

Care service inspection report

Methven House

Care Home Service Adults

14 Bennoch Road

Kirkcaldy

KY1 1YQ

Telephone: 01592 260420

Inspected by: Carole Kennedy

Aileen Scobbie

Type of inspection: Unannounced

Inspection completed on: 17 April 2014



HAPPY TO TRANSLATE

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Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Care service number:

CS2005102454

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

What the service does well

Staff were seen to be friendly and it was evident they knew the residents and their families well. Staff were observed to support people in a dignified and respectful manner. The service continued to offer residents opportunity to participate in a large choice of social activities and interest groups. Methven House had very good systems in place for involving residents, relatives and staff in assessing and improving all aspects of the service.

What the service could do better

In order to further improve quality outcomes for residents and ongoing development of the service, the manager and staff team will address the amended requirement made regarding medication record keeping and take forward the areas for development identified in this report.

What the service has done since the last inspection

We were pleased to note that improvements and developments had taken place in the service, for example:

- Areas of the middle floor of the home had been redecorated and new carpets fitted in the hallway.

- A television display screen had been purchased and installed in the entrance hallway. This welcomed visitors to the home and provided them with a range of information about the home and activities.
- A Kingdom Homes Choir had started.
- The service had continued to progress residents' and relatives' involvement in the service. This had included involvement in the provider's quality monitoring of the home environment.

Conclusion

Methven House is attractively furnished, well maintained and continues to provide a comfortable and welcoming environment. The manager and staff team continue to be committed to providing good quality care. Residents told us they had lots of choice in daily activities, liked the staff and felt very safe living in Methven House.

Who did this inspection

Carole Kennedy
Aileen Scobbie

1 About the service we inspected

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

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

Requirements and recommendations

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

Methven House is registered to provide 24-hour care for a maximum of 62 people. Methven House offers long-term residential care and nursing care for older people. Two named older adults are included in the numbers.

The home is laid out on three levels, with all rooms being spacious, well fitted out, and all having en-suite facilities. The top floor of the home has larger bedrooms, which provide ample space for easy chairs or a small sofa. All bedrooms have a telephone and television point.

On two of the three floors there is an internet cafe style room, with refreshments available and access to the internet if wished.

Outside the home, there is ample car parking to the rear of the building. At the front of the home there is a large open garden space with shrubs and walkways. Raised flower beds also feature in this garden.

The property is close to local amenities and accessible to Kirkcaldy town centre. The home is situated adjacent to the local railway station and within walking distance of the local bus station. Although the property faces a busy road, there are attractive views of the municipal gardens.

Mrs Sharon Adams is the registered manager and is responsible for the supervision of staff and day-to-day running of the home.

There were 57 people resident in the home at the time of the inspection. The people who live in Methven House prefer to be known as residents, therefore this term has been used throughout this report.

The inspectors would like to thank the residents, manager and staff for making us feel welcome and providing us with hospitality, and relatives and residents for giving up their time to speak to us.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 4 - Good

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

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

We wrote this report following an unannounced inspection. This was carried out by Inspectors Carole Kennedy and Aileen Scobbie. The inspection took place on 8 April 2014 between 6:00pm and 7:30pm. It continued on 17 April 2014 between 9:30am and 2:30pm. We gave feedback to the manager at the end of the inspection on 17 April 2014.

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

We sent 15 Care Standards Questionnaires (CSQs) to the manager to distribute to residents. No completed questionnaires were returned to us before the inspection. We also sent 15 CSQs to the manager to distribute to relatives and carers. One relative returned a completed questionnaire to us before the inspection. We also spoke with four relatives to gain their views on the quality of the service.

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

We spoke with:

- The manager and staff
- Six residents
- Four relatives
- NHS dietitian.

We looked at a sample of the policies, procedures and health and safety records which the service is required to maintain, including:

- Registration Certificate
- Staffing Schedule
- Insurance Certificate
- Minutes of residents, relatives and staff group meetings
- The Methven Mirror Newsletter

- Maintenance check records and associated audits
- Accident monitoring and action plans
- Wound management
- Dependency Tools
- Complaints management
- Training records
- Duty rota for period 17 Feb - 9 March
- Quality assurance processes including audits and the results of the providers annual quality survey.

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

This requirement was made as a result of a previous upheld complaint. The provider must ensure the service users' care and support plans contain accurate information on all of the service users' identified needs, and for any changes which have taken place to be clearly auditable with regards to when the changes have occurred. The evaluation of care and treatment must also be accurate and reflect in the actual plan of care.

This is to comply with:

SSI 2011/210 Regulation 5(1) - Personal Plans.

What the service did to meet the requirement

Examination of a sample of personal plans identified a range of person centred social and health information recorded including risk assessments and associated care plans. There was evidence of regular review and updating of information. Wound care management plans were seen to be in place and reflected current treatment regimes and outcomes.

