

Fidra House Care Home Service

67 Dirleton Avenue
North Berwick
EH39 4QL

Telephone: 01620 897 600

Type of inspection: Unannounced
Inspection completed on: 6 December 2017

Service provided by:
Randolph Hill Care Homes Ltd

Service provider number:
SP2003002451

Care service number:
CS2008179811

About the service we inspected

Fidra House is a purpose-built care home which provides nursing and residential care for a maximum of 60 older people. The home is situated in a residential area within its own grounds, set back from the main road in North Berwick.

The grounds have been landscaped into gardens accessible to, and for the use of residents and their families and friends. Accommodation is over three floors and provides single bedrooms with en suite shower, toilet and wash hand basin facilities. The upper floors are accessed by stairs and two passenger lifts. Each floor has an open plan lounge/dining room and a separate small quiet lounge.

The home is owned and managed by Randolph Hill Care Homes Ltd.

The care objectives of the service are stated as:

"To provide an excellent standard of nursing and social care to residents by:

- Involving them in their care.
- Respecting their privacy and dignity.
- Assisting them to make choices.
- Enabling them to keep family and community ties.
- Providing a safe, relaxed and comfortable environment.
- Providing 24 hour competent care.
- Supporting and training our staff.
- Reviewing outcomes from resident involvement strategy."

How we inspected the service

We wrote the report after an unannounced inspection that took place at the service on:

- 2 October 2017 between 10:00am and 3:00pm
- 4 December 2017 between 1:20pm and 6:40pm
- 6 December 2017 between 10:00am and 3:15pm.

This was a follow-up inspection and was carried out by two inspectors. Discussion and suggestions about improving the service took place throughout the inspection. Feedback on the outcomes of inspection took place with the Manager, Deputy Manager, two Charge Nurses and a representative from East Lothian Health and Social Care Partnership.

The current registered manager is a senior manager from a sister home seconded to Fidra House to improve the service following the outcomes of the inspection in July 2017. However, there was no external manager or provider representative present despite their concerns at the last inspection that feedback took place without their attendance.

The inspection findings were accepted as fair and accurate.

We gathered evidence from various sources, including the relevant documentation which included:

- The certificate of Registration.
- The staffing schedule.
- The insurance certificate.
- Resident dependency assessments.
- Staff duty rotas.
- A sample of four residents' care plans and associated records.
- Minutes of meetings/consultations.
- Staff training records.
- Matrix for staff supervision.
- Accidents and incidents and complaints records.
- Maintenance records and safety checks.
- Quality assurance records and audits.
- Management of Medication and associated records MAR's.

We observed:

- Staff practice and interaction with residents and fellow workers.
- How residents spent their day.
- The general environment.
- Meals and teas/snacks served.

We saw most residents on each floor and spoke with many. However, due to communication and or memory difficulties some were unable to give their views of living in Fidra House.

We used the Short Observational Framework for Inspection (SOFI) to directly observe the experience and outcomes of people who were unable to tell us their views

We spent time in and around the home and communal areas to help us observe how staff engaged with residents and how residents spent their day.

We had discussions with various people including: residents, five relatives/carers, the manager, the deputy manager, two Charge Nurses, Nursing and care staff on duty each day, one cook, one housekeeper and two domestic staff.

Taking the views of people using the service into account

Residents we spoke with were complimentary about the care they received in Fidra House and in particular care staff were praised for their kindness and respectful approach in providing care. We were also told that improvements had been made to the staffing and the food and menu choices.

We saw that new pressure relieving chairs had been purchased which made a positive difference to residents quality of life. This included reduction of moving and handling and more involvement in the social aspects of living in the home.

Taking carers' views into account

Relatives/carers we met told us that they had seen great improvements in the management of the home in recent months. This was attributed by one relative to the manager having "leadership skills to make the improvements which were very much needed". Improvements in staffing and a more professional approach by staff which has in turn improved the quality of care was also reported by relatives. Relatives also told us that

improvements had been made to the meals. However one relative acknowledged that there was "better staffing and consistency of care provided but they still had some frustrations about exchange of information between the staff teams". This related to asking about their relatives care needs and wellbeing and staff not being able to give this information.

