness of the personal plan in meeting each resident's health and welfare needs would help to support the necessary improvements. We also said that significant changes and developments should be clearly reflected in the review record and planned actions or goals should be stated. We continued the following recommendation:

1. The preparation and recording of six month review meetings should be improved to fully reflect the way that residents' health and welfare needs have been met and the views of relatives and staff should be included.

Action: The six month reviews we looked at had improved and we saw that staff had recorded events and actions in better detail. This recommendation had been met.

The newsletter (Anchor News) had continued to be issued every two months. The ones we looked at were well presented and informative. We saw that residents had been given updates about the activities programme, staff topics, new developments and planned improvements.

There was an advocacy policy in place and staff knew how to support residents to access this service if they needed independent support or advice. Information had also been displayed on notice boards so that residents or relatives could contact advocacy services directly if they wanted to.

There was a formal complaint procedure in place and information about this had been made available to residents. The people we spoke to knew how to raise a concern and felt that any issues would be dealt with promptly by staff. There had been no formal complaints since the last inspection.

A suggestion box was in place and, although this had not been used much due to the strong and effective 1-1 communication between residents, staff and the manager it was there as an option should anyone wish to use it.

Areas for improvement

The preparation and recording of six month review meetings should be closely monitored by the management team to make sure that staff continue to fully and consistently reflect on residents' health and welfare needs and how these have been met.

The life story books were still kept separate from residents' personal plans. It may be of benefit to review this as these records should compliment each other and keeping them together offers a more holistic approach.

Notice boards should be reviewed and used better to post information that would be of interest to residents and their families as the ones we looked at were untidy and information was out of date, including the Care Inspectorate reports.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where recommendations and areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place. Although we concluded that staff had managed residents' healthcare needs very well overall, we did identify issues around medication management and personal plans that needed to be addressed. A recommendation about dependency assessments continued at the last inspection had not been met and other areas for improvement had not been progressed. We re-graded this quality statement from 'very good' to 'good' after we had discussions with residents, relatives and staff; looked at the relevant records and observed staff at work.

The residents we spoke to said that staff had provided good care and support in relation to their health and wellbeing needs. They told us that staff had been quick to identify any issues with their health and, where appropriate made sure they received attention from the relevant healthcare professionals like GP's, community nurses, dieticians and so on. Some of the comments we received included:

"I'm well looked after."

"In my opinion the care the staff give is second to none."

"I'm better in myself since I came in."

"Great care and attention."

"Food's great - plenty of it."

"We go out a lot - some great trips."

We saw that staff had gathered information about residents' medical history and healthcare needs from relatives and other sources like GP's and social workers before admission. They had used this information to help them assess residents' needs and plan the initial care and support to be provided. This helped to prepare staff to support new residents when they came to live in the Mariner's Home. Residents' needs had then been assessed on an on-going basis after that to make sure they continued to receive the care they needed.

As detailed under Quality Theme 1 - Statement 1, we sampled personal plans for residents with significant healthcare needs like pain management, weight loss, diabetes and the use of medication to manage anxiety and/or agitation. Staff told us how they had managed these issues for individual residents and we concluded that they had acted properly to meet healthcare needs effectively. Overall, there was good information in personal plans about support needs and the way that staff managed this. However, we did identify a number of improvements that needed to be made in relation to the quality of residents' personal plans as detailed below.

We saw at the last inspection that the Waterlow risk assessment score (for skin care) had not always been reviewed in response to changes, for example, increasing the score where any skin breaks developed. We said that the scores should be added up and entered on the Waterlow chart each time it is reviewed. At this visit we saw that this had improved and was satisfactory on the risk assessments we looked at.

We saw at the last inspection that staff had not always discontinued previous entries when updating care plans to reflect changes and said that this should be done in line with good record keeping practice to make it clear which is the most up to date information. We saw that this had improved in the care plans we looked at.

Daily routines had been flexible to take account of residents' individual needs, choices and preferences, including their lifestyle choices. Residents told us that this had contributed to their general sense of contentment and wellbeing.

