Inspection report

Louisebrae
Care Home Service Adults

Tulloch Hill
Perth
PH1 2PN

Inspected by: Averil Blair
(Care Commission officer)

Type of inspection: Unannounced

Inspection completed on: 25 March 2010
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Service provided by:
Mead Medical Holdings Limited

Service provider number:
SP2003002327

Care service number:
CS2006129884

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

Averil Blair
Telephone 01382 207200 Lo-Call: 0845 6008331
Email enquiries@carecommission.com
Easy read summary of this inspection report

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

We can choose from six grades:

- ☺️ 6: excellent
- ☺️ 5: very good
- ☺️ 4: good
- ☺️ 3: adequate
- ☻ 2: weak
- ☻ 1: unsatisfactory

**We gave the service these grades**

- Quality of Care and Support: ☺️ 3: Adequate
- Quality of Environment: N/A
- Quality of Staffing: N/A
- Quality of Management and Leadership: N/A

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

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

**What the service does well**
The service provides a pleasant, well maintained environment for residents, and encourages family and friends to visit.

**What the service could do better**
The service has identified that it needs to review the recording process to ensure that relevant information is easily accessible for staff.
What the service has done since the last inspection
Residents spoken with during the inspection were happy with the service they received, and commented positively on the staff in the home.

Conclusion
The service continues to work on improving record keeping and the monitoring of relevant care plans.

Who did this inspection

Lead Care Commission Officer
Averil Blair

Other Care Commission Officers
Lorna Paton
Linda Weir

Lay Assessor
Not Applicable.

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

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

Regulation involves:

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

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

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

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

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

The “Care services” area of our website also:

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

You can also get in touch with us if you would like more detailed information.
About the National Care Standards

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

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

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

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgoverment@booksource.net
What is inspection?

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

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

When we inspect a service, typically we:

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

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

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

Our work must reflect the following laws and guidelines:

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

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

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

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

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

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

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

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

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

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

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

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

Our inspections take account of:

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

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

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

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

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
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<td>5</td>
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<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade.

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

The Quality Themes for this service type are explained in section 2 The Inspection.
About the service we inspected

Louisebrae is a care home for older people owned by Mead Medical, a national organisation. It is situated in a residential area of Perth in a new building which can accommodate up to 61 residents on three floors, in single rooms with en-suite shower facilities.

The service, which was registered in August 2007, can provide for a maximum of:
Ground floor - 18 residents who have dementia
First floor - 21 residents who have dementia
Second floor - 22 residents with nursing care needs.

The statement of Aims and Objectives states that Louisebrae will provide 'a highly professional and experienced staff to look after residents in a caring and sympathetic way, so that their privacy and dignity are respected and active independence encouraged wherever possible'.

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

- **Quality of Care and Support**: 3 - Adequate
- **Quality of Environment**: N/A
- **Quality of Staffing**: N/A
- **Quality of Management and Leadership**: N/A

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

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

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

What level of inspection did we make this service
In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What activities did we undertake during the inspection
The report was compiled following an unannounced inspection carried out on Monday 22nd March 2010 by Care Commission Officers Averil Blair, Lorna Paton and Linda Weir. The service had been looked at in more detail at previous inspections, and this inspection focused on Theme 1.

During the inspection evidence was gathered from a number of sources, including the relevant sections of Policies and Procedures, records and other documents, including:
- the service's self assessment document
- Personal plans of people who use the service
- accident and incident records
- health and safety records

Discussions took place with various people including;
- The Manager
- Depute Manager
- Nursing staff
- Care Staff
- Residents
- Carers

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

For 2009/10 we will focus on:

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

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

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

The provider is required to: (a) The type of specialist equipment must be included in the personal plan with details of settings for individual service users, where appropriate. (b) Ensure that all staff undertake training and have a demonstrable understanding of the use and application of this specialist equipment.

This is in order to comply with: The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 4(1) Welfare of users - a requirement to make proper provision for the health and welfare of service users. The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 12 (b) Facilities in care homes - a requirement to provide other such equipment for general use of service users as is suitable and sufficient having regard to their health and personal needs. The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 19 (3) (e) maintenance of equipment which is used in the provision of the service

Timescale for implementation: within two weeks of receipt of this report.

Action taken on the Requirement
Personal plans evidenced that detailed information had been included relating to specialist equipment. Staff had also undergone training in relation to specialist equipment, and further training was planned.

The requirement is:
Met
The provider is required to ensure that a tissue viability training plan which addresses the identified training and development needs of each staff member, is developed and delivered.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) Regulations 4(1) (a), 9(2) (b) and 13(c) (i)

Timescale for implementation: within six weeks of receipt of this letter.

**Action taken on the Requirement**
Basic training for all staff has been carried out, and further training for other grades of staff has been identified.

