

Care service inspection report

Strathview Care Home

Care Home Service Adults

Carswell Wynd
Auchtermuchty
Cupar
KY14 7FG

Type of inspection: Unannounced

Inspection completed on: 4 November 2014



HAPPY TO TRANSLATE

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Service provided by:

Caring Homes Healthcare Group Limited

Service provider number:

SP2013012090

Care service number:

CS2013318123

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

What the service does well

Staff we spoke with demonstrated a good understanding of resident preferences and the way they liked to be supported. Residents and relatives we spoke with felt the home environment was safe and expressed overall satisfaction with the service.

What the service could do better

At present all visitors are required to wait outside until a member of staff opens the front door. The manager advised that plans were in hand to enable visitors to the home to ring for entry and wait in the sheltered front vestibule area of the home.

In order to further improve quality outcomes for residents and ongoing development of the service, the manager and staff team will address the requirement and recommendation made regarding replacement of faulty equipment and upgrading of the lounge. The service will also take forward the other areas for development identified in this report.

What the service has done since the last inspection

A new manager had been appointed. She was keen and motivated to continue to drive improvement forward. The managers appointment had settled the staff team and people who use the service said she provided good leadership.

A dedicated activities co-ordinator had been employed and an improved range of activities was now being provided. The service had reverted to a more person-centred format of personal plan. The entrance hallway had been decorated resulting in a brighter, attractive environment.

Conclusion

The home was managed in a way which promoted people's safety and people recognised this was a safe environment to be in. We found that residents and relatives were happy with the service they received from all of the staff within the home.

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, we may make a recommendation or a 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- **A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and regulations or orders made under the act or a condition of registration. Where there are breaches of regulations, orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Strathview Care Home is owned by Myriad Healthcare Ltd and provides 24-hour care for a maximum of 25 older people. The home is a purpose-built, ground level property situated in the rural village of Auchtermuchty. All rooms are single occupancy, 24 rooms have en suite shower and toilet facilities, and one room has an en suite toilet. There are pleasant areas to sit in around the house and grounds. The home enjoys attractive views across open farmland toward the Lomond Hills. There is adequate on-site parking for visitors and good access to the village centre and social resources.

The service aims and objectives record: "Our aim is to provide high quality care that will, together with a day-to-day programme of agreed meaningful activity, enable residents to maximise their independence, pursue personal development, meet their religious needs and to ensure that individual requests are met as much as possible in a shared living environment."

There were 19 people resident in the home at the time of the inspection. The people who live in Strathview prefer to be known as residents, therefore this term has been used throughout this report.

The inspector would like to thank the residents, manager and staff for making us feel welcome and providing us with hospitality, 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 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - 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 0345 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 medium 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

We wrote this report following an unannounced inspection. This was carried out by one inspector and took place on Monday 3 November 2014 between 3:15pm and 5:15pm, and 4 November 2014 between 11:30am and 5:30pm. We gave feedback to the manager and area manager at the end of the inspection.

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 eight Care Standards Questionnaires (CSQs) to the manager to distribute to residents. None were completed and returned by residents. We also sent eight CSQs to the manager to distribute to relatives and carers. One was completed and returned to us before the inspection.

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

We spoke with:

- Two relatives
- Five staff
- Six residents.

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
- Maintenance check records and associated audits
- Training records
- Two staff recruitment files
- Responses from Care Inspectorate CSQs
- Quality assurance processes including audits and the results of quality surveys.

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

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:

- There are comprehensive policies and procedures in place to direct staff practice.
- The policies and procedures must clearly detail how service users' fluid and nutritional care is supported.
- Staff must adhere to the policy and procedures and maintain accurate records which provide a true account of the daily food and fluid intake/output for service users who are required to have their intake/output monitored.
- There is a system in place to monitor and evaluate that service users' nutrition and fluid needs are being met.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/110 Regulation 4(1)(a) - welfare of users.

Timescale: four weeks from receipt of this report.

What the service did to meet the requirement

Risk assessments and care plans were seen to be in place and subject to regular review and update. The Malnutrition Universal Screening Tool (MUST) was in use and service users' weights were monitored and recorded. Food and fluid charts were introduced in response to identified risk. Review of charts in use indicated improved standard of monitoring. The manager reviewed each completed chart and advises staff of any further actions needed. Staff spoken with had a good understanding of food and fluid monitoring. The manager gave commitment to ensuring staff awareness and ongoing support of service users food and fluid needs.