Staff had been provided with a wide range of training that informed and supported them to meet the health and wellbeing needs of residents. We found that staff communicated effectively with each other and had promoted very good continuity of care in order to ensure that residents' needs were met.

Staff had provided very good support to residents who attended clinics and other appointments to monitor and manage health issues. Staff had also made sure that residents had access to regular healthcare screening services like dentists, chiropodists and opticians. This helped to prevent problems from arising or identified them at an early stage so that treatment could be offered.

The staff team had worked in partnership with a wide range of community healthcare staff to make sure that the health and wellbeing needs of residents had been assessed and met. We found that staff had contacted the relevant healthcare professionals to get advice and support where issues had arisen. This had benefited residents by improving their health or preventing conditions from getting worse.

Residents told us that staff encouraged self-care skills and promoted independence so they could continue to do as much for themselves as possible. This approach also came across in the care plans we looked at. We saw that staff had arranged for

equipment and adaptations to be made available to residents to promote safety and to help them maintain their independence.

Special dietary needs and individual preferences had been very well managed and there was evidence that appropriate action had been taken to support residents who were particularly at risk of weight loss.

The Mariner's Home had a generous budget for the provision of meaningful activity which is an important aspect of day to day life in a care home. We saw that the programme included activities that promoted physical and mental health and wellbeing as well as entertainers, parties, special events, regular trips and opportunities to get out and about in the local community. Residents who wanted to follow their chosen faith had been supported to do so and regular religious services had also been held in the home.

The residents and relatives we spoke to felt that the home was a safe place to live. They were also positive about the relaxed and welcoming atmosphere of the home environment. We saw that standards of cleanliness were good throughout the home and there were measures in place to protect residents from the risk of infection.

Inspection Volunteer report

Almost all of the residents and relatives I spoke with (one exception) spoke very highly of the standard of care provided at the Mariners' Home. All of the relationships I observed were of staff showing a tender and caring attitude to the elderly male residents. Every resident I saw was addressed by name. The staff attitude was informal but still respectful. I saw remarkable patience, gently coaxing residents along even although on some occasions residents were less than courteous to staff. I observed lunch in one of the dining rooms. Two care staff spent much time encouraging residents to eat, offering alternatives when needed. Lounge areas and rooms I saw had jugs of juice available outside mealtimes. Residents said:

"Care is fine."

"I'm happy here - I get on well with the staff."

"Care is A1 - couldn't be better."

"They don't get irritated with me."

"I'm quite content - no complaints."

"I enjoy the outings in the minibus."

"I'd recommend this place."

"Food is very good."

"Staff don't ask you to do things - they demand (very isolated view)."

Family said:

"Care is good - I've no fault to find."

"I'm glad (relative) is in here."

"(Relative) enjoys the meals."

"Visitors are welcome."

"(Relative) enjoys the activities he can manage to join in with - bingo and snooker."

Areas for improvement

The following recommendation had been continued at the last inspection:

1. A suitable dependency tool should be sourced and established to assess residents' dependency levels throughout the home on a monthly basis demonstrating how this informs staffing levels and deployment.

Action: Although we were satisfied that staffing had been managed properly, a suitable assessment tool still needed to be sourced and established to inform residents' dependency levels throughout the home on a monthly basis in accordance with the document 'Records Registered Services Must Keep'. This is to provide an evidence based link between residents' assessed needs and the day to day provision and deployment of staff. We made a requirement about this as no action had been taken to progress this since the last inspection and this process needs to be put in place - see requirement 1.

At the last inspection, although staff had managed residents' healthcare needs effectively; we said that addressing the areas for improvement below would further improve the quality of record keeping in residents' personal plans:

1. We said that the falls risk assessment should be reviewed as the way that staff had filled out some of the ones we looked at made it difficult to get a clear picture of what the right score and risk level were. Where this had changed we could not see when as the form did not allow for this information to be included. We said that the management team should look at current good practice falls guidance to inform and support clear risk assessment. This had not been progressed.