We shared the comments made by relatives/carers at feedback on the outcomes of inspection but did not disclose who had made these.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that the health, wellbeing and safety needs of all residents are met. In order to do this, the provider must:

- a) record the following matters in the personal plan of each service user:
the service user's name, address and date of birth; the name, address and telephone number of the service user's next of kin or of any person authorised to act on behalf of the service user; the name, address and telephone number of the service user's general practitioner; and the date on which the service was first provided to the service user.
- b) ensure assessment and plans of care are in place to meet each service users needs in relation to: tissue viability; continence management; stress and distress; management of falls; management of epilepsy; and nutritional needs.
- c) ensure charts to inform any plan of care are completed accurately and evaluated in a given timescale
- d) in reviewing care plans, make sure that care is planned in a way that is specific, detailed and individual to each resident and takes place at least once in a six month period
- e) put in place a system to audit and monitor the quality of care planning, to make sure that it meets the provider's own expected standards as well as those set by the National Care Standards

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114). Regulation 4(1)(a) - a regulation regarding the welfare of service users and Regulation 19(1) - a regulation about offences.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 30 September 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that considerable work had been undertaken to make improvements to the content of care plan records. In the sample of care plan files we looked at we saw that

a) the service user's details, contact details of the next of kin, the GP and the date on which the service commenced were recorded.

However, further work was needed to ensure assessments and plans of care were in place where assessed as necessary. This was in particular regard to

b) management of stress and distress, management of epilepsy and nutritional needs.

c) we saw gaps in recording the provision of personal and oral care and in charts to show repositioning and fluid intake.

We discussed these and gave examples to the manager in order that these could be followed up.

d) systems were in place for care plans to be reviewed at least once in a six month period

e) The auditing of care plans could also be better to identify the deficits we noted during the inspection.

We discussed care planning in detail with the manager and deputy manager. This was in order that they could use assessment, planning, evaluation and review of care plans to evidence staff practice and the delivery of care to each resident.

We considered that enough progress had been made in care planning and there was a commitment to further improving plans of care and associated record keeping.

However as an ongoing area for improvement the manager should continue to assess residents care needs in order to develop, evaluate and review care plans. This is in particular regard to the management of stress and distress, management of epilepsy nutritional needs and the completion of charts which inform care delivery.

Met - within timescales**Requirement 2**

The provider must ensure that

a) Pre-admission assessments include an assessment of any equipment required to meet the service users needs.

b) Any equipment required by the individual as assessed, is available from the date of the individual's admission to the care service.

c) When there is a change to a residents care needs which means that other items of equipment are required, these must be provided promptly.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 31 August 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that:

a) and b) pre admission assessments included any equipment that was needed to care for the individual and management were aware that no new residents were to be admitted unless the correct equipment was in place.

c) Systems were in place to ensure any equipment needed would be provided promptly.

Staff told us that they had enough equipment available to help them in their duties and that new equipment had been purchased when identified as being needed.

Met - within timescales

Requirement 3

The provider must ensure that there is recorded consultation and agreement with the residents and or their representatives when residents spend a considerable amount of time in bed. Records must show that rights of and risks to the individual have been discussed with them and, or their representative before a plan of care has been put in place.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 31 August 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that residents and relatives/carers were consulted about care needs as part of care plan reviews including where necessary spending time in bed. In addition, the purchase of new pressure relieving chairs had greatly improved the quality of life for residents who used them. These chairs enabled the resident to be out of bed and reduced the amount of repositioning needed to reduce risk of pressure damage. The chairs could be gently tilted if the resident wanted to rest or sleep.