The requirement is: Met - Within Timescales

The requirement

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure personal plans:

- Provide a comprehensive assessment of the service user's health and welfare needs.
- Detail the agreed actions and strategies for meeting these needs.
- Evidence that the plan is regularly and comprehensively evaluated and reviewed.
- Are accurate and contain sufficient detail to inform and direct staff daily practice.
- Have been reviewed at least six-monthly in consultation with service users and/or their representatives.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210 Regulation 5 - personal plans.

Timescale: four weeks from receipt of this report.

What the service did to meet the requirement

Since the last inspection the service had decided not to use the pre-printed personal plans only recently introduced and had reverted to the previous format. When we sampled the personal plans we found them to be personalised and informative, with enough information to guide staff practice in order to meet the person's assessed needs. The individual risk assessments and care plans were being reviewed and updated monthly and had been discussed and agreed with the resident or where appropriate their relative/representative. Care review meetings were held six-monthly and a record of this was maintained.

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

There were 19 people resident in the home at the time of inspection. The views of residents were not sought in a formal manner. We chatted with residents during our two unannounced visits. People that we spoke with were at ease with the staff and appeared to be happy and content in the care home.

Taking carers' views into account

We spoke with two relatives individually during our inspection. We also received one completed CSQ from relatives. The questionnaire raised concerns about the cleanliness of the front lounge. We were satisfied that the service had taken actions to address the concerns that had been raised. Both relatives we spoke with said they were very happy with the quality of care and support provided. They said that there had been noted improvements in the service since the manager had been appointed. They both commented on the improved provision of social activities.

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

We found that the service had a good performance in relation to this Quality Statement.

We concluded this after we:

- Talked with the manager, staff, residents and relatives
- Looked at records
- Examined how residents and relatives/carers were involved in assessing and improving the care and support provided.

The self assessment submitted by the service prior to the inspection recorded that the service thought they had a number of strengths in regard to involving residents and their families in assessing and improving the service. Some measures included:

- The manager had relocated her office to the prominent central entrance area and had an 'open door' policy.
- Daily informal chats with residents and their relatives.
- Six-monthly care review meetings take place. Residents and their relatives were invited to this with plenty notice to allow them to attend these. Review of a sample of personal plans and discussion with two relatives confirmed these meetings took place. Residents and, where appropriate, their relatives signed to confirm agreement with the content of the personal plan.

- The activities co-ordinator had spent time with all residents to find out how they would like to spend their day, ensuring their social needs were met as far as possible.
- The chef was present in the dining room during the serving of meals. This allowed any feedback, positive or negative, to be heard and responded to. The winter menu had been discussed and agreed with residents. Mince and tatties was a popular request and this had been included in the menu.
- Company quality assurance questionnaires had been circulated to residents, relatives, staff and stakeholders. Once completed and returned, the findings would be shared and an action plan introduced to address any issues raised.
- Bi-monthly resident/relative meetings were held and a record of the discussions was maintained and shared.
- The front lounge had been deep cleaned in response to concerns raised by a relative about the general cleanliness of the room.

These actions helped to ensure that residents and their families views were sought and taken account of and they were happy with the quality of service provided.

Areas for improvement

The service was in progress of re-introducing the home newsletter. Plans were in hand to produce and distribute the newsletter six times per year. The service will also further develop residents and relatives involvement in the future recruitment and selection of staff. The annual quality questionnaires had recently been distributed. Once returned the manager will collate the responses and introduce an action plan to address any issues highlighted. The results of the consultation will be shared with all parties. Progress in these areas for improvement will be reviewed at the next inspection.

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

We noted that the provider had comprehensive policies and procedures in place that the service adhered to relating to the care and welfare of people who use the service.

Residents' health and wellbeing needs were assessed in consultation with the individual, their relatives and relevant healthcare agencies. Since the last inspection the personal plans had been changed to a different format. We saw that each person's details were recorded in an informative personal plan. Three 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. Staff were friendly and knew the residents very well, including their likes, dislikes, life history, daily habits and health needs.

We saw that assessments were carried out regularly to determine the risk of falls, skin care, continence and malnutrition. A range of individual care plans had been introduced and these were subject to regular review and updating. People's needs were assessed and care and treatment was planned and delivered in line with their individual personal plan. Either the resident or, where appropriate, their relative/representative had signed to confirm agreement with the content of the personal plan. Relatives that we spoke with confirmed that they had been involved in the development and reviews of their family member's personal plan.

