

## Care service inspection report

# **The Argyle Care Centre**

## Care Home Service Adults

21 West Argyle Street

Helensburgh

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Telephone: 01436 672511

Type of inspection: Unannounced

Inspection completed on: 26 February 2015



HAPPY TO TRANSLATE

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### Service provided by:

Clearvue Investments Limited

### Service provider number:

SP2005007952

### Care service number:

CS2005111774

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

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

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

|                                      |   |      |
|--------------------------------------|---|------|
| 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

The Argyle Care Centre offers high quality purpose built accommodation in Argyll House and the original building is also being refurbished. The quality of care has been consistently high.

Residents and their relatives said they were very satisfied with the quality of the service and we saw many examples of very good care.

The staff involved in the inspection were well motivated to provide high quality care and we observed very good interactions between staff and service users.

The service responds well to requests and suggestions from service users and their families.

### What the service could do better

Although there are systems in place to gather feedback from the people who use the service and their carers, the inspection showed that these could be more effectively used to promote improvement. This is discussed in Quality Theme 1 Statement 1.

We saw that some people using the service would benefit from more focused engagement of staff and an improved more effective approach to promoting individual lifestyles and activities. This is discussed further in Quality Theme 1 Statement 3.

The roles and responsibilities of staff could be developed further. This is discussed in Quality Theme 3 Statement 3.

The quality management system could be improved to ensure consistency and promote improvement. This is discussed in Quality Theme 4 Statement 4.

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

The service has improved the way communal space is used in Argyll Lodge which has made some improvement to the quality of life of those who use the small lounge, conservatory and dining room. Infection control procedures have also been improved.

### **Conclusion**

The provider has responded actively to the issues raised at inspection and has made improvements.

There is strong evidence that the provider is committed to the ongoing improvement of the service.

# 1 About the service we inspected

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0345 600 9527 or visiting one of our offices.

## Requirements and recommendations

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

**A recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

**A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration.

Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

The Argyle Care Centre is the new combined service which is provided in the former Argyle Lodge building and in new purpose built premises called Argyle House on the same site.

The original service was registered with the Care Commission in January 2006 and is registered to care for 58 older people.

The following is an extract from the service mission statement which describes its aims as:

"To give the best possible individualised person centred care in as homely, pleasant and contented environment as possible."

"Everyone will be treated with respect and sensitivity and this will be at the centre of all interaction and communication..... between staff to residents, staff to each other, and with all visitors and agencies/professionals."

"We will be sensitive and adapt to residents' ever changing needs, whether that be medical, therapeutic, cultural, psychological, spiritual, emotional or social as much as we possibly can."

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](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 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 which was carried out by two inspectors on the 17, 18 and 26 February 2015. Detailed feedback was given to the manager and the provider and this report is a summary of the findings.

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 spoke with eight members of staff, the manager, the nurse on duty and the provider. We also spent time with 10 service users individually and spent time in each of the lounge areas. We were able to speak with six relatives who were visiting the service.

We looked at:

- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records including 1-1 consultations, minutes of meetings with residents and their relatives
- residents' personal plans including needs assessments, care plans, risk assessments and evaluations
- residents' healthcare records
- medication records
- six monthly care reviews
- minutes of management and staff meetings
- repair and maintenance records
- health and safety records
- the activities programme
- accident and incident records
- complaint records
- quality assurance records including audits and action plans
- the environment and equipment
- the registration certificate
- the insurance certificate
- the staffing schedule

### **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)



### **What the service has done to meet any requirements we made at our last inspection**

#### **The requirement**

Each person's support plan should have up to date accurate information about how their needs should be met.

These plans should be reviewed at least every six months and all risk assessment kept up to date.

SSI 114 Regulation 4 (1) Welfare of Users

Timescale: 30/10/2014.

#### **What the service did to meet the requirement**

We sampled care plan documentation during the inspection and we saw that the management team have made improvements. Reviews were taking place six monthly.

**The requirement is:** Met - Within Timescales

### **The requirement**

All staff should receive training which reflects the current best practice guidance in infection control and their competency should be assessed.

SSI 114 Regulation 4 (1) Welfare of Users

(d) providers shall have appropriate procedures for the control of infection and the management of clinical waste.

NCS 4 Care Homes for Older People - Your Environment

There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.