The requirement is: Met - Within Timescales

The requirement

The service provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this the service provider must ensure that where handwritten instructions have been added to the medication administration recording sheets (MARS), these are signed by the authorising GP or the member of staff who transcribes the doctors instructions. Registered nurses must comply with current guidance published by the Nursing and Midwifery Council (NMC) about records and record keeping.

This is in order to comply with:

SSI 2011/210 Regulation 4(1) - Welfare of users.

What the service did to meet the requirement

Examination of four weeks MAR sheets identified handwritten instructions were appropriately transcribed and signed. However, we saw that there were a number of gaps in the recording of codes. This requirement has therefore been amended and is ongoing (see Quality Theme 4, Quality Statement 4).

The requirement is: Not Met

The requirement

The service provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure that staff record and evaluate actions taken in response to exceptional weight loss or gain. Any anomalies or errors must be investigated, the process redone, and the true facts identified and accurately recorded to ensure appropriate and timely intervention.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - Welfare of users.

What the service did to meet the requirement

Review of records and discussion with staff identified peoples' weights were routinely monitored and fortified diets were provided for people at risk of weight loss or under nutrition. We saw that where there were concerns regarding a person's dietary intake the service took appropriate action, for example, making a referral to the NHS dietitian. We spoke with the visiting dietitian in the course of the inspection. They told us that the manager and staff provided overall good care and they had no worries about nutritional care and support in Methven House.

The requirement is: Met - Within Timescales

The requirement

The service provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure appropriate precautions are in place and maintained to prevent and control risk of contamination, cross infection and harm. Staff must adhere to the services health and safety policies and procedures, and maintain fully completed and accurate records.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - Welfare of users.

What the service did to meet the requirement

Review of records, checks and observation of daily practice indicated that appropriate precautions were in place and followed by staff.

The requirement is: Met - Within Timescales

The requirement

The provider must adhere to the conditions of registration and ensure that the number of senior care assistants are on duty as detailed in the service's staffing schedule.

This is to comply with:

SSI 210/2011 Regulation 15 (a) - Staffing.

What the service did to meet the requirement

Some relatives and residents commented that on occasion they felt there were not enough staff visible. Review of staffing rotas indicated there were enough staff to meet the occupancy levels as per the staffing schedule. The manager also completes dependency assessments on each floor and these are taken into account for staffing provision.

The requirement is: Met - Within Timescales

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who use the service had taken part in the self assessment process.

Taking the views of people using the care service into account

For this inspection we received views from a group of seven of the 57 people residents in the home. They told us they were very happy with the quality of care and support provided by Methven House. We also chatted informally with residents and observed how staff interacted with residents who were unable to give their opinion. People were seen to be comfortable in the home and at ease with staff. Some comments received by residents are noted below and others have been included throughout the report:

- "The food is excellent, always get a choice".
- "The pastry is lovely".
- "We have a church service monthly".
- "Sometimes not enough staff in the dining room".
- "Staff are nice".
- "The laundry is good".

Taking carers' views into account

We spoke with two relatives via telephone and had the opportunity to speak with two relatives individually during our inspection. We also received one completed questionnaire from a relative. All indicated that overall they were happy with the quality of care and support provided by Methven House. One relative told us they thought Methven House was "absolutely fantastic" and their relative was "being very well looked after". Other comments have been included in the body of the 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: 5 - Very 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

From the range of evidence sampled we found the performance of the service continued to be very good. We established this by talking with residents, relatives and staff and examining various records.

The information provided by the service in their self assessment gave detail on the policies, procedures and work practice that enabled residents and their relatives to be involved in all aspects of assessment and improvement. Methods routinely used to support participation included; informal chats, six monthly care review meetings, regular residents' and relatives' meetings, satisfaction surveys, and the service complaints procedure. Minutes of meetings viewed and discussion with residents and relatives confirmed the quality of care and support is discussed and views taken account of.

The care and support needs for individual residents were reviewed regularly. Relatives confirmed they were invited to participate in the six monthly care review meetings and were involved in the reviews as agreed. Residents and their families were actively involved in the assessment of their needs and in agreeing how they would be supported by staff.

We saw a range of useful information was prominently displayed in the entrance area of the home, as well as in the lifts and on notice boards located throughout the home. The informative newsletter was also used to good effect to keep people up to date with events in the home. This showed that people who used the service were given appropriate information regarding their care and support, and daily life in the home.

The newsletter highlighted that the service wanted to make people aware of, and feel involved in, all of the news and events at Kingdom Homes and sought feedback from people on what was the most effective way to communicate with them.

Relatives told us the service kept them well-informed, there were good communication links and they were happy that they were kept fully up-to-date with their relative's wellbeing and what was happening in the service. We saw that the service had acted on suggestions made by residents and relatives, for example; the middle floor unit had been painted and new hall carpeting fitted following consultation with residents and their families. A monthly coffee afternoon had also been introduced in response to a suggestion from the relatives forum.

