

Care service inspection report

Visibility Supporting People Project Housing Support Service

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Glasgow

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Type of inspection: Announced (Short Notice)

Inspection completed on: 18 March 2015



HAPPY TO TRANSLATE

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Service provided by:

GWSSB trading as Visibility

Service provider number:

SP2004005456

Care service number:

CS2004066029

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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 Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The feedback from people who use this service remained positive. They told us that the service was reliable and that the service met their agreed support needs.

What the service could do better

At the time of this inspection, funding issues had meant that service users placed by various local authorities were due to stop receiving a service with Visibility Supporting People Service. However, the provider was still in negotiation with one local authority regarding continuing the service for a smaller group of service users. This report has therefore identified service strengths and areas for improvement on the basis that the service will continue to operate in some form going forward.

What the service has done since the last inspection

Since the last inspection the service had implemented a six monthly review programme. This met a requirement that we had made.

Another requirement to inform the Care Inspectorate of notifiable events and incidents was also now met.

Conclusion

The service had met previous requirements and continued to provide a much valued service to people with a visual impairment. However, people we spoke with were understandably concerned about the closure talks that were taking place at the time of this inspection. There was particular concern that the positive outcomes they identified by receiving this service would be coming to an end.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.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 needs to do more to improve, 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 based on best practice or the National Care Standards.

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 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

Visibility Supporting People Project is run by Visibility, a voluntary Organisation formally known as Glasgow and West of Scotland Society for the Blind. It was registered with the Care Commission in February 2005.

The service operates from an office base in the Woodlands area of Glasgow and covers four Local Authority areas, Glasgow, West Dunbartonshire, East Dunbartonshire and North Lanarkshire.

The service offers support and assistance to people who are visually impaired, live in rented accommodation and are in receipt of or eligible for housing benefit.

At the time of the inspection, 47 people who had significant sight loss were being supported.

The aim of the organisation is "listening and responding to people affected by sight loss in the West of Scotland."

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

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 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 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 involving one Care Inspectorate inspector which took place on 16, 17 and 18 March 2015. An inspection volunteer also assisted with phone interviews.

During the inspection we visited four service users and two family carers in their homes and spoke with two service users and a family carer by phone. We also sent out 40 care standards questionnaires and received 12 back.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents, including:

- the registration certificate
- the self assessment and annual return submitted to us by the service
- personal planning paperwork and review records
- minutes of meetings
- staff training information
- accident records
- quality assurance records
- participation records
- staff supervision records
- quarterly newsletter and service user information pack

As well as speaking with people who used the service we spoke with the Chief Executive Officer (CEO), operational director, service manager, senior support worker and six visual support workers. We also observed the practice of a visual support worker during our home visits.

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 ensure that care reviews are carried out at least every six months as per their statutory obligations.

This is a requirement made against; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instruments 2011 No. 210, Social Care Personal plans

(b)review the personal plan-

(iii)at least once in every six month period whilst the service user is in receipt of the service.

Timescale for meeting this requirement is 21/6/14.

What the service did to meet the requirement

We found evidence of six monthly reviews taking place and a system in place to support this. We make further comment about reviews under Quality Theme 1, Statement 1.

The requirement is: Met - Within Timescales

The requirement

The provider must notify the Care Inspectorate of all incidents, as detailed within "Records all Services (excluding Child Minders) Must Keep and Notification Reporting Guidance" (on the Care Inspectorate website).

This is a requirement made against SSI 20122/28 4(1)(a) - a requirement concerning records, notifications and returns.

Timescale for meeting this requirement is immediately on receipt of this report.

What the service did to meet the requirement

The manager had been informing us about notifiable incidents.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

We made three recommendations following the last inspection:

1. The provider should evidence that service users are offered a copy of their care plan and their written agreement in an appropriate format for them, each time their care plan is updated.

Progress: This recommendation was not fully met. Personal plans were updated and offered to service users, but we noted from our sample that this was not in the person's preferred format. We have made an amended recommendation about this (See Recommendation 1 under Quality Theme 1, Statement 1).

2. The provider should support care staff to take a more active role in developing care plans.

Progress: Staff were able to tell us that this was happening. We have identified as an area for improvement that staff receive further learning and development around outcome focused care planning (See Quality Theme 1, Statement 3).

3. The provider should consider how they can inform people who use the housing support service about the service user involvement policy including more detail how they can influence the board.

