

## Care service inspection report

### Meldrum House

### Support Service Without Care at Home

2 Walnut Grove

Greenhills

East Kilbride

Glasgow

G75 9EZ

Telephone: 01355 574590

Type of inspection: Unannounced

Inspection completed on: 12 March 2015



HAPPY TO TRANSLATE

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### Service provided by:

South Lanarkshire Council

### Service provider number:

SP2003003481

### Care service number:

CS2003001342

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## Summary

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

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

### We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service was homely and welcoming and continued to be very well attended.

Social needs were met to a very good standard including maintaining of independence and supporting activities of service users' choice.

Staff displayed a caring and patient approach and were knowledgeable about the service users and their preferences.

This had all resulted in service users having positive outcomes when they attended the service.

### What the service could do better

No requirements or recommendations were made at this inspection however the service should consider the areas for development highlighted within this report. These were in relation to dating records and reviewing the size of the current support plans.

The service should continue to demonstrate the current high standards we observed at this inspection.

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

Since the previous inspection, we concluded that outcomes for service users had remained positive and the service had continued to provide a quality service for service users.

### **Conclusion**

The day service continued to provide a valuable service to people who used the service and their families.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the care commission and transferred 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 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 recognise good practice.

A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the regulations, Orders or conditions, a requirement must be made.

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

Meldrum House is a modern, purpose built, day care facility for older adults. It is part of South Lanarkshire Council's Social Work Resources system of care for older adults.

The service is provided between 9am and 5pm seven days a week. Service Users are picked up from and returned to home in the unit's own transport.

Meldrum House has eighty seven registered users and provides day care for up to twenty four service users at a time. Access to the service is via social work assessment.

Older adults attending the centre are offered a choice of activities, outings and lunch. Meldrum House also provides support for personal care.

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very 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 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

In this service we carried out a low intensity inspection. We carry out these inspections where we have assessed that the service may need a less intense inspection.

The inspection was carried out on 11 March 2015 between the hours of 9.45am and 4.05pm and 12 March between 10.15am and 2.15pm. Feedback was given at the end of the inspection.

During the inspection, evidence was gathered from a number of sources and a range of policies, procedures and other documentation. We looked at the following:

- Minutes of meetings for service users
- Questionnaires
- Welcome pack
- Accidents and incidents records
- Newsletter
- Sample of personal plans
- Environmental checks
- Hazard reporting folder
- Health and safety folder
- Minutes of staff meetings
- Staff files
- Manager's compliance checklist
- Supporting evidence from the up to date self-assessment
- Registration certificate
- Public liability certificate

During the inspection discussion took place with the following:

- Eight service users
- The Manager
- Five staff

An Inspection Volunteer assisted with the inspection.

Observations of care practice and a review of the environment and resources were also undertaken.

All of the above information was taken into account during the inspection process and was reported on.

### **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 recommendations we made at our last inspection**

There were no requirements or recommendations made during or since the previous inspection.

### **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.

A fully completed self assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

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

We spoke with eight service users during the inspection who spoke positively about the service. Comments included:

- "Nice building and grounds"
- "The building is lovely - it's so bright"
- "The place is spotless"
- "I like the décor and views from the windows"
- "Good surroundings"
- "They treat everyone as individuals"
- "They make me feel I matter"
- "well trained"
- "They can go a good laugh and take a joke but they

can be serious at times and pick up on issues"

- The manager knows everybody"
- "If anything bothered me I would go to the manager - I don't remember anything bothering me"
- "There's nothing I would change"
- "I don't really have cause to complain"
- "We're given ample opportunity to have our say - I just say it. I would go to someone higher if needed"
- "I'm quite happy"
- "I was given a booklet to read before attending and given information on complaints. I really have no complaints"

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

No carers were spoken with during the inspection.

### 3 The inspection

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

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

Grade awarded for this theme: 5 - Very Good

##### **Statement 1**

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

##### **Service strengths**

Consultation and inclusion of service users was promoted to a high standard throughout the service and was very much integral to how the service operated. This was achieved through a number of ways.

