Newbyres Village
Care Home Service Adults
20 Gore Avenue
Gorebridge
EH23 4TZ

Inspected by: Jan Ferguson
Donald Preston, Inspector
Type of inspection: Unannounced
Inspection completed on: 16 November 2011
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Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

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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 2 Weak
- Quality of Environment 2 Weak
- Quality of Staffing 2 Weak
- Quality of Management and Leadership 1 Unsatisfactory

What the service does well

The service is provided in an environment which contains special features for people with memory problems. Residents and relatives spoke highly of the staff in the home.

What the service could do better

The Management and Leadership of the service needs to improve to ensure that there are good lines of communication between residents, relatives and staff. The deployment of staff needs to be reviewed taking into account the needs of the residents.

What the service has done since the last inspection

The requirements from the last inspection have not been met. These included a requirement to provide adequate staffing levels and sending us notifications about significant events in the home.

Conclusion

The Provider has appointed an interim manager who has been given support by a manager from another service and the resource manager. It was evident that they were assessing the service by working with the staff and had identified areas for improvement. We found that the lack of leadership has had an impact on the quality of the service provision. The provider has recognised this and produced an action plan.
with short timescales for improving the service. We will shortly carry out another inspection of the home to assess the progress that has been made by the provider.

**Who did this inspection**

Jan Ferguson
Donald Preston, Inspector
1 About the service we inspected

Newbyres Village consists of a Care Home which offers accommodation for 60 older people (plus one respite room) all on one level in five separate residential wings, a service wing and a community cafe and shop. The overall concept is a village with five streets, each wing being named first, second, third, fourth and fifth street. Each wing has its own communal sitting/dining area, small kitchen, quiet room/library, assisted bathrooms and toilets. Each bedroom has an ensuite facility and its own back door to the gardens and patio area. The home is within walking distance of local amenities and provides secure gardens paved for walking with seating and lighting.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS now known as the Care Inspectorate.

The aims and objectives of the service included:
"To identify and understand the social care needs of the residents
To ensure that residents are central to the care planning process
To continuously seek to improve service standards."

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

- Quality of Care and Support - Grade 2 - Weak
- Quality of Environment - Grade 2 - Weak
- Quality of Staffing - Grade 2 - Weak
- Quality of Management and Leadership - Grade 1 - Unsatisfactory

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.scswis.com or by calling us on 0845 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 high 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
This report was written following an unannounced visit on 24 October from 9.30am to 4.30pm, on 25 October from 4pm to 8.30pm (which included attending a relatives meeting) and on 9 October from 9.45 am to 11.45am. The inspection was carried out on each of these days by Jan Ferguson, Inspector, assisted by Donald Preston, Inspector, on 24 October. Informal feedback was given to the management team at each visit. The final feedback was given on 15 November 2011 to the senior management. An action plan was given to us at this time detailing how the service was making improvements to the issues identified during the inspection.

During the inspection we gathered evidence from:
- observing how staff work
- personal plans of people who use the service
- staff training records
- accident and incident recording
- minutes of meetings
- discussion with a locality manager, the acting manager, the resource manager for Midlothian Council’s Older People Services, residents, relatives, staff and visiting health professionals.

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 requirements we made at our last inspection

The requirement
It is required that the provider ensures that the service has sufficient care staff on duty to meet the service users needs. This is to comply with; - SSI 2002/114- a provider shall ensure that at all times suitably qualified and competent staff are working in the care service in such numbers as are appropriate for the health and welfare of the service users. Timescale: This requires to be implemented from the time of receipt of this report.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 1

The requirement is: Not Met

The requirement
It is required that the provider ensures that all staff employed in the service have training that it up to date. This is in order to comply with: SSI 2002/114 Regulation 13 (c) (i) Staffing- staff have training appropriate to the work they are to perform. Timescale: Within one week of receipt of this report the Provider should advise the Care Commission of the plans for achieving this and of the dates by which all staff will have received this training.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 1.

