

## Care service inspection report

# Elizabeth Maginnis Court Support Service Housing Support Service

Elizabeth Maginnis Court  
12 Royston Mains Crescent  
Edinburgh  
EH5 1RJ

Type of inspection: Announced (Short Notice)

Inspection completed on: 29 September 2014



HAPPY TO TRANSLATE

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### **Service provided by:**

City of Edinburgh Council

### **Service provider number:**

SP2003002576

### **Care service number:**

CS2013316546

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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	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

### What the service does well

We became aware of some good examples of the service maximising the potential and life skills of some service users.

We observed the interactions between staff and service users to be respectful. We saw that staff were skilled in trying to maximise the independence of individual service users and linked proactively with other support agencies.

We noted a good level of detail being recorded in support plans.

We saw a proactive approach to the involvement of volunteers within the service.

### What the service could do better

We became concerned about the pressure on the small staff team to deliver the service to a high number of service users, some of whom have complex and enduring needs.

The service needs to develop an audit and quality assurance system in order to evaluate what it is doing well and identify areas for development and improvement. This should include an assessment of the numbers and deployment of staff. We noted that the service had issued questionnaires to service users and it was evident that though there had been feedback, no action plan had been developed in response to this feedback. There was no evidence that questionnaires had been issued to staff or other stakeholders.

We noted that staff supervision was not being provided on a regular basis. Similarly, there were significant gaps between team meetings.

### **What the service has done since the last inspection**

This is the first inspection of Elizabeth Maginnis Support Service since it was registered with the Care Inspectorate in October 2013. We saw that there had been good work carried out to develop the service since then, with some evidence of improved outcomes for some service users.

### **Conclusion**

The key element of this service is the skill and commitment of the day support workers.

It was evident that the staff team was committed to providing person centred support in a way that maximised the service user's independence and abilities. We also saw that staff were working hard to link with other support agencies. However, we could see that the team was under pressure to deliver the support needed. Whilst this was relieved in some way by the recruitment of volunteers, it was the responsibility of the staff team, in partnership with the volunteer co-ordinator, to support and supervise the volunteers. There were also a number of service users who chose to continue having their support needs met by the staff team as opposed to moving on to an alternative community support. This has resulted in the team providing long term support in a service which was expected to be short term.

The Elizabeth Maginnis Support Service was developed as part of a package of care and support in response to government strategy to support older adults living the community for longer.

Acknowledging that this is a new service, we identified some areas of strength and some areas for improvement during our inspection visit. These have been described in more detail in the body of this report.

# 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](http://www.careinspectorate.com).

This service was registered with the Care Inspectorate on 22 October 2013.

### 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. 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 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 Care Inspectorate.

The Elizabeth Maginnis Court housing support service is provided by City of Edinburgh Council Health and Social Care Department over seven days per week between the hours of 8.15am and 9.30pm to tenants living in Elizabeth Maginnis Court housing complex. The registered manager is responsible for a part time assistant unit manager and 3.5 whole time equivalent day support workers who have an office base in the building. Out of hours support is provided to tenants via the community alarm service and the emergency social work duty team as required.

Elizabeth Maginnis Court is owned by Dunedin Canmore Housing Association, which has responsibility for the day to day maintenance of the flats and communal areas. There are a total of 25 flats. The support service is currently provided to 23 service users. The eligibility criteria for referral is that service users must be aged 65 or over and have been assessed as having complex care needs. The majority of tenants have moved in from hospital as an alternative to residential care. They have a range of diagnoses, including dementia, learning disability, mental health problems, acquired brain injury and stroke. The housing support service is part of a package which also includes home care and day support. A key remit of the housing support service is to link service users into community support networks, known as "community connectors" where possible.