Met - within timescales

Requirement 4

The provider must ensure residents receive their medication safely and as the prescriber intended. In order to order to do so, the provider must:

- a) Record any instance in which medication is administered contrary to the prescription
- b) Review all medication practices, including record keeping and stock control to make sure that it meets best practice guidance.
- c) Record the date, time and name of the service user to whom transdermal patches are administered and removed.
- d) Put into place systems to regularly audit and monitor medication management and staff practice

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users. Account should be given to The British Pharmaceutical Society's "Handling of Medicines in Social Care" (2007) and the NMC's "Standards for Medicine Management" 2007.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 15 - Keeping Well, Medication,

Timescale: To be implemented by 30 September 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we examined a sample of medication management including recording systems in the home.

- a) We did not see any instances of medicine being administered contrary to the prescription.
- b) Medication practices had been reviewed and improvements made to managing stock through a system of logging medication received and being returned to the pharmacy. We did not see excessive stocks of medication or medicines prescribed which were not available.
- c) Records were kept of the administration, checking and removal of transdermal patches. Those we looked at were up-to-date.

Changes to medication made by the GP were often noted through the daily records and not on the MARs. Cross referencing this information to the MARs would be helpful to see any changes in medication regimes and assist staff to be aware of any change of instructions.

We also saw that more use could be made of the carers notes, for example to record the outcomes of administering pain relief and or "as required" medicines. This information was not always recorded in the sample of medication records we looked at.

We considered that enough progress had been made in the management of medicines and there was a commitment to further improving record keeping.

However, as an area for development the manager should continue to direct staff to the use of and full completion of carers notes to include the outcomes of administering "as required" medicines and pain relief.

Met - within timescales

Requirement 5

The provider must provide sufficient and suitable equipment for the general use of service users within the care service. In particular, the provider must:

- a) Devise a detailed inventory of all equipment in the home.
- b) Maintain a record of the maintenance of any equipment used in the provision of care is checked and fit for use including equipment under LOLER regulations.
- c) Replace any open bins used for clinical waste with those operated by foot pedal.
- d) Replace all worn bed bumpers.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes.

Timescale: to be implemented by 31 August 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that:

- a) An inventory was in place of all the equipment in the home and this could show equipment purchased and equipment removed.
- b) Maintenance records were kept and these showed any checks on equipment and equipment under LOLER regulations. These checks were up to date.
- c) Bins used for clinical waste were operated by foot pedal.
- d) Worn bed bumpers had been replaced.

Met - within timescales

Requirement 6

The provider must ensure that the premises used for the provision of care are fit to be so used. In particular, the provider must:

- a) Arrange and implement cleaning regimes including "deep" clean of all areas of the care service and equipment used in the provision of care within the care service.
- b) Produce written guidance for members of staff detailing what should be cleaned, how often it should be cleaned and how it should be cleaned.
- c) Maintain a record of the date, time and by whom a particular area within the care service is cleaned.

This is in order to comply The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 10 - a regulation regarding Fitness of premises.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: to be implemented by 30 September 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that:

- a) Cleaning schedules had been implemented including any "deep" cleaning needed throughout the home.
- b) Guidance was in place for housekeeping staff about what was to be cleaned, frequency of cleaning and method of cleaning.
- c) Records showed the date when areas in the home had been cleaned, by whom and the time this took place.

Records also showed when additional housekeeping duties had taken place .

We saw that the home environment was much cleaner and fresher than during our last inspection in July 2017. Housekeeping staff also told us that they now had enough cleaning materials and equipment to keep the home clean. One housekeeper told us "new equipment has been purchased which was needed, no problems now with supplies. The manager listens to suggestions about undertaking certain tasks and this has resulted in these being done now at a time which does not intrude on residents."

Met - within timescales

Requirement 7

The provider must maintain a record of any accident or incident which is detrimental to the health, safety and welfare of a service user. Each record must include:

- a) Any action taken as a result of the incident including any changes necessary to risk assessments and or the care plan.
- b) Any measures taken to prevent a reoccurrence of the accident or incident.

This is in order to comply with of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)."