The requirement is: Not Met

The requirement
It is a requirement that the personal plans are reviewed every six months. This is in order to comply with : SSI 2002/114 Regulation 5 (2) (b) (ii)- Personal Plans Timescale: The initial programme of reviews must be carried out within 3 months of this report and be continued on an ongoing basis.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement 1.

The requirement is: Not Met
The requirement
It is a requirement that a record of all accidents is kept in the service and the Care Commission is notified of any accident resulting in a GP visit, hospital admission or visit/referral to an accident and emergency department. This is to comply with: SSI 2002/114 21 (2) (band c). Notification of death, illness and other events. Timescale: immediate as identified at the time of the inspection.

What the service did to meet the requirement
We have reported on this under Quality Theme 1 Quality Statement

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection
There were no recommendations outstanding.

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.

We received a self assessment document from the service provider. There were areas of the self assessment that were incomplete but the parts that were completed contained relevant information under each of the headings that we grade.

Taking the views of people using the care service into account
We considered the content of eight residents questionnaires. All agreed or strongly agreed that they were satisfied with the service, although four commented that there were not enough staff and one commented that there was no participation. It should be noted that the questionnaires were returned in May 2011. We spoke with ten residents during the inspection and the following were representative comments:

“No one to talk to. Staff very good , but they don’t ask me what I want to do"

“Have to wait a long time for meals”

“not enough staff”
“Don’t need inspectors need workers”
“food not that good but get choices”
“staff are very good but not enough of them especially in the morning

Taking carers’ views into account
We considered the content of thirteen relatives questionnaires. All agreed or strongly agreed that they were satisfied with the service. However one had an issue with personal clothing and one felt that the food quality was poor. Again these questionnaires were returned to us in May 2011. We contacted one of the relatives who had completed the questionnaires and confirmed that they continued to be satisfied with the care. We spoke to eight relatives at this inspection and the following were representative comments:

“fabulous place but standards have slipped. Basics are not being met”
“Been very happy with staff and care”
“staff rush about / not enough staff”
“Staff and management very approachable.”
“care home welcoming”
“well looked after, staff are great but they are short of staff especially at the weekend”
“things not getting any better”
“low staff esteem”
“Staff are having to look at photos to identify the residents as they haven’t been in the street before”
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

Overall grade awarded for this theme: 2 - Weak

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
The service has a participation strategy. There had been a relatives meeting at the end of August and we attended the most recent one during the inspection. We saw that the relatives were invited to make their comments about how to improve the service.

Areas for improvement
We looked at the minutes of the previous relatives meeting and found that many of the issues raised by the relatives had not been actioned.

There were no minutes of any residents meetings available. Due to the changes in management it was unclear when the last resident’s meeting was held. We have made a recommendation about this.

The following was a requirement in the previous report:

"It is required that the provider ensures that the service has sufficient care staff on duty to meet the service users needs."

Progress:
A review of the resident’s needs and dependencies had not been carried out at the time of the inspection, therefore the service was unable to demonstrate that they had sufficient staff on duty. The comments from residents, relatives, staff and a visiting health professional were that there were not enough staff on duty to meet the needs of the residents.
This requirement has not been met and will be carried forward. See Requirement 1.
We looked at the duty rota s for a three week period. We also examined allocation sheets which should have shown where staff were working on each shift. We found evidence that it was not possible to determine how many staff had actually been on duty in the home on several occasions during the three week period. We have made a requirement about this. See Requirement 2.

We looked at the personal plans and found that the reviews of the residents care were not consistently recorded and signatures and dates were missing. We have made a requirement about this. See Requirement 3

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 3

**Number of recommendations:** 1

### Requirements

1. You must put in place a system for the purpose of ensuring that at all times the number of suitably qualified and competent staff on duty is sufficient to meet the health and welfare needs of service users and to protect service users from avoidable risk or harm. The system must make provision for, but not be limited to, ensuring that there are sufficient, suitably qualified staff to provide individual support to service users who need help to eat; to supervise service users in lounge areas and to meet the social and emotional needs of service users by providing suitable activities.