2. We said that the action taken by staff in response to weight loss should be fully detailed in the care plan relating to nutrition. Some of this information had been recorded in the daily notes but had not then been added to the specific care plan to fully reflect all of the measures in place. This had not been progressed in the records we looked at.

3. Where community nurses were visiting the home to attend to residents' healthcare needs (one example being wound care), we said that staff should make sure they have a care plan in place to reflect what they are also doing to manage this particular issue. We saw that this had not been progressed as a resident with a diabetic ulcer did not have a care plan reflecting how staff had managed this alongside the visiting district nurses.

4. We said that assessment tools should be sourced and used to further inform the approach to continence management and moving and assisting. This had not been progressed.

5. We said that the photographs of residents taken for use in personal plans and medication records should be dated. This is to make sure that photos are reviewed on a regular basis and updated as necessary. This had not been progressed.

We also identified at this inspection that some of the care planning goals were generalised and repetitive. The goal for each individual should be personalised to meet their specific needs. Staff also need to develop outcome focussed evaluations of care plans rather than recording statements like "care plans reviewed - no changes". Being outcome focussed means that evaluations reflect how each care plan has worked in terms of meeting the need identified.

Where residents' are prescribed 'as required' medicines for the management of anxiety or agitation staff should write a care plan for this to inform their approach in line with good practice. This was discussed during the inspection with reference to the document 'Remember I'm Still Me' (p55, 2009).

The MUST score should be added to the weight recording chart as this is the key information that identifies the level of nutritional risk for each resident.

We made a requirement about residents' personal plans so that the management team will take a targeted approach to supporting staff to fully reflect in sufficient detail the care and support they are providing to residents - see requirement 2.

We sampled medication storage and records and identified some issues around the way that medication had been managed. We found that the audit tool introduced

since the last inspection to inform, monitor and improve staff practice was not detailed enough to assess the strengths and areas for improvement related to medicines management. Although best practice guidance was available in the home, this had not been used. We made a requirement in response to the issues we identified so that the management team will take a targeted approach to supporting staff to achieve and maintain best practice in medicines management - see requirement 3.

A summary of key healthcare issues throughout the home had been developed, for example, weight loss, wounds and pain management. This gave the management team an overview of the more significant risks and healthcare issues that needed to be monitored so that they could review the care being provided. This was to help ensure that staff had done all they should to reduce risks and manage the healthcare needs of the residents concerned. Although this was a good source of information, we found that the summary had not been kept fully up to date. This should be reviewed on a regular basis and should be used alongside the dependency tool that needs to be introduced to offer a clear overview of residents' needs.

The name of the resident involved should be added to overview of accidents and incidents being used to identify trends and patterns.

Grade awarded for this statement: 4 - Good

Number of requirements: 3

Number of recommendations: 0

Requirements

1. The provider must source and establish a suitable dependency assessment tool to assess residents' dependency levels throughout the home on a monthly basis. This is in order to demonstrate an evidence based approach that informs and supports staffing levels and deployment in the service.

This is in order to comply with:

The Public Services Reform (Scotland) Act 2010 Part 5 Section 58(2)(h) Regulations: inspections.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements have been taken into account when making this requirement.

Timescale for achievement: Four weeks from the date of receipt of this report.

2. The provider must ensure that residents' health and welfare needs and how these are assessed and met are fully and accurately detailed in their personal plan. Staff must be provided with the knowledge and skills to inform and support them to maintain a high standard of record keeping that reflects best practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 3 Principles.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4(1)(a) Welfare of users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 5(1)(2)(b)(ii) Personal plans.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 15(b)(i) Staffing.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 14: Keeping well - healthcare have been taken into account when making this requirement.

Timescale for achievement: Six weeks from the date of receipt of this report.

3. The provider must ensure that medicines management meets best practice standards and that staff have the knowledge and skills they need to manage medication properly in order to protect residents.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 3 Principles.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4(1)(a) Welfare of users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 15(b)(i) Staffing.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 14: Keeping well - healthcare; Standard 15: Keeping well - medication have been taken into account when making this requirement.

Timescale for achievement: Four weeks from the date of receipt of this report.