The service used MUST to assess and monitor residents' nutritional status. Residents' weights were being monitored monthly or more frequently, if necessary, and this was recorded. Where people were not eating well or had weight loss, we evidenced that the service had sought appropriate guidance and support from the community dietitian. Food and fluid monitoring charts were in place for people with poor intake. Review of these charts indicated a generally good standard of monitoring. The manager reviewed each completed chart and advised staff of any further actions needed. Staff spoken with had good understanding of food and fluid monitoring. Good nutrition and hydration was supported. We saw that residents were regularly offered and encouraged to have hot and cold drinks. Meals were attractively presented, nutritious and well-balanced. All of the people we spoke with told us the food served in Strathview was good.

The service had good established contacts with the local GPs, dietitian, optician and other health agencies. A sample of three personal plans evidenced referrals to these health services. The local GP held a fortnightly surgery in the home and residents confirmed they could request a consultation. Other visits took place on request as and when needed. 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 relative's health and wellbeing needs. Comments from relatives included: "X has put on weight" and "brilliant care, always someone here for X to speak with." Another person described how their relative had been depressed and not eating before admission but was now "no longer depressed, has a smile on her face and has started to put weight back on."

The service had recently employed a dedicated activities co-ordinator. The co-ordinator was enthusiastic and had spent time with each resident finding out their

interests and preferences. We saw that a varied weekly social activities programme had been introduced which helped to provide stimulation through social activities, entertainment and outings. The residents were provided with opportunity to participate in activities which interested them. Regular bus trips were offered and entertainment and themed seasonal activities took place. In the course of our inspection we observed people were animated and engaged in chatting, reading the paper, participating in a sing-song and a local bus trip.

Areas for improvement

We thought the standard of care records was generally good but staff need to be vigilant when completing care records, in particular take care when recording fluid intake to ensure all fluids offered and taken throughout the 24-hour period are recorded.

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: 4 - 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 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, we saw that people were able to express their individuality by having personal possessions, such as small items of furniture and ornaments to personalise their bedrooms. This demonstrated that people were offered the opportunity to make choices about their lifestyle.

Areas for improvement

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

Grade awarded for this statement: 4 - 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 service had a number of systems in place to provide a safe environment and protect residents and visitors to the home. These systems included the home having a secure entry system; visitors were required to sign in and out on entry and leaving; and professional visitor ID was also checked. This ensured that only people meant to be in the service were admitted. Residents had access to a call system to summon assistance, if necessary.

During the inspection, we carried out a physical check of the environment, both internally and externally. We found the home to be clean with no malodours. There was clear access in corridors and rooms with no trip hazards noted. The bedrooms were single occupancy with en suite facilities. We saw that bedrooms and communal toilets and bathrooms had lockable doors to protect people's privacy. Staff had ready access to hoists and other moving and handling equipment to support and transfer residents safely and with dignity. The laundry was well-arranged and orderly with a clear route signposted to ensure no cross contamination between clean and dirty laundry. Personal protective equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection. All areas of the home that we saw during the inspection were clean and there were no odours. Discussions with staff showed that they considered people's privacy when providing personal care. Relatives we spoke with said they felt their family member was safe in the home and said they were confident that staff would respond appropriately to any concerns they raised.

Two staff personnel files were examined. These were found to include receipt of two satisfactory references; record of skills and experience; completed application; terms and conditions of employment; and confirmation of a satisfactory Protection of Vulnerable Groups (PVG) Scheme/Enhanced Disclosure. This indicated the provider recruitment procedures were robust and compliant with appropriate legislation.

Review of rotas, dependency records and observation of practice identified the home had enough staff on duty to meet the needs of the residents.

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. A valid certificate of liability insurance was prominently displayed in the home. There was a programme of routine maintenance and overall the home looked to be in a good state of repair.

Areas for improvement

The service laundry had two washing machines one of which had been reported as out-of-order on 12 June 2014. The second machine was reported as working but could be unreliable. When the service engineer visited on 17 June the broken machine could not be repaired and a request for a new machine was submitted by the manager. While the provider accepted a new replacement washing machine would need to be purchased this had not yet happened and no date for replacement had been identified **(see Requirement 1)**.