Questionnaires were issued to service users using the service to determine how satisfied they were with the service.

Exit interviews were also issued to service users leaving the service to review the reasons why they were leaving and to review any suggestions made about how the service could improve. Views were sought on a range of topics within the questionnaires including staff, food, environment and activities.

We saw actions the service had taken to address suggestions made through the questionnaires.

A Welcome Folder was given to people when they first started the service to remind them of how the service could support them and how they could become involved in the development of the service. The folder also contained information on the role of the Key Worker, Visitors' Policy, visitors' survey, minutes of the most recent service user meetings and relevant complaints information.

One new service user who spoke with us confirmed that they received a welcome booklet which included information on how to make a complaint.

Service users' group meetings continued to be held frequently. These meetings gave

the opportunity for service users to put their views forward about the service or to give suggestions. The service had been proactive in ensuring they read out minutes of meetings held to other service users who had not attended on that day. A copy of the minutes was available to anyone who requested them but were kept within the welcome folder at the front entrance for all to see.

The service worked well to support families and Carer Support Groups were held regularly. Support group evaluations were issued after every meeting which asked attendees their opinion on the meeting. Questions asked included: location, time, whether the meeting was informative, frequency for attending carer support groups and suggestions for future meetings. Again, the service had been proactive in listening to and actioning suggestions made as a result of people's suggestions.

Feedback sheets had been used to help determine service users' satisfaction on the meals provided within the day centre. Generally, people were satisfied with the meals.

Service users had been consulted on the new menu and the cook had attended service users meetings to seek views and preferences.

The service had a complaints procedure in place. This meant that if service users/ carers had any issues, they would be addressed in a formal manner. Service users and carers advised us that they were aware of this.

We were told by the service how views were gathered through informal discussions with service users on a daily basis and we observed this first hand throughout the inspection.

We saw evidence that service users and their carers had been consulted in the development of their care plans  
Service user activity preferences were recorded and we saw that the service worked hard to make sure these were accommodated.

We saw that there was lots of useful information publicly displayed around the building as well as on the designated noticeboard.

### **Areas for improvement**

Most care reviews were carried out in line with legislation. This meant that minimally every six months, service users/ carers were involved in a formal discussion about their support and their views/ suggestions were sought and actioned if required.

We highlighted where some had not be carried out within this timescale and the Manager agreed to action these timeously.

Sometimes the minutes of service user meetings were not clear as to what exactly had been discussed and could be confusing to people reading them who had not

attended the meeting itself. We raised this with the Manager who was receptive to improving the standard

A local newsletter helped keep people informed about what activities and events had been happening and what upcoming events there were. We noticed the layout of the newsletter could have been better used and that there could have been more information recorded about the outcomes of consultation exercises. Again, the Manager was receptive to our suggestions.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

Care needs assessments were completed at the start of the service for each service user to help identify the level of support they required. This helped to make sure the service could provide the required support and ensure that outcomes would be positive for people. This was completed through the service attending service users' homes following the initial referral to carry out an assessment.

Following the initial assessment, each service user had their own individual support plan developed. These had been developed to reflect how the service met the individual service user's needs including where additional support may be needed and risk assessments.

Support plans also included service users' preferences and were evaluated minimally every three months to ensure information remained valid.

We were generally satisfied with details recorded in the support plans and that staff had sufficient direction as to how to support service users.

Monthly dependency levels were reviewed and monitored to ensure there were sufficient staffing levels and that service users were receiving appropriate support.

Communication records and procedures that were used had helped make sure staff were kept up to date about service users and any significant changes or requirements. Staff also took time each day to discuss the service users attending and whether there were any changes or concerns.

We saw that the service had worked hard to deliver a range of activities for service users to take part in and benefit from. This included

- Inter service competition in dominoes, quizzes and carpet bowls
- Outings, events and activities and the evaluations of these
- 'Singing for the Brain' sessions
- Reminiscence entertainment
- Musical bingo
- Arts and crafts
- Fruit tasting

From reviewing an activity log, we saw that there were daily chair exercises and lots of mentally stimulating activities which had taken place each day.

