Crossroads (Dunfermline) Care Attendant Scheme
Support Service Care at Home

Unit 10
Dunfermline Business Centre
Izatt Avenue
Dunfermline
KY11 3BZ
Telephone: 01383 621774

Inspected by: Karen Mack
Louise Curtis

Type of inspection: Announced (Short Notice)

Inspection completed on: 1 October 2012
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### Service provided by:

Crossroads (Dunfermline) Care Attendant Scheme

### Service provider number:

SP2004006860

### Care service number:

CS2004078542

### Contact details for the inspector who inspected this service:

Karen Mack  
Telephone  01383 841100  
Email  enquiries@careinspectorate.com
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

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<th>Area</th>
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<tr>
<td>Quality of Care and Support</td>
<td>4</td>
<td>Good</td>
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<td>3</td>
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What the service does well

The feedback about the care and support provided by Crossroads was very positive. The service users and carers that we spoke with told us of the individual qualities of the staff who visited them. One of the service users told us 'the key word here is ‘friend’ - there is a rapport’ - the family told us ‘I would give this service 10/10 without a doubt’. The staff team demonstrated a good knowledge and understanding of the service users and their families. The staff group felt well supported.

What the service could do better

The service should develop the assessments and care and support plans to further support service users and staff. The service and provider should ensure that Induction and core training provided for staff reflect best practice and the developing service.

What the service has done since the last inspection

There has been a change of manager since the last inspection. The new manager has been with the organisation for several years and in the managers’ post since May 2012. The manager recognised that there were areas of development that could benefit the service users, carers and staff.
Conclusion

Crossroads continue to provide a highly valued service to those who use it. Service is provided by a staff team that are experienced and consistent. This inspection was carried out during the first 2 months of the manager being in post. The Board should ensure that the manager is supported as she identifies areas for professional and service development. The recommendations and requirement made during this inspection process have impacted on the Grades awarded. The service will be inspected in the next inspection year (April 2013-April 2014) and all Grades reviewed.

Who did this inspection

Karen Mack
Louise Curtis
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

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

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Crossroads (Dunfermline) Care Attendant Scheme supports carers in the community by offering them short breaks at regular intervals to suit them. Care attendants can support and assist the service user to carry out hobbies and activities in their home that are of interest to them and can, by arrangement, take a service user out to the local shops, cinema etc. Alternatively, the care attendant can ‘sit’ with the service user providing companionship whilst maintaining their safety, comfort and well-being for the duration of the visit. The service cares for people with a variety of illnesses and disabilities. The scheme is coordinated and managed from an office in Dunfermline. The manager is supported in the office by the administrator. The fund raising co-ordinator also uses this base.

The service currently employs 10 care attendants and provides a service to around 60 individuals. The service receives referrals from various sources including the social work department, health services and families directly.

The service is supported by a Board of Directors of 5 volunteers with a mix of professional backgrounds, a staff member and a carer of a service user.

There is no charge to service users or carers for the service.
Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good  
Quality of Staffing - Grade 4 - Good  
Quality of Management and Leadership - Grade 3 - Adequate

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This report is based on a short notice announced visit to Crossroads. The inspection involved a visit to the main office in Dunfermline on the 4th, 5th and 14th of September. During this inspection we spoke to Service Users and relatives/carers on the telephone (Carers and service users were offered a visit in their home but chose to speak on the telephone). We met with staff directly in the office and spoke with them on the telephone.

Inspection feedback to the manager and a member of the board was on 1st October.

The inspection focused on 3 Quality Themes this year with 2 or 3 statements under each theme heading.

As requested by us, the service submitted a completed Annual Return and a Self Assessment form and this was used in preparation and during the Inspection.

During this Inspection we gathered evidence from various sources including:

Relevant sections of policies/procedures/records/documents
Care and support plans of Service Users
Minutes of meetings
Accident and Incident records
Complaints/Comments record
Staff Records
Training records
Questionnaires that had been issued and returned to the care service from Service users, their relatives or advocates

We spoke with various people including:
Service Users and their carers
Management team
Care staff
All of the previous information was taken into account during the inspection process and was reported on. For the purpose of this report, people using the care service will be referred to as ‘Service Users’, a term used within the service inspected. The staff will be referred to as ‘care attendants’.