Progress: An Open Day event in 2014 involved Board members and service users. The quarterly newsletter also kept people informed about the involvement policy and how they could influence the running of the service and the Board. This information should continue to be publicised and reinforced with people who use the service.

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 completed self assessment from the manager. We were satisfied with the way it was completed. The manager identified what she

thought the service did well and some areas for development and any changes that were planned. It also provided evidence of outcomes for people using the service.

The self assessment could be improved if it focused more on the current and future service performance under each of the quality themes and removed historical information going back a number of years about previous performance.

Taking the views of people using the care service into account

We sent out 40 care standards questionnaires and received 12 back. We also spoke with six people who used the service during the inspection, either face to face or by phone. Feedback about the service was mainly positive.

Comments that were made to us are included in the body of this report.

Taking carers' views into account

We spoke with three family carers during this inspection either by phone or face to face.

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 was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

Our findings during the inspection and the information from the service's own participation feedback methods confirmed high satisfaction levels. We observed natural and relaxed interactions between a staff member and two service users. The feedback we received from questionnaire responses and people who used the service indicated that they valued the service highly. They told us that they experienced a high standard of care and support, and felt listened to. Comments included,

"I am very happy with the service I receive. The staff are always willing to help and answer any questions I may have"

"The service is great and I appreciate the service I get"

"I choose the things I do"

"The service meets my needs"

"Ask me at reviews my views"

"They read over my support plan"

One family carer commented in the questionnaire:

"As a relative of someone who uses the service, I have nothing but the nicest things to say about the service. We are involved in every decision that is made for my son. I cannot fault the service that my son is given"

An open day consultation event at the end of 2014 involved service users across the organisation in giving their views about Visibility services and helping to shape future strategic objectives. Members of the Board of Directors that oversee Visibility took part at this event. Involvement of service users and carers on the Board was also encouraged. This showed the high priority given to involving people in the running of Visibility.

The evaluation report of the Open Day indicated that people who used Visibility services were happy with their outcomes. For instance, 84% felt less worried, 87% said that they had learnt new things and 96% felt more independent.

A member of the office staff carried out spot check phone interviews during the year. This gave people the opportunity to give their views about anything they would like to say about the service

We made a requirement following the last inspection that the provider must ensure that six monthly reviews of personal plans took place. This was now met as a programme of six monthly review meetings had been introduced. This was backed up by a planning tool which highlighted when the next one was due to keep reviews on track. Records sampled showed that people were fully involved in discussing their support needs and agreeing any changes.

An informative quarterly newsletter kept people up to date about organisational and service developments. Overall, people told us that they were kept well-informed, for instance, the CEO and operational director had visited everyone regarding the impending cancellation of the service and this was followed up with regular updates on developments in this regard.

Visibility asked people what format they would like to receive their support plan and other paperwork and this included large print, CD or Braille. This meant that people could be kept directly informed about their support arrangements and what the provider was doing.

We noted that the inspection self assessment included some good examples of service user involvement and examples of how their views had led to improvements in the service. For instance, one person was able to use her skills to benefit other service users in another service. Two people raised issues with the staff members providing their support and this led to changes and better outcomes for the individuals concerned.

We could see that complaints were fully investigated. Following the last inspection the complaints procedure was amended to refer to the Care Inspectorate. We have also asked the provider to amend the timescale for investigating complaints from 28 days to 20 days in line with legislation relating to care services.

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

The inspection self assessment included some information going back a number of years. Historical information should not be included in the self assessment as the focus should be on up to date information, evidence of current performance and future plans.

Not many spot check phone interviews took place this year and we have highlighted this as an area for improvement. We also suggested that there was merit in linking the questions asked during these phone calls with the quality themes and quality statements the service was inspected against.

The six monthly review programme was now in place and this now needed to be sustained going forward. We came across one person who had not received a review as this had been declined. It was important that reviews still took place as per the statutory duty, even if the service user declines to take part.

We noted that paperwork, such as review minutes or updated personal plans were now available in the person's home, but they were not signed off by the person receiving the service or their representative. This meant that it was not clear if the person agreed with what was written (See Recommendation 1). We also noted that a version of this information was not provided in the person's preferred format. While the support worker or family member could read out the contents of these records, the person should also receive an accessible version so that they can access information freely as per the intention of seeking out their format preference (See Recommendation 1).