**The requirement is:**
Met

The provider must ensure that care plans should reflect individual service user needs, identifying specific care and social needs and how the service will meet these needs.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 5 (1) Personal Plans. That - a provider shall, after consultation with each service user and, where it appears to the provider to be appropriate, any representative, within one month of the date on which the service prepare a written plan (the 'personal plan') which sets out how the service users health and welfare needs are to be met.

Timescale for implementation; eight weeks from the receipt of this report.

**Action taken on the Requirement**
The service has taken action to encourage staff to identify individual service user’ needs and make clear in care plans how these should be met.

**The requirement is:**
Met

The provider must ensure that comprehensive systems of assessment, monitoring and evaluating residents care needs are in place. These must lead to the development of detailed care plans relating to all aspects of resident's care including social psychological and behavioural issues.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 4 (1) (a)that providers shall make proper provision for the health and welfare of service users.
Timescale for implementation: within 4 weeks from the receipt of this report.

Action taken on the Requirement
Some action had been taken by the service to address this issue, but personal plans sampled on the day of inspection did not reflect the needs of residents in relation to the management of behaviours.

The requirement is:
Not Met

There must be a clear protocol to support good practice in the administration of "as required" medications and staff must demonstrate knowledge of this protocol. This should be in the care plan and the MAR chart. Staff must be aware of when and why the medication is to be used, any criteria for use, including any maximum dosage limits in a given time period, side effects and duration of treatment, including a review date. Where sedative or anti psychotic medication is prescribed on a regular or "as prescribed" basis the care plans should correspond to best practice detailed in the Mental Welfare Commission's document "Rights, Risks and Limits to Freedom", June 2006.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI/114 Regulation: 4 (1) (a) Providers shall make proper provision for the health and welfare of service users and; 4(1)(c) Providers shall ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

Timescale for completion: within 4 weeks from the receipt of this report.

Action taken on the Requirement
Personal plans and medication records sampled on the day of inspection did not consistently include protocols for the use of as required medication.

The requirement is:
Not Met
Where a nutritional need has been identified, the service must ensure that clear and concise information regarding how these needs should be met is recorded. This should include a monitoring process of any recordings relating to service user nutritional intake. This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI/114 Regulation: 4 (1) (a) Providers shall make proper provision for the health and welfare of service users. Timescale for completion: within 4 weeks from the receipt of this report.

**Action taken on the Requirement**

This requirement was not inspected in detail at this inspection although it was recognised that some work had done towards meeting the requirement.

**The requirement is:**

Not Met

The provider is required to ensure that a tissue viability training plan which addresses the identified training and development needs of each staff member, is developed and delivered.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) Regulations 4(1) (a), 9(2) (b) and 13(c) (i)

Timescale for implementation: within 6 weeks of receipt of this letter.

**Action taken on the Requirement**

Training relating to tissue viability for a range of staff has been put in place.

**The requirement is:**

Met

**Actions Taken on Recommendations Outstanding**

Some action had been taken on previous recommendations made, but these remain in place.

**The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.
By law every registered care service must send us an annual return and provide us with
the information we have requested. The relevant law is the Regulation of Care (Scotland)
Act 2001, Section 25(1). These forms must be returned to us between 6 January and 28
February 2009.

Annual Return Received
Yes - Electronic

Comments on Self Assessment
The service provided a sizable self assessment which provided the inspection with some
useful information used in the compilation of this report.

Taking the views of people using the care service into account
Service users spoken with during the inspection were generally very pleased with the
service they received. One lady commented that the service she received changed her
life very positively, and others commented that the staff were very good.

Taking carers’ views into account
One relative was available during the inspection and was able to make valuable
comments
Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

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 statement was looked at in more detail at previous inspections. Residents and carers had a good range of opportunities available to them in order to participate in assessing and improving the quality of care and support provided by the service. It was noted at the last inspection that questionnaires had been sent to residents and their carers/relatives, and the service had analysed responses and had identified actions to be carried out. The service continued to carry out residents and relatives meetings, and actions from these meetings were displayed on a 'you said, we did' noticeboard.

The service is at the early stages of developing a Care Forum, and staff and relatives are invited to join. A relative has been identified as a Chairperson, and the Manager stated that they intended to use the Care Commission's guidelines on how to involve people as a basis to develop the forum.

Areas for Improvement
As part of the development of the Care Forum the service should also make sure that they consider methods to ensure that residents with a range of communication difficulties are able to comment on the service they received.

Grade awarded for this statement
4 - Good

Number of Requirements
0

Number of Recommendations
0
**Statement 3**
We ensure that service user's health and wellbeing needs are met.

**Service Strengths**
Residents spoken with were able to confirm that they were very happy with the service provided. One resident stated that she felt that the staff were like members of her family and that they had been very helpful in helping her to improve her health. Other residents also said that they felt staff were competent and able to meet their needs in a person centred way.