The decor and furnishings in the lounges were showing wear and tear and looking tired and in need of redecoration **(see Recommendation 1)**.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:

the laundry service is adequately resourced and faulty equipment promptly repaired or replaced. The condemned washing machine must be removed and replaced with a new machine.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/110 Regulation 4(1)(a) and (d) - welfare of users.

Timescale: four weeks from receipt of this report.

Recommendations

1. The service should seek the views of residents and their families on how the environment could be further improved upon. Care should be taken to evidence discussion and consultation and the timescale for works to be started and completed.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment.

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

We found the service demonstrated good practice in regard to this Quality Statement. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Areas for improvement

The areas for development for this Quality Statement are included in Quality Theme 1, Quality Statement 1, 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

The self assessment completed by the manager identified that the service had a number of strengths in this area. These included:

- A six-monthly induction training package was introduced on commencement of post, and mandatory training was completed during this time.
- Staff received ongoing training and were able to identify any additional training they wished to receive during regular supervision meetings.
- Scottish Vocational Qualification (SVQ) training was available to staff and the company employed a regional trainer to assist and support with staff training needs. Staff confirmed they received induction and regular ongoing training

opportunities including the opportunity to obtain SVQs. Of the 15 care staff employed, nine had attained SVQ level 2 or 3. Four other staff were in progress of studying to attain SVQ level 2 or 3.

- All staff had an individual training folder.
- The manager monitored Ecademy training monthly to ensure mandatory training was kept up-to-date.
- The manager had been appointed since the last inspection. She was a registered nurse with previous management experience.
- There were regular staff meetings. Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.
- The service provided staff with an annual appraisal and a supervision schedule was also in place. Supervisions took place two-monthly. Regular supervision meetings enabled staff to discuss their ideas, their performance and the people they supported.

Staff we spoke with demonstrated a good understanding of people's needs and how they should be met. We observed they interacted well with residents and visitors, promoting a warm and inclusive atmosphere in the home. People who use the service were complimentary about the staff. For example, a relative of a resident commented that "the staff are second to none, all really good."

Areas for improvement

The service was aware of the need to ensure all care staff register with the Scottish Social Services Council (SSSC). We were advised that all staff, apart from two recently employed, were registered or had applied to register. The two recent employees were in process of applying and were aware that the process had to be completed by March 2015.

The self assessment identified the intention to further develop staff training. The activities co-ordinator and another member of staff were due to attend a training event which aimed to improve quality of life for residents, improving physical mobility, social interaction and mental stimulation through fun and interactive exercise and activity classes. To further develop staff, consideration should be given to introducing 'champions' for various care practices such as nutrition, dementia, oral health, and skin care etc. This will help ensure best practice guidance is identified, shared and followed. Progress in this will be reviewed at the next inspection.

Grade awarded for this statement: 4 - 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 good practice in regard to this Quality Statement. Information in Quality Theme 1, Quality Statement 1 is also relevant in this Quality Statement.

Areas for improvement

The areas for development for this Quality Statement are included in Quality Theme 1, Quality 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 provider had an effective system to regularly assess and monitor the quality of service that people receive in Strathview Care Home.

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

The service had systems in place to support staff, to develop their skills via training and supervision.

Staff told us that the new manager was helpful and approachable and that there were regular staff meetings. Records of these were viewed. Staff we spoke with during the inspection told us they thought the home was well-led and standards had improved since the arrival of the manager. They said that if they had any issues they would raise these with the manager immediately. They were confident that she would address any issues promptly. The comments of staff give confidence that the manager provides good leadership throughout the home and has an 'open door' policy, which encourages good communication.

The manager conducted regular audits. The results of the audits were subject to review and monitoring by the area manager. These included audits for:

- Medication
- Staff training
- Accidents/incidents
- Meals
- Health and safety.

We saw that the provider had systems in place for receiving, handling and responding to complaints. We were told that no complaints had been received since the date of the last inspection.

Areas for improvement

The manager was relatively new to the post and was aware of the areas which need to be improved. The manager should continue to develop the quality assurance and control systems that are currently in place. The service should further develop the involvement of all staff, residents and relatives in the regular checks and audits. This would help ensure the service quality assurance systems are applied and the best outcomes for residents are promoted.

The manager gave commitment to continue to further improve the service and address the requirement, recommendation and other areas for improvement identified at this inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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 - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
17 Feb 2014	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing Not Assessed Management and Leadership 3 - Adequate
25 Oct 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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