The process is as follows:

The service establishes the level and type of support needed and then supports the service user with these tasks. The service will also work with the service user to link them into "community connectors" or volunteers. Support staff will provide supervision to volunteers, who may stay within the service for no longer than six months. If the service user does not respond well to the involvement of a volunteer, the housing support team may remain involved as part of the permanent package of care and support. The service offers flexibility to respond to changes in need. The types of support currently provided include help with shopping, management of personal correspondence, support to maximise social interaction, help to attend appointments and assistance with communal meals in the dining room.

The statement of purpose and function for the service describes the objectives as follows:

- Provide a flexible approach to the delivery of housing, care and support for older people - responding to need to maintain individuals in the community
- Improve or maintain the levels of independence in service users' skills of daily living
- Improve mental well being by enabling the maintenance of social networks and encouraging community connection to relieve social isolation
- Improve physical well being
- Maintain older people in their own homes and prevent admission to long term care
- Reduce delayed discharge by enhancing the package of care in the community and prevent admission to hospital
- Support carers
- Shift the balance of care to enable a higher proportion of older people to live successfully in the community.

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

**Quality of Care and Support - Grade 3 - Adequate**

**Quality of Staffing - Grade 3 - Adequate**

**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](http://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 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 a short notice announced inspection. This was carried out by one inspector. The inspection took place on Monday 29 September 2014 between 9.30am and 6.30pm. We gave feedback to the manager on 29 September 2014.

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

We took Care Standards Questionnaires to the inspection and requested that the manager distribute these to service users, families and staff for completion. We received five completed Care Standards Questionnaires from service users or their representative and one from a staff member.

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

We spoke with:

- two service users
- two relatives
- the manager
- two support workers

We looked at:

- the aims and objectives of the service
- the participation strategy - this is the service's plan for how they will involve service users
- the welcome pack
- volunteer records
- minutes of staff meetings
- staff supervision records



- Scottish Social Services Council (SSSC) registration for the manager
- staff rotas
- service user questionnaires
- minutes of service user monthly meetings
- records of accidents/incidents and significant events
- housing support plans and 6 monthly reviews
- client agreements
- evidence of Scottish Vocational Qualifications (SVQ).

We also observed staff interacting with service users. We made telephone contact with three service users and the representative of a service user following our inspection visit.

### **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](http://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:** No

### **Comments on Self Assessment**

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

We noted that the self assessment not only detailed the housing support service but also the day centre and care at home. Acknowledging that this is a developing and innovative service, it may be useful for the provider to review how subsequent self assessments are completed, with a specific focus on the performance of the housing support team and the outcomes being delivered for service users.

### **Taking the views of people using the care service into account**

We met with a service user and a support worker. It was evident that there was a good level of rapport and appropriate humour between them. The service user told us they had no complaints about the service being provided.

We met with a second service user during our visit. They told us they had felt unsafe living in their previous accommodation and it was a "relief" to live in Elizabeth Maginnis Court. They felt that the support workers had helped them regain their confidence. This, in turn, was helping them to regain previous levels of independence.

We received five completed Care Standards Questionnaires from service users or their representative.

Comments included:

"staff have been first class. I am a very independent person but when I need help staff have been there."

### **Taking carers' views into account**

During our inspection visit we spoke with two relatives of two different service users. One relative described the support workers as "brilliant". They felt that the support workers had helped their relative regain their self-confidence and get out more. This improvement had made a big difference to the wider family who spoke of having "peace of mind".

Another relative told us they felt that the support workers "go above and beyond what is expected". They spoke positively of the support provided to their relative who they had noticed was now comfortable in seeking out support from the staff team. It was evident to the family that the housing support service was helping to manage the service user's anxiety levels.

We also made contact with the representative of a service user following our inspection visit. They told us that the service user's quality of life had improved since they had started to use the housing support service. They described the support workers as "fantastic", providing encouragement, enablement and developing the service user's self confidence.

Comments received via completed Care Standards Questionnaires included:

"I am happy with the care and support my relative receives. I cannot fault the staff - they are very hard workers and care for my relative with respect."