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

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we sampled evidence to check whether the strengths identified previously were still in place. We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; inspected equipment and the environment and looked at the relevant records.

The residents we spoke to told us they were very happy with the quality of the environment as detailed under Quality Theme 2 - Statement 2. We saw bedrooms that had been personalised and found that residents' wishes had been respected in relation to the way they wanted their rooms decorated and furnished.

Improvements to the environment were on-going and the manager advised that residents would continue to be consulted as part of this process.

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where recommendations and areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place. Although the overall approach to safety and security helped to promote a safe home environment in which residents were protected from avoidable harm, we found that two continued recommendations and one new recommendation made at the last inspection had not been met. Some of the areas for improvement we identified had also not been met. We re-graded this quality statement from 'very good' to 'good' after we had discussions with residents, relatives and staff; inspected the environment and looked at the relevant records.

The residents we spoke to were very happy with the home environment. They said:

"I'm comfortable enough."

"It's relaxed."

"I feel safe here."

"It's kept clean."

"It has everything I need."

"It's not fussy - you can have things the way you want."

Staff had received health and safety training that covered a range of topics including fire safety, food hygiene, infection control and safeguarding vulnerable adults. This training was mandatory which meant that staff had to attend and then refresh their knowledge within a set timescale. The training undertaken helped to keep staff up to date and well informed.

A maintenance officer worked on site. We saw that there were arrangements in place to address day to day repairs and also any issues that came up out-with normal working hours. Staff and residents told us that any day to day issues they reported had been attended to quickly. We saw that this approach helped to promote a safe environment for residents. At the last inspection we said that the repair log should be monitored to make sure that works are all signed off once complete as there were a number of gaps. We saw that this had improved.

We found that there had been a good approach to the servicing, maintenance and repair of equipment and the general environment. Included were areas like electrical safety, lifting equipment, gas safety, the call system and so on. The maintenance officer had also carried out a range of regular safety checks including hot water temperatures, wheelchairs and window restrictors. We said at the last inspection that the Health & Safety Executive guidance on the management of hot water should be used to inform the records and temperatures with this being monitored by the management team to make sure the necessary records are properly maintained. This had been done. The preventative programme in place had helped to maintain safety and protect residents from avoidable harm.

The provider had continued to invest in the home. There was an on-going refurbishment and redecoration programme in place to continue to improve the quality of the environment and facilities for residents. This included upgrading a further 14 bedrooms this year. During our inspection of the environment, we saw that the premises were clean, homely and welcoming. There was a relaxed atmosphere, it was comfortably warm and noise levels were low.

We saw at the last inspection that, although standards of cleanliness were good throughout the home, there were a lot of gaps in the cleaning schedules we looked at. We also said that a daily cleaning schedule should also be developed and this should include areas like handrails, door handles, light switches and the undersides of furniture and equipment. This had been done.

There were suitable arrangements in place to keep the home secure and safe from intruders. The front door was controlled via a key pad which meant nobody could enter the home without staff knowing who they were. Visitors were required to sign in. All other doors had alarms in place to alert staff and this protected residents who could be placed at risk if they left the home on their own without the proper support.

Bedrooms were single and residents were able to lock their bedroom doors if this was their choice. This helped to promote privacy. In order to maintain safety, staff were able to access locked bedrooms quickly if there was an emergency.

Equipment had been put in place where it had been identified that residents would benefit from this, for example, alert mats and support rails. This helped to reduce risk of accidents for residents and helped to promote independence.

The bedrooms we inspected had a working call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance when they needed it.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence.

Information about residents had been stored properly to maintain privacy and confidentiality.

There was up to date insurance in place.

The garden had been very well maintained. This area provided residents with an outside space where they could spend their time.

Inspection Volunteer report

I think nobody would claim that the décor is pristine but this was not an issue for residents or families. The rooms I saw, (called cabins), were small and without en-suite showers or baths although a programme of refurbishment is underway. The manager told us that 14 rooms will be refurbished this year. Some communal areas have been improved since the last Inspection. Because of the seafaring history of residents, the internal walls are decorated with a huge number of pictures of sailing vessels. The end of one corridor was being used as storage for a collection of lifts, wheelchairs and zimmers - quite untidy. The notice board needs some updating including some Care Inspectorate Reports which were 3-4 years old, had been unstapled and pages mixed up. I looked into one shower room -it was very clean but the temperature was only 54 degrees and it felt cold. Residents said:

"I'm very content with my room."