Timescale: 30/11/2014

### **What the service did to meet the requirement**

Some staff have received training and the process is on going.

**The requirement is:** Not Met

### **The requirement**

A more robust quality management system should be put in place which meets the principles outlined in the regulations and National Care Standards.

SSI 114 Regulation 4 (1) Welfare of Users

Timescale: 28/02/2014

### **What the service did to meet the requirement**

The provider has started to put in place a more accountable system of quality management. This requirement is on going.

**The requirement is:** Not Met

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

1 Locks should be fitted to all bedroom doors.

NCS 4 Care Homes for Older People - Your Environment

6) The door to your room will have a lock which you can use. Staff will be able to open the door if there is an emergency.

This has not been done and the recommendation is ongoing.

2 The lounge and dining facilities in Argyle Lodge do not meet the National Care Standards and the provider should explore alternative options. The provider should review the current space available in relation to the space standards noted below.

NCS 4 Care Homes for Older People - Your Environment

21) You will enjoy easy access, with all inside doors having a clear opening width of 840 mm, off wide corridors (of at least 1200 mm). Communal space will be at least 3.9 square metres for every resident in the home, not including corridors and circulation areas.

5) All bedrooms and public rooms will have windows. You should expect to be able to sit somewhere and have a view out of a window.

This recommendation is ongoing.

### **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 self assessment was completed prior to the inspection process. The manager should continue to involve staff service users and relatives in the ongoing self assessment of the service.

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

The people we spoke with showed that there was a high level of satisfaction with the service. Comments are included throughout the report.

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

The relatives we spoke with showed that there was a high level of satisfaction with the service. Comments are included in the report.

### 3 The inspection

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

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 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 this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff, looked at the relevant records and reviewed the questionnaires we received. There was strong evidence that individuals are involved in reviewing their own support arrangements and that opinions and suggestions are valued.

Systems have been put in place to seek regular feedback from the people using the service and their relatives.

With some exceptions, there was strong evidence of individual preferences and needs being taken into account in the delivery of care and that people are involved in the decisions which affect their lives.

There is an open door policy and the management staff and the providers encourage service users and relatives to make their needs, opinions and suggestions known to them.

Reviews of individual care plans are scheduled to take place every six months and involve relatives and service users. Relatives who do not live locally are consulted by telephone and email about any suggestions to improve the individual's quality of life.

The notice board displays information about how people's requests have been followed up and encourages involvement in the way the service runs.

The service has historically used a range of participation methods to gather the views of residents and relatives. These included the use of bi-annual questionnaires, a comments and suggestions book, the 'catering comments' book and a resident's request form.

A range of other options had been established to support and promote the ways people could become involved in assessing and improving the quality of the service, including the care and support. These were:

- individual meetings with residents and their relatives from admission onwards
- consultation when writing personal plans
- formal care reviews to discuss how well care and support needs had been met
- meetings for residents and their families where suggestions and ideas for improvement could be made
- questionnaires about the overall quality of the service
- a named nurse and key worker system
- comment/suggestion forms
- informative notice boards
- a brochure and welcome pack

The feedback we received confirmed that staff had formed positive relationships with residents and their relatives. We found that there were high levels of satisfaction in relation to the way the manager and staff had provided information, promoted involvement and responded to the feedback received. Some of the comments we received included:

"I am very pleased with the way things are - I feel that my opinions are taken into account."

"I have been very involved in my mother's care. Staff always keep in touch with me."

"When I came to live here, staff asked me what I wanted and what was important to me."

"The staff have really got to know my mother and her needs. They are always asking for suggestions as to how things can be improved for her. "

Residents' personal plans are scheduled to be reviewed at least every six months to make sure the information recorded remained accurate and up to date.

There is a keyworker system in place which ensures that people know who to speak with and we observed that the relationships between staff and service users was very good.

### **Areas for improvement**

Although there are good systems in place these could be used better to promote participation and involvement for example the use of the notice board, the way activities are organised.

Developing the keyworker system further could help to improve communication with service users about their wishes and needs.

We discussed the way meetings with service users were organised and some suggestions were made as to how to make the involvement more meaningful.

The process of reviewing the support people receive could be improved and recording format adjusted to prompt more accountability about all aspects of health care and to facilitate forward planning.

**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

An examination of relevant documents and feedback from residents, relatives, the service provider, management staff and care staff spoken with, indicated a good performance by the service in relation to this statement.