### 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: 3 - Adequate

##### **Statement 1**

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

##### **Service strengths**

We saw that the service was operating to an adequate level in this area. We measured this by sampling minutes of meetings with service users, looking at the project's newsletter or "up-date" and the information leaflets about Elizabeth Maginnis Court and the support service. We also looked at the questionnaires which had been sent out to service users during June/July 2014 seeking feedback on the service provided by the support team. We spoke to service users and sampled records of review meetings located within support plans.

We saw that there were complaints leaflets available within the service. We looked at the complaints folder and noted that no complaints had been made since the registration of the service.

Of the support plans we sampled, we noted a good level of detail recorded in one review form.

We saw that the service had developed a short leaflet which explained what the support team do, who they are and how they can be contacted.

We noted that the service had issued a newsletter in January and February 2014, referred to as the "project up-date". This had information about outings, activities and dates for service user meetings.

### **Areas for improvement**

We became aware that systems for communication and information sharing with service users were not being used in recent months. For example, we noted that service user meetings had taken place in November and December 2013 and February and May 2014. There was no record of a service user meeting thereafter. We were advised by the service manager that it was the intention to try to have meetings every two months. We also saw that the attendance at these meetings averaged eight service users. Whilst it was evident that the topics discussed were recorded, there were no action plans with timescales or a record of who was responsible for taking things forward. We would suggest that it may be helpful to review how meetings are recorded so that they show the actions being taken forward and how these have been addressed. We also noted that the attendees at the meetings was fairly static. It was unclear how the service was ensuring it accessed the views of a wider group of service users, especially those who may find group situations more challenging.

We saw that the newsletter had been issued twice in 2014 - January and February, with none issued thereafter.

See recommendation 1.

We saw that the service had issued a questionnaire to service users during June/ July 2014 and had collated feedback during August. We noted that two service users had indicated via this questionnaire they felt the need for overnight support. This had also been raised at the service users' meeting in February 2014. It was unclear what the service had done to address or respond to this concern.

We were advised that the formation of an action plan following up on the feedback from the questionnaires was still work in progress. It was evident that though the service was seeking the views of service users, they were not proactively utilising the feedback to address areas for improvement. We were not aware of any other questionnaires which had been issued to any other stakeholders.

See recommendation 2.

We spoke with a service user during our visit who told us that though they did not have any complaints, they would not know how to make a complaint. We received a completed Care Standards Questionnaire from a service user which also indicated they did not know about the service's complaints procedure nor that they could also make a complaint about the service to the Care Inspectorate. In our telephone conversations with some service users, it was evident that though they did not have any complaints to make about the service, some told us they would not know how to make a complaint should they have a concern in future.

See recommendation 3.

We became aware that there was no overall plan for carrying out six monthly reviews of support plans. It is the responsibility of the support workers to ensure these are carried out. We sampled some support plans. We noted that the format of review reports could be improved and could also include goal setting, which is currently recorded separately. We would suggest that a plan for reviews is put in place to ensure that these are carried out and actions followed up as required. See recommendation 4.

We noted that the local authority has a service user involvement good practice guide in place. This is an organisation wide document and, though very detailed, is not specific to the housing support service being provided at Elizabeth Maginnis Court. We would suggest that this is developed to detail how the housing support service intends to involve service users at Elizabeth Maginnis Court. This could include a review of the "project up-date", how frequently this should be issued and what information it could usefully contain. We will check this at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 4

### Recommendations

1. It is recommended the service ensures that systems set up for communication with service users and for sharing views and information are used regularly and effectively. These systems should include ways of accessing the views of those service users who may find attending group meetings challenging. Records of discussions should include actions to be taken forward, by whom and within what timescales.  
National Care Standards. Housing Support Services. Standard 8.3 - expressing your views.
2. It is recommended the service ensures that the feedback from questionnaires issued with the intention of seeking the views of those using the service forms an action plan for improvement and development of the service.  
National Care Standards. Housing Support Services. Standard 8.3 - expressing your views.