**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
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.
A fully completed self assessment was returned to us before the inspection. This had been completed to a satisfactory standard and highlighted the services’ strengths as well as areas for improvement. The provider should use their self assessment to highlight how the strengths they identified had improved outcomes for service users/residents.

Taking the views of people using the care service into account
One questionnaire was completed and returned to us by a service user. We then contacted more Service Users directly. We received some comments as follows:
‘As ever more help would be better - but am glad of what can be given’
‘The carer is a good friend - she is considerate, I really enjoy my afternoon out’
Further comments are included in the body of the report.

Taking carers’ views into account
Six questionnaires were completed and returned to us by relatives and carers of those who use the service. Their comments included:

‘Crossroads provide a fantastic service and we value the time we have knowing our son is safe and well looked after’

‘The structure and process of the system are fine and don’t need altering (I didn’t know about the complaints procedure as I have had no need to even think about complaining!) What makes the system excellent is the very high calibre of the individuals that we have encountered - keep up the good work!’

Further comments are included in the body of this report.
3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service publishes a newsletter twice per year. We collected a copy of the summer edition during the inspection process. This provided information on recent events that the organisation had been involved with and detailed coming events, this included fundraising. The newsletter included information on training relevant to carers such as managing challenging behaviour and contact details for organisations such as ‘Contact the Elderly’, ‘Fife Advocacy’ and ‘Fife Carers Centre’. The newsletter also reminded carers that funding was still available for the cost of having a holiday break.

The service provides an information leaflet that tells service users and their families of the services that Crossroads provide. This includes information on the national care standards and the codes of conduct that social services staff must follow. This is sent to all individuals/families when the referral to Crossroads is received.

Quality Assurance questionnaires had recently been completed and returned by both service users and the carers using the service. The survey covered areas such as the information provided at the start of the service, the conduct of the care attendant and the support of the management team. Overall satisfaction rates were very high. These questionnaires are issued annually and the overall findings were assessed by the convener of the Quality Assurance Group. See Areas for Improvement Statement 4.4 Quality of Management and Leadership.

The involvement of a carer and a member of staff at Board level mean there is an opportunity for their views to be heard and to influence the direction of the service.

We saw that service users and carers had written to the manager about the service through letters and thank you cards. These were extremely positive.
A carer told us that the manager did ask for feedback during reviews and they always received the Questionnaires.

**Areas for improvement**

The service had a ‘participation strategy’ with the aim of giving opportunities to service users and their carers to influence and develop the service. The service told us that this was not fully followed in practice due to the commitments of the carers. We saw that there could be more opportunity for service users and their carers to comment on the quality of the service provided and this was discussed during feedback. See Statement 1.3 Recommendation 2

Carers and service users sign a service user agreement when the service begins. This informs service users that there will be no holiday cover provided and that they will be informed if a staff member is absent due to illness. The manager told us that if a staff member was absent for some time the service would aim to provide cover. The service agreement should inform the service user/carer that individual situations will be considered.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
The service is pro active in fund raising as they are aware that changes in the funding environment can have a significant impact on the service they provide. We saw that Crossroads always considers the needs of service users/carers with the aim of providing the hours that funding allow.

The manager of the service meets with service users and their carers and considers the skills, nature and training of the care attendant best placed to support the service user and carer. The manager then accompanies the care attendant on their first visit to the service users’ home. The manager told us that this allows the service to further assess the suitability of that staff member whilst allowing the service user and family time to meet the care attendant before the service begins. One carer told us ‘I don’t know how they chose the care attendant for my daughter but it is a fantastic match, she got to know my daughter within a couple of weeks and can read her non-verbal communication as well as the family can - we could not be happier’

Crossroads currently meet with the service user and their families annually in their home to review their care and support needs. This is followed by a telephone review within the year. The service does respond to any request for a review out with this time. See Areas for Improvement and Recommendation 2.

Service users and staff told us that there were rarely any changes made to the visits and that there was a high level of consistency. Staff spoken with demonstrated a good knowledge and understanding of the service users they were supporting.

Carers told us ‘I have no doubt that the staff have the skills and competence to meet my daughters’ needs’.

‘This is a very good service with a competent carer, which gives me the time to go out for messages or a walk with no worries. The service is invaluable’

‘This is an excellent service; the staff have the skills to care for my husband’

Carers and service users commented positively on the appearance and attitude of the care staff.