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes and regulation 19(3)(d) and Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - regulation 19(3)(d) - a regulation about records.

Consideration should also be given to The National care standards, Care homes for older people, Standard 9 - Feeling safe and secure.

Timescale: to be implemented by 30 September 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we saw that:

- a) Actions as a result of an accident or incident were recorded including any changes needed to risk assessments and or the care plan .
- b) Any preventative measures were recorded.

We saw that, where necessary, accident and incident records also showed what investigation had taken place. Overall the information recorded was more descriptive and all parts of the reports had been completed including the managers overview of the event. Records seen were up-to-date.

However, we also saw that the final outcome of the event was not always clear as this section sometimes contained further explanation about the management of the incident/accident. We discussed examples of these in order that further improvements could be made to these records.

Met - within timescales

Requirement 8

The Provider must review the staffing levels in the home. In order to achieve this the Provider must: a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.

b) Review the roles and responsibilities of all staff needed to work in the service.

c) Ensure that there are sufficient staff numbers working in the service with the skills, knowledge and experience to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale: To commence on receipt of this letter and thereafter to be maintained.

This requirement was made on 19 July 2017.

Action taken on previous requirement

We made this requirement to be implemented immediately at the feedback during the inspection completed 19 July 2017. This was followed up in a letter.

The provider confirmed to us at that time that immediate steps had been taken to review the staffing and additional staff were provided.

At this inspection we looked at residents dependency assessments and a sample of staff duty rotas. We saw that:

a) Residents' dependency assessments including their physical and social, psychological and emotional needs were reviewed at least monthly and contributed to informing b) the roles and responsibilities of staff needed to work in the service.

c) There were sufficient staff working in the home with the skills, knowledge and experience to meet the care needs of residents in the home at all times.

We heard from residents, relatives/carers and staff about improvements in the number of care staff now working each day in the home which had greatly improved resident care. The addition of a twilight shift each evening was reported by the Charge Nurses to be a positive addition to the staff team.

We saw that staff were organised in their duties and they told us that they now felt supported in their work and listened to when they raised any concerns or suggestions. One member of staff told us "things have much improved I wish the manager would stay. I feel listened to now, this was not the case previously, having more staff makes such a difference, we have more time to care."

The home was not occupied to full capacity at the time of this inspection and staffing provided was in excess of the hours identified through the outcomes of dependency assessments. However, admissions were being planned in a staged manner to ensure there are enough staff available. The manager was aware that as the occupancy increases there will still be a need to review the deployment of staff to ensure residents needs are met at all times.

Met - within timescales

Requirement 9

The provider must ensure that all staff are suitably trained for the work they are to perform. In order to do so, the provider must:

a) Identify the training needs for each staff member to show where any training is out of date and devise a plan to show how this will be provided. Consideration should be given to ensuring staff training includes infection control, moving and handling, adult protection, management of stress and distress and management of dementia to a skilled level.

b) Put in place a system to monitor staff competency (post training) to confirm that staff put their learning from training events into their daily practice.

c) Progress the implementation of planned regular and formal written supervision for all staff. This should include review of practice issues, give staff the opportunity to discuss their work and any training needs they may have.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15(b) - a regulation regarding staffing.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, .

Timescale: to be completed 30 September 2017.

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we looked at the staff training matrix, training records and spoke to staff about training and supervision.

We saw that:

- a) The training matrix showed where staff had completed training which included infection control, moving and handling, adult protection, management of stress and distress and management of dementia to a skilled level.
- b) Staff competency, post training, was monitored through day-to-day observation of practice by senior staff and supervision.
- c) Supervision had commenced although not yet fully implemented for all staff.

We saw that there were some gaps in the recording on the training matrix some of which were due to the training event not being relevant to the role of some staff members. We suggested that the role of each staff member be recorded and "not applicable" used to show where a particular training event was not necessary for the member of staff. We also suggested that where there is any time limited training, records should note when this is next due.