   This is to comply with SSI 2011/ 210 15(a) - Staffing and takes account of the National Care Standards Care Homes for Older People: Standard 5.7

   Timescale: 30 November 2011

2. You must ensure that the records that are in place for recording the staffing in the home are completed correctly in order to ensure that there is an accurate record of the names and numbers of staff on duty at all times.

   This is to comply with SSI 2011/ 210 15(a) - Staffing and takes account of the National Care Standards Care Homes for Older People: Standard 5.7

   Timescale: within 24 hours of receipt of this report.

3. It is a requirement that the personal plans are reviewed every six months.

   This is in order to comply with : SSI 2011/ 210 5 (2) (b) (ii)- Personal Plans

   Timescale: 31 January 2011.
Recommendations

1. We recommend that any meetings held with residents are minuted in order that there is a record of any outcomes or actions taken as a result of the meetings. This is to take account of the National Care Standards Care Homes for Older People Standard 11 Expressing your views.

Statement 3
We ensure that service user’s health and wellbeing needs are met.

Service strengths
We had evidence that the service was using a nutritional screening tool and some residents had a pressure risk assessment tool in place. These tools once completed alerted staff to the residents who were deemed at risk. We spoke to staff and found that some of them had training on how to implement these.

We saw that the service had water coolers to assist easy access to fluids which is important for older people. Hydration training was planned for all staff.

There were plans to provide picture menus so that residents could visualise what meals were to be provided.

We saw that there was a variety of entertainment on offer for the residents.

Areas for improvement
The following was a requirement in the previous report:

1. It is required that the provider ensures that all staff employed in the service have training that it up to date.

Progress:

We had evidence that staff lacked confidence in Moving and Handling techniques. We asked to see the records of staff’s Moving and Handling training to ensure that they were up to date. This was not provided. We were told that there were only six staff yet to have their training updated. We were told by a health professional that staff could benefit from training in transferring residents from bed to chair.

We found that some of the staff did not understand the malnutrition universal screening tool used for alerting staff to the residents who were at risk of malnutrition.

We looked at the personal plan of a resident who had recently been hospitalised and noted that they had not had a pressure risk assessment carried out.
We looked at the medication administration sheets and found that there were inconsistencies in the recording of the medications. We spoke to a health professional who said that they thought the staff could benefit from training about medication.

This requirement has not been fully met. We have amended the requirement and carried it forward. See Requirement 1

We looked at the care plans and recording of personal care being carried out and saw that there were gaps in the recording. For example a food and fluid chart had not been completed adequately when a resident was bedridden. This meant that the service could not evidence that care was being provided and that food and fluids had been offered. We have made a requirement about this. See Requirement 2.

We observed breakfast, lunch and the evening meal being served. We saw that on occasions some of the residents had to wait an unduly long time for their meal. A resident commented at breakfast time "they are taking their time this morning". In one street it was almost 1pm when the residents were served their lunch which should have been at 12.30. The evening meal was however served from 4.30pm onwards. It was acknowledged that this was too early. We were aware on the second day of our visit that action had already been taken to address this. We will review this at the next inspection.

The care staff had told us that they had no time to carry out activities. Many of the residents were watching the television. We looked at records of the activities and noted that there were few of these recorded over the past two months. Many entries were "watching TV or "family visit". We have made a requirement about this.

Grade awarded for this statement: 2 - Weak
Number of requirements: 3
Number of recommendations: 0

Requirements
1. The Provider must ensure care staff have adequate training to meet the needs of the service users. This training must include, but is not limited to:
   nutrition
   record keeping
   effective care planning.
   medication
   pressure area care
   moving and handling
   infection control
The Provider must evidence that staff have understood this training and evidence how practice has changed as a result.
This is to comply with: SS1 2011/210 15 (b) (i) Staffing and takes into account the National Care Standards Care Homes for Older People.
Timescale: By December 16 2011 the Care Inspectorate will be provided with the training plan for all staff who work in the home.
By February 29 2012 all identified staff to have completed this training.