‘I have a lovely lassie, I am grateful for the service - they give me the break and support that I need’.
Areas for improvement

The assessment and care and support plans for some service users need to be more detailed to inform staff of care and support needs. Out of the sample of 6 plans that we looked at some had limited information, an example being the person’s communication abilities. This means it can be more difficult for staff to support the service user and to meet their care needs. We discussed this with the manager and she recognised that the assessment could be more detailed in some cases.
(Recommendation 1)

There is a legal requirement to review an individual’s care and support plan every 6 months. The service user and carer should be part of this process. Documentation used at this time does not allow for the service user and their carer to sign that they have participated in the review and agreed with the outcome. One carer told us that the care had not been formally reviewed in the first 6 months of the service starting and he felt that this was important. We saw evidence from a review that additional hours had been requested by one family but could not see evidence that this had been followed up. We discussed with the manager the benefits of the first review being held within the first 3 months of the service starting.
(Recommendation 2)

We saw that more detailed assessment of risks would benefit the care staff and provide increased support to the service users. Risk assessments were not reviewed on a regular basis. We saw an example of a staff member being involved with an incident of challenging behaviour. The risk assessment for the service user was not reviewed after this incident. Further risk assessment would assess the changing needs of the service user whilst considering support and training needs of staff.
(Requirement 1)

The provider has advised the service to develop personal fire safety evacuation plans for each service user. The health and safety group have advised the service about time scales for this.

A Grade of 4 was awarded for this statement:
* The service had started to review their practice to reflect recommendations made during the inspection process.
* The positive feedback from service users and carers was recognised.
Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that appropriate risk assessments are in place and fully completed for all service users.

   This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation

   Regulation 4 1(a) Welfare of users

   This is a requirement for providers to make proper provision for the health, welfare and safety of service users.

   Time Scale - Within 6 weeks of receipt of report.

Recommendations

1. The service should ensure that they provide a care and support plan that meets the care needs and personal preferences of the service users. This should detail needs and preferences and set out how they will be met in a way that the service user finds acceptable including any special communication needs.

   National care Standards - Care at Home - Standard 3 - Your personal plan

2. The service must review an individual’s care and support plan 6 monthly. This document should allow for the service user and their carer to sign that they have participated in the review and agreed with the outcome.

   National Care Standards: Care at Home - Standard 3 - Your Personal Plan
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

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

Service strengths
The methods used by Crossroads to involve service users and relatives in assessing and improving all aspects of the service, including staffing are detailed in Quality Statement 1.1

Areas for improvement
The evidence for the grade awarded for this statement is included in Theme 1 Statement 1 Areas for Improvement

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths
Staff files sampled showed us that the service had followed a structure for staff recruitment. We saw that PVG (Protection of Vulnerable Group) checks were carried out along with formal interviews, photographic identity checks and health declarations. Two suitable references were obtained and checks carried out in relation to car insurance and driving licenses. Checks with relevant professional registers were undertaken if required.

We saw a copy of the staff induction programme. This covered key policies and procedures such as whistle blowing, codes of conduct and medication guidelines. New staff work through a care booklet which details scenarios they could become involved in. Staff we spoke to told us that this helped prepare them for the job as did spending time ‘shadowing’ existing staff.

A member of staff we met with started with crossroads 3 months ago. She described the out of hours support available, how training requests had been met and how the manager considered her interests and skills when matching her with a new service user. She gave an example of a visit that was not working for the service user and how the manager responded. The times and frequency of the visit changed and this has improved the quality of service for the service user and their family.

Areas for improvement
The way in which the provider delivers the staff induction training is under review. This is addressed in Quality Statement 3.3 'Areas for Improvement'.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Statement 3

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

Service strengths

We spoke with 5 members of staff either on the telephone or directly. Care staff spoken with demonstrated a good knowledge and understanding of the service users and families they were supporting. The staff recognised the value and benefits of the support that crossroads provided and stated that crossroads was a positive place to work. Staff told us that they felt well supported by the manager. The service has little turnover in the staff team.

The staff were able to provide examples of requesting training that was specific to the service users that they were working with such as Parkinson’s and Multiple sclerosis. We sampled 3 staff files and saw evidence of this. The manager told us that the service would contact the GP or District Nursing service when appropriate to arrange training in specialist areas.