We considered that enough progress had been made in provision of training and we acknowledged a willingness to make the improvements we suggested. Therefore, we have concluded that this requirement had been met but as an area of development we would expect to see further improvements to the training records and supervision fully established for all staff at our next inspection.

Met - outwith timescales

Requirement 10

The provider must demonstrate to the Care Inspectorate, in writing, that there is a system in place for auditing the quality of the service and these are fully and effectively implemented, and the information from this used to plan improvements in the service. These audits must include but should not be limited to:

- a) Recording of care plans, associated records and reviews of care plans.
- b) Management of tissue viability, medicines, nutritional intake, and the management of accidents and incident.
- c) Management of cleaning, maintenance and safety of the premises both inside and out.
- d) Staff training and supervision.

This is in order to comply with regulation 3 and regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)."

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation about principles and regulation 4 (1) (a) - a regulation regarding the welfare of service users. Consideration should also be given to the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale: to be implemented by 30 September 2017

This requirement was made on 19 July 2017.

Action taken on previous requirement

At this inspection we looked at the audit systems in the home. We saw that:

a) Care plan audits had commenced which included associated records.

However, further work was needed to these audits as they did not identify the deficits in care plans we noted during the inspection. Also see requirement 1.

b) Management of tissue viability, medicines, nutritional intake, and the management of accidents and incident had commenced but we still saw some gaps in charts.

c) Management of cleaning schedules and audits were well established.

d) Staff training and supervision had commenced but was still to be fully established.

We considered that enough progress had been made in the commencement of audits and quality assurance and the manager gave a commitment to make further improvements. Therefore, we have concluded that this requirement had been met. However as an area for on going development the manager should continue to develop quality assurance systems in the home, in particular, those associated with care planning and associated record keeping to assist development of care plans. This would also assist to identify the deficits in care plan which we saw at inspection.

Met - outwith timescales

Requirement 11

The provider must ensure that all relevant notifications are made promptly to the Care Inspectorate in accordance with guidance " Records that all registered care services(except childminding) must keep and guidance on notification reporting."

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1) (b) Welfare of users
Consideration should also be given to the National care standards, care homes for older people Standard 5 Management and staffing arrangements.

Timescale: to be implemented by 30 September 2017

This requirement was made on 19 July 2017.

Action taken on previous requirement

The senior staff in Fidra House have submitted relevant notifications to the Care Inspectorate in accordance with guidance on this. Examination of a sample of accidents and incidents in the home also confirmed that we had been notified of appropriate events.

Met - within timescales

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

Previous recommendations

Recommendation 1

Systems should be in place to remind regular visitors, who have the keypad code, to sign into the home before they enter and sign out when they leave.

This is in order to meet the National Care Standards, care home for older people. Standard 9: Feeling safe and secure.

This recommendation was made on 19 July 2017.

Action taken on previous recommendation

Relatives had been reminded about the use of the key pad and signing in and out of the building through relatives/carers meetings. We saw that a book is used to record entry to and exit from the care home. This recommendation had been implemented.

Recommendation 2

As a result of a complaint a recommendation was made about the management of accidents and incidents in the home.

It is recommended that the provider should ensure that accidents and significant incidents are properly investigated and findings are acted upon. This should help to prevent recurrence and reduce avoidable risk for people using the service.

This recommendation was made on 5 October 2017.

Action taken on previous recommendation

We have considered this under requirement 7 and concluded that this recommendation had been implemented..

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

The complaint was in relation to the management of falls in the home which was upheld. However, no new requirement was made as a requirement had been made at the last inspection in July 2017 which related to this. A recommendation was made which we have followed up as part of requirement 7. See section " What the service has done to progress any requirements made on or since the last inspection."

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
10 Jan 2018	Re-grade	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Jul 2017	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
18 Dec 2017	Re-grade	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Dec 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
29 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
7 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
31 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	5 - Very good
21 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jul 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Apr 2010	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
4 Feb 2010	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
16 Jul 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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