2. The provider must ensure that where a resident is not able to take or access fluids independently that there is an associated risk assessment in their personal plan which will provide information on how staff should monitor and evaluate fluid intake.
This is to comply with:
SS1 2011/210 4 (1) (a) Welfare of Service Users and takes into account of the National Care Standards Care Homes for Older People Standard 14.
Timescale: Immediate at the time of the inspection.

3. The Provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately.

This is to comply with:
SS1 2011/210 4 (1) (a) Welfare of Service Users and takes into account the National Care Standards Care Homes for Older People Standard 12.
Timescale: 4 weeks from the receipt of this report.

Statement 6
People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

Service strengths
The service offers introductory visits. The service has an internet site where information about the home can be accessed.
The service had an introductory pack for all new residents.

Areas for improvement
The service should maintain its current good standards in relation to this statement.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
We were told that the residents had input into the choice of carpet for the main hallway of the home.

Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Areas for improvement
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement

Grade awarded for this statement: 2 - Weak
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
The home was clean and the environment continued to have some attractive features.

The service has comprehensive risk assessments completed for residents.

Areas for improvement
The carpet in 2nd Street was looking worn and stained. We were told that there were plans to replace this and a date of December 14 was given to us.

We observed the following infection control issues:
We observed a lack of liquid soap and paper towels in the toilet areas. We observed a carer carrying soiled linen wearing no protective clothing. We observed that the bins used for clinical waste and other waste did not all have pedals which would be good practice for infection control purposes. We saw linen stored in the laundry which did not meet with the homes soiled linen policy. We have made a requirement about these issues.

We noticed that there were some gaps in recording risk assessments and that permissions for the use of bed rails were missing. The service is carrying out a review of all documentation. We will review this at the next inspection.

We observed and had a comment made from a professional visitor that some of the chairs provided in the lounge areas were not suitable for resident’s needs. We have made a recommendation about this.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements
1. The Provider is required to carry out a review of the infection control policy and procedures to ensure that they meet with best practice.

This is to comply with SSI 2011/210 Regulation 4(1) (d) and take account of the National Care Standards Care Homes for Older People. Standard 4.2
Timescale: Two weeks form receipt of this report.

Recommendations
1. We recommend that a review of the seating provided for residents is carried out to ensure that it is suitable for the residents currently accommodated in the home.
This is to take account of the National Care Standards Care Homes for Older People Standard 14.

Statement 4
The accommodation we provide ensures that the privacy of service users is respected.

Service strengths
There were private sitting areas in the home. Each resident had a single room.
Areas for improvement

We noted that the toilet areas near to the sitting rooms could be seen if a resident was on their own and did not close the door. We asked the provider to review these areas to ensure that residents privacy was not compromised.

We saw unnamed items of underwear on three trolleys which we were advised were used for communal use. We have made a requirement about this.

Grade awarded for this statement: 2 - Weak
Number of requirements: 1
Number of recommendations: 0

Requirements

1. The provider should ensure that all personal clothing is used only by each individual and that residents are not expected to use other people’s clothing. This is to comply with:
SSI 2011/210 4 (1) (b)- respect the privacy and dignity of service users, and to take account of the National Care Standards Care Homes for Older People.
Timescale: immediate at the time of the inspection.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths
The residents and relatives commented very positively about the staff.

Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement

Areas for improvement
We had evidence that relatives and residents were concerned at the shortage of staff. This had been expressed at a relatives meeting in August and in comments to us at the time of the inspection. There was no evidence that action had been taken as a result of this.

Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement

Grade awarded for this statement: 2 - Weak
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
There were two care team supervisors due to start working on the streets to supervise staff.