Service users and their carers spoke highly of the staff and their values:

'We could not be happier with the service provided. We eagerly look forward to our visit every Tuesday evening. Our carer is kind, caring, thoughtful, enthusiastic, efficient and capable. There is no shadow of a doubt that staff have the skills and competence to meet our needs’

'A very good service with a competent carer, which gives me the time to go out for messages or a walk with no worries. The service is invaluable'

'I am more than happy with the excellent service given to my mother'

Areas for improvement

The induction programme for staff is under review. The service must ensure that this induction period allows for practical training to be completed before staff work with service users. An example of this is manual handling training. A piece of equipment was demonstrated to a new member of staff who had not received manual handling training, but the care attendants’ competency had not been formally assessed or recorded. The managers training requirements are addressed under Areas for Improvement in 4.4 Quality of Management and leadership.

The core training that staff receive, including manual handling, protection of vulnerable adults and health and safety, are delivered every 3 years. If staff are to carry out a task but have no recent experience or recent training, the service must evidence that staff have the necessary skills and confidence to meet the support and care needs of service users. We discussed with the service ways that this could be achieved.
Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service must ensure that staff are trained and have the necessary skills to meet the service users' support and care needs.

National Care Standards - Care at Home - Standard 3 Management and Staffing Arrangements.
Quality Theme 4: Quality of Management and Leadership
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 management and leadership of the service.

Service strengths
The methods used by Crossroads to involve service users and relatives in assessing and improving all aspects of the service, including the management and leadership of the service are detailed in Quality Statement 1.1

Areas for improvement
The evidence for the grade awarded for this statement is included in Theme 1 Statement 1 Areas for Improvement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0
Number of recommendations: 0
**Statement 4**

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

**Service strengths**

The staff felt well supported by the manager and went on to describe the support systems in place. Staff told us that staff supervisions are carried out every 3 months and that work place observation and appraisals are annual. The service told us that this means staff and management can reflect on the staff members practice as well as guiding each staff member and identifying training needs. The staff also informed us that team meetings are regular and do allow the opportunity to raise concerns.

The manager has identified training that would allow her to develop the service and respond to the needs of the service users and staff. The manager gave the example of attending manual handling training which would then allow her to demonstrate best practice to the staff and assess their competency. See Areas for Improvement and Recommendation 1.

The provider and service told us that there was little change to the service provided by Crossroads as a result of the satisfaction surveys completed by service users and carers. The overall satisfaction rate was high and service users/carers did not usually provide comments on this form. See Areas for Improvement.

The service gave us a leaflet entitled ‘Comments, Suggestions & Complaints Procedure’ which details their complaints procedure. This leaflet also provides details of the care Inspectorate and other organisations that could assist a service user in making a complaint. There have been no recent complaints.

We saw that if a service user had a fall or an accident recorded this was followed up appropriately by the manager.

**Areas for improvement**

The Board should ensure that the manager is supported as she identifies areas for professional and service development. The manager told us that she can request individual supervision time with a member of the board but that this has not been regular practice as yet (This was in place for the previous manager). Further supports such as meeting with experienced managers from other branches of the organisation were discussed at feedback. (Recommendation 1)

The service and provider should continue to review and develop their quality assurance systems. The service should be able to evidence positive outcome for service users and ensure all action plans are followed up.
We saw evidence that there were some occasions when families presented staff members with donations for the organisations. There were systems in place within the office to record donations received. The service must consider ways to develop this system to allow for service users and carers to record along with staff members that this donation was made in the service users' home. (Recommendation 2)

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. The provider must ensure that the service user experiences good quality support. This is to be provided by management and staff whose professional training and expertise allow them to meet service users’ needs. The service must operate in line with all applicable legal requirements and best practice guidelines.

   National Care Standards - Care at Home - Standard 4 - Management and Staffing Arrangements.

2. If staff are involved in any financial transaction, it will be carefully recorded in a way that that can be checked by the care inspectorate

   National Care Standards - Care at Home - Standard 4 Management and Staffing Arrangements.
4 Other information

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

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

Additional Information

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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<th>Quality of Staffing - 4 - Good</th>
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6 Inspection and grading history

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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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