"I'm totally happy with the cleanliness."

"My room is all right - its fine."

"My room is adequate - I'm happy with it."

Family said:

"It's clean and tidy."

"Lovely building."

"(Relative's) room is OK."

"The place is clean."

Areas for improvement

The following recommendations had been continued at the last inspection:

1. Detailed environmental audits and action plans should be developed and established so that regular checks of the full home environment are carried out to identify and address any improvements that need to be made.

Action: We said at the last inspection that detailed environmental audits should be developed and introduced to make sure that regular checks of the full home environment are carried out. This was to establish a pro-active approach to identifying and addressing any improvements that need to be made. We also said that action plans should be developed and signed off once the necessary works have been completed. This had not been done and we continued this recommendation again - see recommendation 1.

2. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice.

Action: This had not been progressed since the last inspection. Staff were hand sluicing which carries a high risk of cross infection. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice. We continued this recommendation again - see recommendation 2.

We made a new recommendation about the use of bedrails at the last inspection:

3. Where bed rails are being used, an individual risk assessment should be carried out for each resident and this should be kept in their personal plan. This should inform the decision to use bed rails as the safest, least restrictive option and the checks in place to minimise the risk of injury or entrapment.

Action: This had not been progressed and we continued this recommendation - see recommendation 3.

The maintenance officer explained how checks had been carried out to maintain safety in relation to windows. More work was needed to make sure that clear evidence of this is kept. We asked for the records to show the location of the window restrictors being checked.

Some areas of the home were showing signs of wear and tear. The refurbishment programme was on-going to refresh the areas of the home that were in need of upgrading.

Pull cord covers (for lights, and so on) that can be cleaned should be sourced as the cord alone can be an infection control risk.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. Detailed environmental audits and action plans should be developed and established so that regular checks of the full home environment are carried out to identify and address any improvements that need to be made.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

2. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

3. Where bed rails are being used, an individual risk assessment should be carried out for each resident and this should be kept in their personal plan. This should inform the decision to use bed rails as the safest, least restrictive option and the checks in place to minimise the risk of injury or entrapment.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

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

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we sampled evidence to check whether the strengths identified previously were still in place. We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff.

The residents we spoke to told us they were very happy with the quality of staffing as detailed under Quality Theme 3 - Statement 3.

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Although residents did not want to have much involvement in staffing issues, the management team should continue to explore the ways that residents and their families can become involved in assessing and improving the quality of staffing in ways that are meaningful to the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where recommendations and areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place. Although we concluded that staff were knowledgeable, experienced and motivated to deliver a good quality service to residents, the recommendations continued or made at the last inspection had not been met and other areas for improvement had not been progressed. We re-graded this quality statement from 'very good' to 'good' after we had discussions with residents, relatives and staff; looked at the relevant records and observed staff at work.

There had been a low turnover of staff which supported good continuity for residents and their families. Residents told us that this was important to them as it had helped to build up positive relationships. We found that residents and their relatives were happy with the quality of the staff team and the care and support they provided. Comments included:

"Staff are impeccable in the way they treat me."

"Good bunch - easy to get on with."

"Aye, they're a good crowd."

"They're a good help to me."

"They're busy but always smiling."

Standards had been set in relation to what was expected from staff and the management team monitored staff performance to maintain these standards. We saw that there was a staffing structure in place and individual roles and responsibilities had been well established. We found that staff from all departments had worked well together as a team to provide a good quality service overall to residents and their families.

We observed staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be motivated and professional with a caring attitude. The staff we spoke to valued the work they did and felt able to

provide a very good standard of care to residents. Staff said that training was very good and they told us they felt appreciated and well supported by the management team and their colleagues.