Personal profiles outlining the needs and personal lifestyle preferences are kept in each person's room.

Health needs and interventions are recorded in individual care plans and there are risk assessments in place for key healthcare areas such as nutritional, tissue viability and continence care.

The service has well established links with local GPs and other health professionals and communication was observed to be good. The Community Dementia Team also visit regularly to review and support any individual who requires specialist input from them.

The service has two activity workers who support a range of individual and group activities and there are regular concerts and entertainments scheduled for all service users.

Observation of mealtime showed that there was a good choice of meals available and that if individuals wished something else that was not on the menu, this was accommodated. Extra support and special diets had been provided in response to residents' needs. We saw that mealtimes were a positive experience for residents.

Questionnaires from the people using the service and their relatives stated that they were very happy about the way health needs were being met in the service. Some people gave examples of excellent care.

#### Areas for improvement

Although some of the care we observed was very good, we saw that there was a need to continue to promote a more individualised approach to daily lifestyles within the home. Although the home employs two-part time activity workers, there is a need for all staff to consider how individual lifestyles could be enriched in simple ways each day.



Some people are spending their days with little stimulation and their quality of life could be improved by a more individual approach to daily activity. Although many people enjoy using the lounges, the individual use of personal space could be promoted and people more effectively supported to select preferred music, television, radio and the internet to explore areas of interest rather than sitting in the communal areas with preselected music and television programmes available which they have no control over. An on going activities plan for groups should be developed to reflect the interests and personal histories of service users in consultation with service users and relatives.

The entertainment programme could also be improved to be more inspiring to service users. These matters were discussed in more detail at the feedback session at the end of the inspection.

A more planned approach to ensuring that people have access to fresh air and outdoor activities could improve the quality of life for many service users.

The service is using a new system for administering medication. Some discrepancies were noted in the recording of medication and advice was given about this at the feedback session.

Although the service plans review meetings every six months the way reviews are conducted could be improved to ensure that all matters relating to health and wellbeing of the person is considered. The records looked at showed that there was little evidence of concerns being raised or suggestions made by service users or their carers and the notes generally stated that people were happy with the care. Although people may be in general very positive about the care, the review process should be developed to provide clearer opportunity for discussing improvements, ideas and suggestions and key workers could be more involved in the pre-review process.

Some people would benefit from improved methods of communication as their speech has been affected making verbal communication difficult. The service could explore the use of voice technology for some individuals with support from the speech and language service.

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

**Number of requirements:** 1

**Number of recommendations:** 1

## Requirements

1. The provider must ensure that medication is administered safely adhering to good practice guidance.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - health and welfare of service users

Timescale 30/6/2015

## Recommendations

1. The provider should further develop individual care plans for service users to include their preferred daily routines, lifestyles, interests and activities in order to improve their quality of life in the care home.

National Care Standards, Care homes for older people,  
Standard 6: Support arrangements  
Standard 8: Making choices  
Standard 17: Daily life

## 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

Strengths and areas for development relating to involvement and participation are noted at Quality Theme 1 Statement 1.

### Areas for improvement

The provider should consider ways of involving people in all aspects of the management of the environment and in particular regarding any proposed changes to the environment. For example, changes were made to the communal areas in Argyle Lodge and although the manager told us she had spoken to some relatives to explain the changes, there was no recorded evidence of how people had been involved in this process or how their feedback was evaluated after the changes were made.

**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

An examination of relevant documents and feedback from residents, relatives, the service provider, management staff and care staff spoken with, indicated a good performance by the service in relation to this statement. The report reflects the fact that the accommodation in Argyle House offers excellent accommodation whilst some aspects of the environment in Argyle Lodge are less positive.

Argyle House offers a very positive environment for older people in excellent purpose-built accommodation. The quality of decoration and furnishings is excellent and people are encouraged to make their rooms their own and bring small items of furniture and important possessions. Over the last two years, extensive refurbishment of Argyle Lodge has taken place creating further ensuite facilities and upgrading the bedrooms. This has made a great difference to the quality of experience for the people resident in Argyle Lodge.

The inspection showed that the home was clean and that improvements had been made to the way cleaning and housekeeping are managed .

Detailed general maintenance logs are kept and records of the maintenance of equipment complied with health and safety and fire legislation.