Records confirmed that for some individual residents, their needs had been taken into account when compiling care plans. This included details such as preferred times of rising and how personal care needs should be met. Personal plans included a range of risk assessments in place, with appropriate action taken following assessment. Since the last inspection the service had Residents spoken with seemed happy with activities provided, which included amongst others, social activities, craft sessions and chair based exercises.

Staff were able to describe in detail the range of care that residents required, and actions they would take, for example, to calm a distressed resident. They were also aware of the nutritional and health needs of residents, and had strategies in place, for example to encourage residents with skin problems to eat a healthy diet. One relative spoken with during the inspection stated that they were confident that nursing staff would contact GP services when required.

**Areas for Improvement**
Care plans sampled during the inspection did not consistently outline the range of approaches used by staff to manage episodes of challenging behaviour. This was despite regular staff being aware of different methods used. This had been a requirement at the last inspection and this remains in place. (see requirement 1) Where residents had been prescribed medication to manage behaviour, a protocol to guide staff was not always in place. (see requirement 2) This had also been a requirement at the last inspection and remains in place.

On one personal plan sampled during the inspection a recognised potential infection had not been followed up over the period of 5 weeks. (see requirement 3) The Manager, and senior staff were able to provide relevant information relating to this infection to evidence that action had been taken, but this had not been included in the residents personal plan.
Grade awarded for this statement
3 - Adequate

Number of Requirements
3

Number of Recommendations
0

Requirements

1. The provider must ensure that comprehensive systems of assessment, monitoring and evaluating residents care needs are in place. These must lead to the development of detailed care plans relating to all aspects of resident's care including social psychological and behavioural issues.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI 114 Regulation 4 (1) (a) that providers shall make proper provision for the health and welfare of service users.

Timescale for implementation: within 4 weeks from the receipt of this report.

2. There must be a clear protocol to support good practice in the administration of "as required" medications and staff must demonstrate knowledge of this protocol. This should be in the care plan and the MAR chart. Staff must be aware of when and why the medication is to be used, any criteria for use, including any maximum dosage limits in a given time period, side effects and duration of treatment, including a review date. Where sedative or anti psychotic medication is prescribed on a regular or "as prescribed" basis the care plans should correspond to best practice detailed in the Mental Welfare Commission’s document "Rights, Risks and Limits to Freedom", June 2006.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 SSI/114 Regulation: 4 (1) (a) Providers shall make proper provision for the health and welfare of service users and;

4(1)(c) Providers shall ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

Timescale for completion: within 4 weeks from the receipt of this report.

3. The provider should ensure that residents are supported to access healthcare professionals promptly.
This is in order to comply with SSI 114 Regulation 4 (2) Welfare of Users - Providers of a care home service shall make such arrangements as are necessary for the provision to service users of adequate services from any health care professional.

Timescale for completion: on receipt of this report.
Statement 5
We respond to service users' care and support needs using person centered values.

Service Strengths
Personal plans sampled during the inspection included comprehensive information gathered on admission on the choices of residents. This included specific preferences for food, and suggestions for calming activities to manage behaviour. Some personal history information was also seen to be recorded. Care plans provided individualised information on a range of care needs, and these were evaluated regularly, usually monthly.

Some activities available were based on the personal choices of residents such as watching films and walking in the garden. Staff stated that residents were encouraged to make choices of activities on a daily basis. The home had arranged social activities to meet preferences of residents, such as trips to local garden centre, and celebrating significant dates.

A requirement had been made at the last inspection relating to care plans reflecting individual social and care needs and work had been done to make sure that this had been carried out.

Areas for Improvement
Although work had been done to reflect the personal preferences and needs of residents in care plans, this had only partially completed and should be continued to include all residents plans.

Grade awarded for this statement
3 - Adequate

Number of Requirements
0

No of Recommendations
0
Other Information

Complaints
There have been no complaints made about the service since the last inspection.

Enforcements
There has been no enforcement action taken on the service since the last inspection.

Additional Information
None noted.

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

Quality of Care and Support - 3 - Adequate
   Statement 1                          4 - Good
   Statement 3                          3 - Adequate
   Statement 5                          3 - Adequate

Quality of Environment - Not Assessed

Quality of Staffing - Not Assessed

Quality of Management and Leadership - Not Assessed

Inspection and Grading History

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<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<td>7 Jan 2010</td>
<td>Unannounced</td>
<td>Care and support 2 - Weak</td>
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<td></td>
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<td>Environment 4 - Good</td>
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</tr>
<tr>
<td>Management and Leadership</td>
<td>2 - Weak</td>
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</table>
Terms we use in our report and what they mean

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

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

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

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

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

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

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

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

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.
**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.
How you can use this report

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

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

People who use care services, their relatives and carers

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

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

Reader Information

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

Translations and alternative formats

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

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

宴uanరోసంపాంటు అంచ ఫ్రెమ్యాండ్ ఏండు అంచ వాం పాతాం బాం.

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

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Improving care in Scotland