The rotas we looked at showed that staffing levels were satisfactory. Staff were visible throughout the inspection and we saw that residents got support from staff when this was needed or asked for.

There was a programme of mandatory training that staff had to attend. This included the topics we would expect to see like health and safety, fire training, dementia, medication management and safeguarding vulnerable adults. This training also had to be refreshed within a set timescale to keep staff informed and up to date. A good range of additional training informed by the needs of residents and staff had also been planned and delivered.

There was an on-going SVQ programme in place to support staff to gain qualifications suitable for registration with the Scottish Social Services Council (SSSC). The purpose of this register is to support the delivery of a qualified and regulated social care workforce in Scotland. Most of the staff team had completed or were undertaking the relevant training. Staff with supervisory roles had all been registered with the SSSC. Action had also been taken to make sure that any staff not registered had applied by the 30 September 2014 deadline and the manager was aware that any new staff had to be registered within six months.

Inspection volunteer report

Staff appeared to manage to provide tender compassionate care, while maintaining the resident's masculinity.

While almost all of the residents are men, I didn't see any male care staff. Indeed, some residents refer to the staff as 'the girls'. Although the activities coordinator wasn't at the home during this inspection (being on a trip with residents), residents spoke highly of her. She organises the many popular outings in the minibus.

Residents said:

"I like the staff - we get on well."

"They are always pleasant."

"Couldn't ask for better."

"They are patient with me."

"They are good at what they do."

"They always use my name."

"The night staff are very good too."

Family said:

"Know what? They are great."

"They are all nice."

"Can't fault them."

Areas for improvement

At a previous inspection we found that some of the mandatory training had become overdue and we concluded that a more pro-active approach was needed to make sure that staff attended the necessary training within the required timescale. The management team had taken action to address this but we found at this visit that improvements had not been maintained as mandatory training had become overdue again for some staff. Although staff were experienced and had received the training before, it is important that certain topics are refreshed before they become overdue. We made a requirement about training so that the management team would take a more pro-active approach to the way training is planned and monitored - see requirement 1.

We advised that training on important topics like safeguarding vulnerable adults and dementia should be extended to cover the whole staff team, including staff who do not provide direct care to residents. We continued the following recommendation at the last inspection:

1. Training on important topics like adult support and protection and dementia should be extended to cover the whole staff team.

Action: This still had to be addressed although there was clear commitment to do so. We continued this recommendation again - see recommendation 1.

At the last inspection we discussed the need to more clearly identify the core mandatory topics and the refresher timescales for these as the current commitment to revisit all of the training topics on the programme within at least 18 months was not being achieved. Also, some of these topics did not need to be revisited this often. There were plans to keep a separate record of the mandatory training which was a good idea. We made the following recommendation:

2. The timescales for refreshing training that is not mandatory should be revisited to make the training programme more manageable.

Action: This had not been progressed and we continued this recommendation - see recommendation 2.

Training had been separated into three categories - must know, should know and could know. The manager was still in the process of reviewing this in response to the increasing needs of residents to ensure that staff would be provided with all the necessary training. Efforts should be made to make sure that the training that falls into the 'should have' category is provided to all staff equally depending on their individual role. The introduction of personal training programmes for individual staff should be considered to support this work and these should be reviewed at supervision meetings. This approach should also help staff to take more responsibility for ensuring their training is kept up to date.

The need for staff to maintain a continuous learning and development record that can be used when re-registering with the SSSC should be added to the supervision process. This helps staff to reflect on their on-going learning and their day to day practice.

At the last inspection we asked the management team to make sure that the dementia training being provided to staff was of an equivalent standard to the 'Promoting Excellence' training programme at the 'Informed' and 'Skilled' levels. We were reassured that this was the case and will look at this again at the next inspection once the training has been delivered.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that staff attend mandatory training within the required timescale to protect the health and welfare of residents.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 3 Principles.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4(1)(a) Welfare of users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 15(b)(i) Staffing.

Timescale for achievement: Four weeks from the date of receipt of this report.

The following National Care Standards were taken into account when making this requirement:

Standard 5: Management and staffing arrangements.