A relative said, "I've been to meetings and completed questionnaires, I'm involved in dad's care". Comments from residents included, "They listen to me" and "We are happy with life in Methven House".

Areas for improvement

The service should continue to build on the very good practice in place and further explore ways of improving engagement and consultation with people with limited or no verbal communication including dementia. Consideration should be given to providing independent facilitation/representation for group meetings. This will help ensure meetings are objective and not unduly influenced by staff presence.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Residents' health and wellbeing needs were assessed in consultation with the individual, their relatives and relevant healthcare agencies. We saw that each person's details were recorded in an informative personal plan. Four residents' personal plans were examined at this visit. We thought they were person centred with details recorded of the person's life history, preferences, abilities and how their needs were to be met. We saw that a variety of assessments were carried out regularly to determine the risk of falls, pressure ulcers, continence and malnutrition. Dependency and moving and handling needs were also assessed. Appropriate and detailed wound care management treatment plans were in place. Review of these evidenced wounds were subject to regular assessment and the plans recorded progress of the wounds throughout the stages of healing. Overall, care records were detailed, easy to read and reviewed regularly to assess changing needs. Each

person's health needs were seen to be assessed, identified and evaluated regularly. We saw evidence in the plans that the resident and, where appropriate, their relative, were aware of and agreed with the content of the document.

The service had good established contacts with the local GPs, dietitian, optician and other health agencies. A sample of four personal plans evidenced referrals to these health services. The local GP held a weekly surgery in the home and residents could request a consultation. Other visits took place on request as and when needed. Review of duty rotas evidenced that a registered nurse was always on duty in the home. This meant that residents' health was subject to regular monitoring and assessment. A visiting NHS community dietitian said they found the service provided overall good care and they had no worries about nutritional care and support in Methven House.

A very comprehensive range of social activities and special interest clubs continued to be available. This gave residents lots of choice and provided them with stimulation through social activities, entertainments and outings. Residents confirmed there was plenty to do and they were helped to maintain community links.

There were no concerns raised by residents regarding their health and wellbeing. Relatives told us they were kept well-informed and were satisfied that the staff met their relatives' health and wellbeing needs.

Areas for improvement

The self assessment completed by the manager records commitment to continuing to support staff to understand the importance of monitoring and reviewing health and social care needs through training and development.

We thought there had been some improvement in the quality of care recording. Staff need to be vigilant to ensure health care needs are supported by accurate recording.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found the service demonstrated very good practice in involving people in assessing the quality of the environment within the service. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement. In addition, a relative told us that they had participated in the home's Quality Assurance (QA) environmental walk round with the QA auditor. They had been encouraged to give their views on all areas of the environment. These were recorded and taken into account by the auditor when assessing and scoring the quality of the environment.

Areas for improvement

The areas for development for this statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

The care home has a secure entry system in place. Staff were vigilant in checking visitors ID and ensuring they signed in when entering and leaving the home. Residents have access to a call system in all bedrooms and communal areas to summon assistance if necessary. Residents showed us that they wore pendants to enable easy and quick access to the call system wherever they happened to be inside the home or in the gardens. They told us that staff responded quickly when assistance was needed or requested, we also observed this to be the case. The home had a fire evacuation plan and Personal Emergency Evacuation Plans (PEEPs) were in place for each resident.

During the inspection, we carried out a physical check of the environment, both internally and externally. We found the home to be clean and it appeared to be in a good state of repair. There was clear access in corridors and rooms with no trip hazards noted. Windows had restrictors fitted to reduce risk of anyone accidentally falling from the building.

A valid certificate of liability insurance was prominently displayed in the home. There was a programme of routine maintenance and we were told that repairs were always carried out quickly. Review of records showed that the maintenance and servicing of equipment and installations were up to date, which helped to protect the health and safety of people living and working in the home. Maintenance and service contracts were in place for utilities and essential equipment. We evidenced that electrical appliances and equipment used by residents and staff had undergone Portable Appliance Testing (PAT) within the last year. These measures ensured the safety of the people who use the service.

We found the environment was comfortable, attractively decorated and furnished and properly equipped. The enclosed gardens were also seen to be tidy and well maintained. These measures helped promote residents safety and comfort in the care home. Residents confirmed they felt safe living in Methven House.