Management acknowledged that aspects of participation had been restrained to some extent this year with the sensitivities around the future of the service and proposals for bringing the service to an end for many service users. They were keen to bring it back on track once the situation became clearer.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that service users receive a copy of their personal plans, review minutes and other paperwork in an appropriate and accessible format and that the person's agreement with the content of this information is clearly evidenced.

NCS 4 Housing Support Services - Housing Support Planning

Statement 3

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

Service strengths

We found that the service was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

Personal plans had been revised following the last inspection. We could see that these aimed to be person centred so that they gave a clear picture of the person's personal history, health needs, support needs, agreed outcomes and support for weekly activities. Those sampled were up to date and relevant.

People received support with a range of housing support issues such as attending medical appointments, community involvement, maintaining independence and dealing with correspondence. People told us that the service was a lifeline for them as it stopped them becoming isolated and housebound. They looked forward to their support visit each week and were consequently concerned about the future and the plans to cease the service. We noted that the provider was keeping people updated on developments and assisting with identifying new service providers, where appropriate.

Staff training was regular and service user focused. For instance, it included, moving and assistance, basic first aid, sighted guided training, working with hearing impairment and adult support and protection.

We made a requirement following the last inspection regarding the provider's statutory duty to inform the Care Inspectorate of significant events which were of a serious nature. Notifications received by the service during the year evidenced that this requirement was now met.

People we spoke with described the service as reliable. The feedback from the care standards questionnaires also showed us that all 12 people who completed them agreed with the statements, "The service checks with me regularly that they are meeting my needs", "I am confident that staff have the skills to support me" and "Staff have enough time to carry out the agreed support and care".

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

We came across some inconsistencies in personal plans. For instance, some began in a person centred way about the individual concerned and then switched to generic statements about "the person". Personal plans were better at recording agreed outcomes but it was not clear how progress with meeting these outcomes would be measured or how well they were being achieved in the long and short term. Up date monthly sheets often included limited information on the support provided and did not clearly link to the person's outcome goals to show how these were being met in practice (See Recommendation 1). There was merit in providing staff with training around outcome focused support planning, for instance, as highlighted in the Joint Improvement Team's guidance, "Talking Points - a personal outcomes approach".

We sampled accident records and noted that these were not routinely signed off by the manager for monitoring purposes or clearly identified follow-up action. We have asked Visibility to look at these points.

In discussion with the CEO we identified the positive benefits to the service from using modern technology such as Tablets or smartphones to improve communication and effectiveness of service delivery. We will review progress with this at future inspections.

The service used a call monitoring system known as Guardian 24, which staff used to confirm their start and finish times. Currently, we understood that this system was used primarily to ensure staff safety. Its potential to monitor service delivery, for example, checking for late and missed visits, should also be explored further.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Personal plans should be consistently person centred and outcome focused, clearly identifying and recording progress with agreed outcomes and linking this to ongoing update progress sheets.

NCS 4 Housing Support Services - Housing Support Planning

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 that the service was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

The strengths for this statement include those already mentioned under Quality Theme 1, Statement 1.

In addition, we noted that the feedback from people who used the service and carers was mainly positive when they spoke about their regular staff. We could see that there was mutual respect between service users and staff and an awareness of fitting in with the person's preferred routines and wishes.

The service had recruitment procedures in place which supported service user involvement in the process.

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

The areas for improvement for this statement include those already mentioned under Quality Theme 1, Statement 1.

Service user involvement in the supervision and appraisal of individual staff was an area for improvement, for instance, using people's views to inform the annual performance reviews for staff. This was raised at the last inspection as well. These reviews had not taken place last year for the majority of the staff team and managers were aware that this needed addressing (See Recommendation 1).

Direct observation was an important element of quality assurance for this type of service and was a way of involving service users in the staff assessment process. The last inspection report noted that direct observation of staff practice was taking place involving the senior support worker spot checking the support staff provided. This had not been sustained. We have therefore made a recommendation about this (See Recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Staff annual performance reviews should be resumed and they should incorporate the opportunity for service users to give their views about individual staff performance.

NCS 3 Housing Support Services - Management and Staffing Arrangements and
NCS 8 Housing Support Services - Expressing Your Views

2. Direct observation of staff practice should be introduced and sustained with the opportunity for service users to be involved in the assessment of staff practice.