Recommendations

1. Training on important topics like safeguarding vulnerable adults and dementia should be extended to cover the whole staff team.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. The timescales for refreshing training that is not mandatory should be revisited to make the training programme more manageable.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

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

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place. We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and had discussions with residents, relatives and staff. People told us they were happy with the way the home was managed as detailed under Quality Theme 4 - Statement 4. They also said that the management team were approachable, accessible and responsive.

We found that the management team had developed positive relationships with residents and encouraged them to express their views on the quality of the service. The management team also had regular contact with residents and their families.

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Information about the audits and checks carried out and the outcome of these should be shared with residents and their families so that they know how the management team monitor and improve the quality of the service. This could be done via the newsletter. Where residents and relatives can become involved in the audits carried out this should be supported, for example, carrying out audits of the environment or reviews of activities, food and so on.

Participation was considered in general terms under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

This quality statement had been reviewed in full at the last inspection (October 2014). During this visit we looked at the aspects of the service where recommendations and areas for improvement had been made and sampled evidence to check whether the strengths identified previously were still in place. We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records, observed staff at work, inspected the environment and considered the overall findings of this inspection.

In addition to the strengths around the involvement of residents and their families and the quality assurance methods detailed under Quality Theme 1 - Statement 1:

We found that management team had provided good leadership for staff. They also had regular contact with residents and their families. The residents we spoke to during our inspection were very happy with the quality of the service provided to them and knew what to do if they had any issues or concerns. Comments included:

"I'm content."

"I'm happy with everything the way it is."

"No complaints."

"If I need anything sorted I see the boss and he deals with it for me."

We saw that the day to day running of the service had been well managed. Staff had individual responsibilities that made them accountable for making sure that specific aspects of the service had been properly organised. Staff told us they felt well supported by the management team. We also found that communication and reporting systems were good across all departments which supported the smooth running of the service.

A governance system had been set up last year with a view to having a monthly overview of key aspects of the service to inform improvements. This helped to inform and support a more extensive range of checks to identify good practice while informing areas for further improvement. Included were residents' six monthly reviews, maintenance checks, staff training and staff supervision meetings. Whilst this

system had started off very well, we did identify areas where it could be improved to become more effective as detailed below.

Inspection Volunteer report

When asked if they knew the manager, most residents I spoke with said they didn't. However, when given some mild prompting, some recognised him by name or as 'the boss'. During the day of the inspection he was tied up in meetings for most of the time. Families told me that they always get invited to 6 monthly reviews. Residents said:

"The place is well run - I'm happy."

"I don't sit and chat with him but I'm sure he'd listen if I wanted - I've no complaints."

"I chat with (manager) - you see him about."

"He meets with my family."

"There's nothing I'd want to change."

"I've no complaints."

"(Manager) talks about different things with me."

Family said:

"I know (manager)."

"We meet him at (relative's) six monthly reviews."

"I know (manager) slightly."

"He was really helpful during the process of getting (relative) into the home."

Areas for improvement

We continued the following recommendation at the last inspection:

1. A standard approach should be established in relation to action planning for improvement and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement.

Action: We saw that more work was needed to establish a consistent approach to action planning for improvement reflecting the action(s) to be taken, who is responsible, the timescale for achievement and whether the work has been completed. A revised action plan format was developed during our visit and we will

assess the impact of this at our next inspection. We continued this recommendation again - see recommendation 1.

The repeated recommendations, areas for improvement and the new issues identified during this inspection showed that the management team need to develop and establish the governance system to inform and support continuous improvement in a more pro-active and meaningful way. We made a recommendation about this - see recommendation 2.

The quality of the annual self-assessment should be reviewed and improved to more fully reflect the service's strengths and areas for improvement. Outcomes for residents and their families should be reflected.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. A standard approach should be established in relation to action planning for improvement and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. The management team should develop and establish the governance system to inform and support continuous improvement in a more pro-active and meaningful way.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
21 Oct 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
3 Dec 2013	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
21 Aug 2012	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good

Inspection report continued

3 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
23 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 5 - Very Good
22 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
23 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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