Areas for improvement

We noticed some carpet seams in the top floor hallway were beginning to part. This had already been identified by the management and plans were in hand to replace the affected carpets. We also noted a slight malodour in two bedrooms on the top and ground floor. The manager confirmed she was already aware of both areas and additional carpet cleaning had been introduced. Care should be taken during the daily environment checks to ensure the problem of odour has been properly addressed and all areas are fresh.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

We found the service demonstrated very good practice in involving people in assessing the quality of the environment within the service. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Areas for improvement

The areas for development for this statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We spoke individually with three members of staff at this visit. Staff were friendly and knew the residents very well, including their likes, dislikes, life history, daily habits and health needs. They told us they enjoyed working in Methven House and felt well supported by the manager and colleagues. They told us there was always lots of training provided and they had good opportunities for professional development. They also were confident that there was enough staff to meet the needs of residents; "staffing is not an issue".

A programme of regular staff meetings and individual supervisions were in place. This helped ensure staff had opportunity to discuss and contribute to the development of the service.

Staff confirmed their training needs were identified through a system of formal supervision and appraisal and an annual planned programme of training was in place. The training programme delivered statutory and non-statutory training to ensure that the staff team know how to meet the needs of residents. All care staff employed in Methven House were enrolled on a programme to attain Scottish Vocational Qualifications (SVQ). So far 22 carers had attained SVQ level 2 and two had attained SVQ level 3. Evidence of training was seen on the records we looked at and confirmed by staff spoken with. Staff demonstrated a good understanding and awareness of individual service users needs and how these were best met in the service. Staff were aware of their roles and responsibilities under the Scottish Social Services Council (SSSC) Code of Conduct.

Kingdom Homes HQ administration carried out all employment checks and the home manager advised once all satisfactory checks were received. We examined two electronic staff files to identify the process of employment. The process included receipt of two satisfactory references, record of skills and experience, and confirmation of a satisfactory Protection of Vulnerable Groups (PVG)/Enhanced Disclosure. This indicated the providers recruitment procedures were robust and compliant with appropriate legislation.

Areas for improvement

The manager recorded in the self assessment that all senior staff would undertake further training in safe handling of medication. This must include the need to ensure accurate record keeping. Good record keeping is an integral part of practice, and is essential to the provision of safe and effective care.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We found the service demonstrated very good practice in involving people in assessing the quality of the environment within the service. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Areas for improvement

The areas for development for this statement are included in Quality Theme 1, Quality Statement 1, Areas for Improvement.

Grade awarded for this statement: 5 - Very 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

We found the home to evidence a good performance against this Quality Statement.

We concluded this after we reviewed residents personal plans, supporting care records, participation records including minutes of meetings, maintenance and other general records within the home which contributed to the auditing and quality assurance.

We saw that the service had a system of quality assurance in place to support provision of good quality service and good outcomes for residents. It included seeking the views of people who use the service to provide feedback on their experience and how the service could improve. This is detailed in Quality Theme 1, Quality Statement 1.

The service complaints procedure was prominently displayed the home. This meant that residents and visitors to the home were provided with information on how to raise a complaint if they were unhappy about any aspect of the service.

There was good evidence that the manager responded effectively to suggestions and comments from people who use the service. The comments of staff give confidence that she provides good leadership throughout the home and has an 'open door' policy, which encourages good communication.

Residents told us they knew the manager and found her "very good and helpful". They told us they were confident that they could raise any concerns with the manager and she'd address them.

Areas for improvement

Some residents and relatives thought that there were occasions when there were not enough staff available. This was not evident to us during the inspection and the staffing schedule was being maintained in relation to the occupancy level.

Dependency of residents was being monitored on each individual floor but we thought the tool used could be further developed and improved in order to ensure dependency assessment was as accurate as possible to inform staffing provision. This was discussed with the manager and we were informed this was due to be discussed and developed at the next Kingdom Homes managers meeting. Progress in this will be reviewed at the next inspection.

The service's medication management system was checked and found to be overall satisfactory and safe and residents confirmed they received their medications as prescribed. When we examined the previous four weeks medication administration recording sheets (MARS), we identified handwritten instructions were appropriately transcribed and signed. This meant the requirement made at the last inspection was met however, we saw that there were a number of gaps in the recording of administration codes. This had also been identified by the manager and the quality audit but not until a month had elapsed. The manager advised that the issue would be addressed with the nurses and senior care staff responsible for medicine administration and more frequent checks would be introduced. Safe handling of medication training was also scheduled. A further requirement was made.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this the service provider must ensure that MAR sheets are complete and accurately record the administration or reasons for non-administration of medicines. Registered nurses

must comply with current guidance published by the Nursing and Midwifery Council (NMC) about records and record keeping.

This is in order to comply with:

SSI 2011/210 Regulation 4(1) - Welfare of users.

Timescale: 24 hours from receipt of this report.

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
24 May 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Mar 2013	Re-grade	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
19 Jul 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

Inspection report continued

7 Dec 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
10 May 2011	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good
14 Oct 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
8 Jun 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
8 Mar 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
10 Dec 2009	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
27 Jan 2009	Unannounced	Care and support Not Assessed Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
14 May 2008	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good

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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Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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