3. It is recommended the service ensures that service users and their families are aware of the complaints procedure.  
National Care Standards. Housing Support Services. Standard 8.1.
  
4. It is recommended that the service develops a plan for carrying out reviews of support plans on a regular basis and as and when needs change.  
National Care Standards. Housing Support Services. Standard 4 - Housing Support Planning.

### Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

#### Service strengths

We saw that the service was operating to a good level in this area. We measured this by observing interactions between service users and support workers. We also spoke with relatives of service users.

We observed an interaction between a support worker and a service user. We noted that the support worker waited until they were given permission by the service user to enter the flat, respecting that this was their private space. We noted that the support worker took time to explain to the service user what they were doing and repeatedly checked out with the service user that they were in agreement. This was a very relaxed and person centred intervention. This approach by staff was also reflected in our conversations with service users who told us that support staff spoke to them respectfully and politely. They also told us they worked with them at their pace, promoting their independence as opposed to doing things for them.

We observed a second interaction with another service user. We saw that the rapport between both parties was respectful and relaxed, with an appropriate use of humour. The support worker communicated with the service user in a manner which reflected a relationship based on equality.

Support staff were able to talk to us with enthusiasm about examples of interventions with service users which had resulted in positive outcomes, such as improved self esteem, developing new friendships and learning new life skills. We were able to verify this by talking to family members and the service users themselves as well as by looking at support plan documentation.

In our conversations with service users, they told us the staff were "brilliant" and that they were supported to maintain their independence. They also told us that as a result of using the service life had improved significantly.

#### Areas for improvement

The service needs to ensure that this good standard is maintained and developed. It should also consider developing a system to evaluate the impact of the interventions of support workers as well as volunteers on the outcomes for service users.

**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 saw that the service was operating to a good standard in this area. We measured this by sampling support plans, talking to service users and their relatives and by looking at the outcomes for service users.

We sampled two support plans for service users who had used the service for some time. It was evident that there was a good level of detail within the support plans. This included "what is important to me" and "communication needs". We saw that the support plans were written in the first person and very person specific. The support plans detailed all the support provided, including that delivered by other agencies and volunteers as appropriate. We noted that support goals for one service user had been reviewed in September 2014. For a second service user we saw that support goals had been signed off in May 2014 with up-dates having been recorded thereafter. We also saw that a personal plan agreement had been signed by both service users and the support worker, with review dates set. We noted that there was a record of previous goals set and whether these had been achieved. Actions going forward as well as outcomes to date were all recorded. There were also up-to-date risk assessments in place which were specific to the person and their particular needs.

We sampled a third support plan which included a record of a multi disciplinary meeting. This contained a very good level of detail about what had been discussed.

We saw that daily notes were being completed daily and to a good level of detail. These were meaningful and specific to the person.

#### Areas for improvement

We noted there were staff shortages within the service. Action taken to manage this included the introduction of a support plan rota which would highlight when support may be difficult to deliver due to other operational pressures. We looked at the rota. Whilst this did show a level of detail about the involvement to be carried out with the individual service users, it did not record the amount of time this should take in each instance. This meant it was difficult to assess where the pressure points might be, how these were being resolved and if there was sufficient staff available to respond to service user needs, both planned and reactive.

We sampled support plans. We saw that one was only partially completed with minimal information in some sections, though the service user had moved into the accommodation some months previously. We also noted that there were some records of third parties holding Power of Attorney, but the extent and limits of these powers were not detailed. This means that there was a lack of direction to staff about when and in what decisions third parties needed to be involved.  
See recommendation 1.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. It is recommended that the service has an effective system in place to ensure that there are sufficient numbers of staff available at all times to meet the needs of service users and to maintain service records so that these are up-to-date and sufficiently detailed.  
National Care Standards. Housing Support Services. Standard 3.6 - management and staffing arrangements.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 3 "adequate" awarded in Quality Statement 1.1 to this Statement.

#### Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

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

**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 saw that the service was operating to an adequate level in this area. We measured this by looking at minutes of staff meetings as well as staff supervision records and training records.

We noted that team meeting minutes, staff and volunteer supervision records contained a reasonable level of detail.

We saw that some staff training had been taking place.

### **Areas for improvement**

We looked at the minutes of staff meetings. We noted that meetings had taken place in February, June and September 2014. However, the minute of the meetings recorded for February and June were the same. One of the issues discussed at the meeting in September was staffing levels. It was evident from this discussion that staff were finding it difficult to meet the needs of all service users as per their support plans due to the project being short staffed. We have referred to this in more detail in Quality Statement 1.3.

Given the responsive nature of the service being provide , we would suggest that it would be beneficial for team meetings to be held more often so that issues are raised and resolved quickly. We would also suggest that the minutes of meetings include actions to be taken forward with timescales. All discussions about the needs of service users should be recorded in such a way that these are anonymised. See recommendation 1.

We sampled staff supervision records. We noted that supervision was not taking place as frequently as prescribed in the service's policy. Instead of a gap between supervision meetings of eight weeks, it could be as long as eight months between sessions.

We also sampled supervision records for volunteers. We saw that volunteers should be provided with supervision every four weeks for the first three months of their involvement in the service. We saw that this was not taking place. For example, for one volunteer who had started in May 2014 only one supervision session had been recorded for June 2014, with none thereafter. For another volunteer who had started in August 2013, supervision had not begun till November 2013. We saw that three monthly supervision for volunteers seemed to be the usual practice. See recommendation 2.

We looked at the training records for the service. Since the registration of the service in October 2013, we noted that some support workers had received training in some subjects, for example adult support and protection, personal safety, first aid and specific health awareness. There was no training matrix or plan in place for the team or for individual workers nor was this linked into training or development needs which may have been discussed at supervision. We also noted that there was no record of up-dates of training having taken place in some basic subjects such as moving & handling.

See recommendation 3.

We were advised by the service manager that professional development processes were yet to be rolled out to support workers. We will check this at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. It is recommended that the service operates to a timetable of regular and planned team meetings. The records of these meetings should include an action plan to be followed up at the next meeting. All references to service users must be anonymised.

National Care Standards. Housing Support Services. Standard 3 - management and staffing arrangements.

2. It is recommended that the service ensures all staff are appropriately supported in their role by providing regular and planned supervision.

National Care Standards. Housing Support Standards. Standard 3 - management and staffing arrangements.

3. It is recommended that a training plan is developed for the team. This should include learning needs or areas for development identified at supervision meetings and up-dates required for the maintenance of best practice. It should also include a programme of dementia training which is equivalent to the standard set by the "Promoting Excellence" framework.

National Care Standards. Housing Support Services. 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

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 3 "adequate" awarded in Quality Statement 1.1 to this Statement.

### Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 to this Statement and ensure they implement any action plans required.

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

**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 saw that the service was operating to an adequate level in this area. We measured this by looking at accident and incident records and assessing the systems in place for quality assurance and regular audits.

### Areas for improvement

We looked at the accident and incident folder. We noted that an incident had been recorded in April 2014 where one service user had assaulted another service user. This had not been notified to the Care Inspectorate as required.

See requirement 1.

As part of our inspection we asked to see the audit systems in place used to measure the quality of the service being provided and actions being taken to address areas for improvement. We were advised that there was no system in use at the time.

See recommendation 1.

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

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must ensure that all notifiable events are reported to the Care Inspectorate as required.  
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

### Recommendations

1. It is recommended that the service puts in place a system for measuring the quality of the service auditing performance on a regular and planned basis.  
National Care Standards. Housing Support Services. Standard 3.4 - 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 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

<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	3 - Adequate
Statement 2	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 3 - Adequate</b>	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	3 - Adequate
Statement 4	3 - Adequate

## 6 Inspection and grading history

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

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