NCS 3 Housing Support Services - Management and Staffing Arrangements and
NCS 8 Housing Support Services - Expressing Your Views

Statement 3

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

Service strengths

We found that the service was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

Staff told us that they felt well supported from an approachable management team. One staff member noted,

"Due to additional support to one of our service users, it was essential to gain my food hygiene certificate. This was both organised by and paid for by Visibility. They are always ready to help with any training or qualifications necessary for to meet the support needs of service users."

Low staff morale was inevitable because of the service closure proposal, but despite this staff presented as committed to meeting the needs of the people they supported and acting in the service users' best interests.

Since the last inspection staff were given a more active role in personal planning and review processes. This met a previous recommendation on this issue.

Visibility supported the staff team to acquire vocational qualifications with a rolling programme in place. Most staff had achieved SVQ 3 qualifications. This meant the service was in a good position for registering the workforce with the Scottish Social Services Council (SSSC) at the appropriate time.

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

There was scope to involve staff in the self assessment that the manager was asked to complete prior to inspection.

Some new staff had still to complete adult support and protection training. This should form part of the induction training process so that new staff are made aware of their responsibilities in this regard from day one. (See Recommendation 1). See also comments made under Quality Theme 1, Statement 3 regarding staff learning and development around outcome support planning.

Going forward, all remaining staff would benefit from training around self directed support and dementia awareness given the growing relevance of both areas to staff's work.

The infrequency of individual staff supervision and annual performance reviews needed closer attention (See Recommendation 2). See also areas for improvement under Quality Theme 3, Statement 3.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The induction process for new staff should include adult support and protection training.

NCS 3 Housing Support Services - Management and Staffing Arrangements

2. Regular individual staff supervision should be resumed.

NCS 3 Housing Support Services - Management and Staffing Arrangements

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 that the service was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

The strengths for service user and carer involvement, detailed under Quality Theme 1, Statement 1 are the same for this statement.

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

The areas for improvement for this statement include those already mentioned under Quality Theme 1, Statement 1.

We noted from the care standard questionnaires submitted to us that around 50% of respondents reported that they were unfamiliar with how to make a complaint using the provider's or the Care Inspectorate's complaints procedures. The information pack given to people did include this information, but other ways to publicise the complaints procedure should be explored as well.

In line with Quality Theme 3, Statement 3, the provider should look to involve people who use the service or their representatives in the appraisal of the senior and manager of the service (See Recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should devise a method for involving people who use the service in the appraisal of the senior member of staff and the service manager.

NCS 3 Housing Support Services - Management and Staffing Arrangements

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 that the service was performing well under this quality statement. We came to this conclusion after we,

- spoke with people who used the service either face to face in their own home or by phone
- spoke with the CEO, operational director and service manager
- spoke with visual support workers and the senior member of staff
- observed staff practice during two home visits
- reviewed questionnaire responses from family carers and people who used the service and sampled a range of paperwork including care plans.

Staff performance systems, including team meetings and supervision, provided a measure of quality assurance. Service user participation methods also supported this.

People we spoke with told us that they were satisfied with the standard of service they received.

The Guardian 24 call monitoring system helped to keep a track of staff on their service visits and keep them safe.

The service used a range of audits to quality assure the service. These included,

- daily communication
- spot check phone interviews with service users
- six monthly support reviews
- complaint investigations and incident reporting
- monthly monitoring of service users' update sheets by the senior to follow up on any identified issues

We noted that complaints were dealt with efficiently and speedily and the provider was now adhering to informing the Care Inspectorate of notifiable events.

The self assessment highlighted that Visibility had achieved Investors In People and had won several awards. It had achieved the PQASSO Quality Mark, at level two out of a possible three levels. PQASSO is a nationally recognised award endorsed by the Charity Commission that offers users as well as commissioners and funders external verification of the quality and credibility of an organisation.

Areas for improvement

As noted earlier in this report the provider was preparing to close the service due to funding problems. The following areas for improvement are made on the basis that the ongoing negotiations with one local authority to have the service continue in a reduced form, prove successful.

We have made comment elsewhere in this report that the service needed to pay closer attention to carrying out quality assurance evaluations such as staff supervision, performance reviews, direct observation of practice and phone spot checks.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

We investigated one complaint since the last inspection, but this was not upheld.

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 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
28 Mar 2014	Announced (Short Notice)	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
23 Nov 2010	Announced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
26 Aug 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
23 Apr 2008	Announced	Care and support 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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

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

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