External consultants are used to audit all health and safety procedures and fire safety procedures.

Staff have had training in fire safety and health and safety procedures and ongoing training in moving and handling.

There were suitable arrangements in place to keep the home secure and safe from intruders. The front door was locked and opened via a key pad which meant nobody could enter the home without staff letting them in and knowing who they were. All other doors had alarms in place to alert staff and this protected residents who could be placed at risk if they left the home on their own without the proper support.

All of the bedrooms we inspected had a working nurse call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance quickly when they needed it.

Staff had recorded accidents and incidents. These records had been checked by the management team to identify any key issues and to make sure all the necessary actions had been carried out to reduce the risk of recurrence.

### **Areas for improvement**

The Care Inspectorate has worked with the directors of this service over the period of refurbishment and we have been aware of the financial constraints which impacted on major renovation of the home. The communal lounge and dining space in Argyle Lodge is poor and has been the subject of discussion for several years. Some improvements have been made to the lounge and dining facilities and discussion with service users indicated that this had been welcomed. The premises, however, do not meet the space standards included in the National Care Standards and a long term solution to improving these aspects of the environment is being explored by the provider.

Our inspection of the premises showed that there was a lack of attention to detail in relation to the decoration and homeliness of the Argyle Lodge. We discussed these matters at feedback.

The bathing and showering arrangements for those who do not have ensuite facilities is still a matter for concern. The bath on the first floor is now available for use but has no aids or bath chairs to enable this to be used. The bathroom on the ground floor is not an attractive place to bathe and has obsolete equipment on the wall making it institutional and clinical in appearance.

The provider should continue to explore alternatives and plan towards improving the facilities in Argyle Lodge. The last inspection noted that all bedrooms should have locks to allow service users to keep their possessions and their own space private if they so wish. This has not been done.

The lift in Argyle House was out of use for several days which caused some inconvenience to service users and staff. The provider advised that they were reviewing the maintenance contract for the lift to avoid this happening again.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 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 this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff, looked at the relevant records and reviewed the questionnaires we received.

Please see Quality Theme 1 Statement 1 for details of how the service promotes participation.

### Areas for improvement

Areas for development are noted at Quality Theme 1 Statement 1.

**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

As at the previous inspection, we found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff, looked at the relevant records, observed staff at work and reviewed the questionnaires we received. The evidence showed that the staff team were experienced and motivated to deliver a good quality service to residents.

We watched staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be motivated and professional and caring in their approach to people. The staff we spoke to valued the work they did and felt able to provide a high standard of care to residents. Staff told us that they generally felt well supported by the management team and their colleagues.

Staff were positive about their work at both inspections this year. Comments included:

"I really enjoy my work and enjoy making life better for the residents."

"The Argyle Care Centre is a great place for staff and residents. It's a happy place to work."

"I think it works because we all care about the residents and just do our best."

There had been opportunities for staff to further develop their individual key working roles. This had included some staff taking more responsibility for developing meaningful care plans.

Senior staff are being supported to complete SVQ Level 4 and are being encouraged to take on responsibility for aspects of the management of the service.

Staff felt that the management team was approachable and they could raise issues and concerns.

The service employs registered nurses who are responsible for the shift they are working and the majority of staff are qualified in SVQ Level 2 or 3 in Care. The provider advised that those who have not completed a qualification will be supported to do so.

All mandatory training in moving and handling and food hygiene is up to date and staff have access to in-house training courses in relevant topics to support their practice.

A charter 'How we treat people' has been developed and this is an important contribution to the ongoing development of a positive ethos in the service.

Residents and relatives told us that the staff were friendly and caring in their approach. Some of the comments received were:

"The staff here are very good. I can't fault them in any way."

"Staff are great - I have no complaints about any of them."

"The staff do an amazing job . They do go the extra mile and I appreciate this."

"I know my Mum is in good hands here."

"I think the staff are great!."

"Staff are always kind and polite to me when I visit."

### **Areas for improvement**

The keyworker role could be developed further to give staff more responsibility and satisfaction in their support role.

The way individual support and supervision is managed could be improved further to promote improvement in practice.

A schedule of staff meetings has been put in place to offer staff the opportunity to raise issues and support their learning and development.

The previous inspection noted that all staff need updated training in infection control and this is noted in a requirement. The training is ongoing.