Midlothian Council are introducing a Competence framework which will require Staff "to attain a pre-set level of competence" before they can be rewarded.
Areas for improvement
The service was unable to evidence that regular training had taken place. We have made a requirement about this under Quality Theme 1 Quality Statement 3

Grade awarded for this statement: 2 - Weak
Number of requirements: 0
Number of recommendations: 0

Statement 4
We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths
Staff were aware of the Scottish Social Services Codes of Conduct.

We observed staff being respectful to residents.

Areas for improvement
Some of the residents and relatives spoke of the staff being rushed. Some staff we spoke to said that they felt rushed, due to lack of staff or staff being in the streets and not knowing the needs of the residents ie Agency staff or staff who normally worked in a different street. We have made a requirement under Quality Theme 1 Quality Statement 1 about this.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 1 - Unsatisfactory

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
Comments identified in Quality Theme 1 Quality Statement 1 are also relevant to this statement.

Areas for improvement
We could find no evidence that the Provider had involved the residents and carers in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 2 - Weak
Number of requirements: 1
Number of recommendations: 0

Requirements
1. The provider should ensure that the service is provided in a manner which promotes quality. This is to comply with: SS1 2011 No 210 .3.
   Timescale: 14 January 2012

Statement 3
To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths
There was evidence that staff have had their roles developed by giving them an acting up role. Formal leadership and management training has been undertaken by staff in management posts.

We were advised that the service was planning to implement a new appraisal system.

A staff care team leader post was to be introduced.
Areas for improvement

Due to the lack of management and managerial oversight the staff have not had regular meetings. This had implications on supervision and involving the staff in decision making. Some staff spoke of not being listened to and there being a lack of guidance from management when caring for the residents. We have made a requirement about this.

Grade awarded for this statement: 2 - Weak
Number of requirements: 1
Number of recommendations: 0

Requirements

1. The provider must put in place systems for "responding appropriately to staff who seek assistance because they do not feel adequately prepared to carry out aspects of their work". This is to comply with SS1 2011/210 4.(1) (a) and takes account of the Scottish Social Service Workers Codes of Practice for Employers 3.4. Timescale: Two weeks from receipt of this report.

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

Midlothian Council Social Work had a Quality Assurance Policy for Care Homes and Older People.

Areas for improvement

We did not have any evidence that a quality assurance system was in place which could monitor and improve quality standards. We have made a requirement about this. See Requirement 1.

The service had not implemented any part of the action plan they had returned following the last inspection to the service.

The following was a requirement in the previous inspection:

"It is a requirement that a record of all accidents is kept in the service and the Care Commission is notified of any accident resulting in a GP visit, hospital admission or visit/referral to an accident and emergency department, allegation of abuse in relation to a person using the service, allegation of misconduct by any person employed in the service, absence of a manager."
Progress:
We found that there had been significant events in the service which should have been notified to us and which were not. This requirement was not met and will be amended and carried forward.

Grade awarded for this statement: 1 - Unsatisfactory
Number of requirements: 2
Number of recommendations: 0

Requirements
1. The Provider should implement its own Quality Assurance policy in the service.

   This is to comply with: SS1 2011 No 210 .3. - the service should be provided in a manner which promotes quality.

   Timescale: 13 January 2011

2. It is a requirement that a record of all accidents is kept in the service and the Care Inspectorate is notified of any accident resulting in a GP visit, hospital admission or visit/referral to an accident and emergency department. The Care Inspectorate also requires to be notified of an allegation of abuse in relation to a person using the service, allegation of misconduct by any person employed in the service and the absence of a manager.

   In addition the provider is to advise the Care Inspectorate via the eform system of all significant events which have taken place in the service since April 1 2011.

   Timescale: Within two weeks from receipt of this report.

   This is to comply with The Public Services Reform (Scotland) Act 2011, the Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011
4 Other information

Complaints
There has been one complaint upheld since the last inspection

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

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 SCSWIS 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).
5 Summary of grades

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6 Inspection and grading history

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<td>29 Oct 2009</td>
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<td>3 - Adequate</td>
</tr>
<tr>
<td>30 Apr 2009</td>
<td>Announced</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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