All staff should be made aware of The Scottish Government's best practice guidance for dementia care 'Promoting Excellence'. This training is free and accessible to all care services. The provider is planning to offer this training as soon as possible.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0



## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff, looked at the relevant records and reviewed the questionnaires we received.

Please see Quality Theme 1 Statement 1 for more details of how the service promotes participation.

### Areas for improvement

Areas for development are noted at Quality Theme 1 Statement 1.

**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

We found this service was performing to a good standard in the areas covered by this statement. We concluded this after we spoke to the manager and the staff team, and talked to people who use the service and made two follow up visits after the inspection.

We found that there was a very loyal and committed staff team. Relatives and service users spoke very highly of the management team and a range of comments have been included in the report.

They also had regular contact with residents and their families and there was evidence that the management were responsive to suggestions for improvement.

Quality management systems have been developed by the service and there is a staff appraisal system in place.

#### Areas for improvement

Although the provider has begun to implement more formal approaches to quality management this is an on going area for development.

The inspection showed that audits carried out and the observations of management staff had not resulted in improvements - an example of this is the general appearance and homeliness of some rooms and small repairs not being done. There needs to be clearer definitions of quality across all aspects of the service and more accountable methods of evaluating the service. These matters were discussed at the inspection feedback. The management team has been offered some support for improvement in relation to quality management and promotion of participation by the Care Inspectorate.

Decisions about staffing and dependency levels should be informed by feedback from the staff team.

**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

|  |               |
|--|---------------|
| <b>Quality of Care and Support - 4 - Good</b>          |               |
| Statement 1  | 4 - Good      |
| Statement 3  | 4 - Good      |
| <b>Quality of Environment - 4 - Good</b>               |               |
| Statement 1  | 4 - Good      |
| Statement 2  | 4 - Good      |
| <b>Quality of Staffing - 4 - Good</b>                  |               |
| Statement 1  | 4 - Good      |
| Statement 3  | 5 - Very Good |
| <b>Quality of Management and Leadership - 4 - Good</b> |               |
| Statement 1  | 4 - Good      |
| Statement 4  | 4 - Good      |

## 6 Inspection and grading history

| Date        | Type        | Gradings   |
|-------------|-------------|--|
| 11 Aug 2014 | Unannounced | Care and support 4 - Good<br>Environment 4 - Good<br>Staffing 4 - Good<br>Management and Leadership 4 - Good                     |
| 9 Dec 2013  | Unannounced | Care and support 5 - Very Good<br>Environment 6 - Excellent<br>Staffing 5 - Very Good<br>Management and Leadership 5 - Very Good |
| 15 Mar 2013 | Unannounced | Care and support 5 - Very Good<br>Environment 5 - Very Good<br>Staffing 4 - Good<br>Management and Leadership 4 - Good           |

## Inspection report continued

|             |             |   |
|-------------|-------------|---|
|             |             |   |
| 28 Sep 2012 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>Not Assessed</div> <div>3 - Adequate</div> |
| 17 Feb 2012 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>Not Assessed</div> <div>Not Assessed</div> <div>4 - Good</div>           |
| 19 May 2011 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>Not Assessed</div> <div>Not Assessed</div> <div>3 - Adequate</div>       |
| 1 Mar 2011  | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>3 - Adequate</div> <div>Not Assessed</div> <div>3 - Adequate</div> <div>Not Assessed</div>   |
| 5 Aug 2010  | Announced   | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>3 - Adequate</div> <div>4 - Good</div> <div>Not Assessed</div>           |
| 14 Jan 2010 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>3 - Adequate</div> <div>4 - Good</div> <div>4 - Good</div>               |
| 24 Aug 2009 | Announced   | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>3 - Adequate</div> <div>3 - Adequate</div> <div>4 - Good</div> <div>4 - Good</div>           |
| 18 Feb 2009 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>Not Assessed</div> <div>3 - Adequate</div> <div>Not Assessed</div> <div>Not Assessed</div>   |

## Inspection report continued

|            |           |                           |              |
|------------|-----------|---------------------------|--------------|
| 4 Jul 2008 | Announced | Care and support          | 4 - Good     |
|            |           | Environment               | 3 - Adequate |
|            |           | Staffing                  | 4 - Good     |
|            |           | Management and Leadership | 4 - Good     |

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

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

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