There was a good picture account of entertainment which had taken place however it was difficult to determine how recent an event it was as there was no dated recorded on it.

Themed days and days of celebration had also taken place. Pictures we were shown reflected service users involved enjoying these. An activity session assessment was completed following events to determine how people had engaged, if it was a success and did anything need to change about it.

Comments made by service users we spoke with included:

- "I like the word games and singing - they give us a choice of activities"
- "I like to play dominoes and enjoy the activities - I do the same things"
- "We do different things - it depends on who's in" (service users make some of the decisions)
- "sometimes we see films - good old films - I don't mind seeing them - like John Wayne"
- "There' are activities all the time - I like crosswords"
- "They take us out and about"

There was a range of best practice documents which the service had taken into consideration in the service delivery.

We saw that these included the Care Inspectorate 'Care about Physical Activity and an 'Interests and Activities Toolkit'.

There was also a list of the activities that the service completed which were in keeping with these documents.

The service also had a copy of the best practice guidance relating to the designing of homes for people with dementia. We were told how the service was aiming to develop the environment further and were taking the guidance into consideration.

An accident/incidents procedure was in place and we looked at some of the records completed. Records reflected a generally good level of relevant and clear information. We were satisfied that the service had undertaken appropriate follow up actions where accidents/incidents had occurred.

A nutrition folder was in use which reflected legally required information about allergens in the dishes. The folder also contained best practice guidance on nutrition

and hydration. Service user specific needs and preferences were recorded and we saw a menu planner reflecting the meals provided.

We observed a three course lunch with a second choice offered. Vegetables and soup were offered as well as a range of drinks.

Comments made about food from service users we spoke with were positive and included:

- "The food is great - we get a choice and there's plenty of juice available"
- "Food is brilliant"
- "I have my own taste but have no problems with the food here"
- "I like the meals - that's why I come here"
- "We get fed well- get a choice- I eat everything"

The service had suitable equipment where these had been assessed as required to help ensure service users' safety e.g. hoists and slings. We also saw that other smaller pieces of equipment were available such as eating and drinking utensils. We saw that these had helped to maintain service users' dignity, wellbeing and independence at times

The service had taken into consideration feedback from some of the service users and had started a 'Wednesday Pilot' programme to help improve standards and outcomes for people. This appeared to be working well and the service was about to evaluate the programme for consideration of making it a permanent arrangement.

A range of audits were undertaken to make sure that appropriate records were completed and to monitor healthcare. These are reflected in more detail under Quality Statement 4.4 of this report.

Generally, there was a good level of statutory training provided and undertaken by staff. This meant that they had sufficient skills and expertise to make sure service users' needs were met.

We received positive comments from service users we spoke with who told us that they were happy attending the service and liked the staff.

### **Areas for improvement**

Activities questionnaires had been used to determine service users' views on the events and activities made available to them. Again, there was no date on these so it was difficult to determine when they had been completed/returned.



We looked at some of the support plans and found these to be quite large documents which were difficult to extract the most important information from.

We suggested reviewing these to look at reducing the size or developing smaller more workable daily support plans to provide a more 'at a glance' document for staff to refer to.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

Service users were involved in making decisions relating to areas of refurbishment within the service and involved in discussions about how the different areas were used.

There were other ways in which service users and carers could put their views across about any issues within the service including the quality of the environment. These are identified under the strengths section of Quality Statement 1.1

#### Areas for improvement

No separate recommendations were made under this quality statement. See areas for development identified under quality statement 1.1

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

### Service strengths

The Day Centre had a controlled door entry system which ensured staff were aware if anyone wished to enter or leave the building. Visitors were required to sign the visitors' book.

A range of environmental checks were undertaken periodically. This had helped make sure that the environment was maintained and repairs undertaken where required. Maintenance records were in place to demonstrate this.

A current gas safety certificate was seen and water checks had been undertaken.

The service continued to make sure other checks were carried out to help make the environment safe such as Portable Appliance Testing.

Best practice guidance was available and complied with in relation to food handling. Weekly records which were checked in relation to this included training, cleaning schedules, waste control, maintenance, stock control, temperature control and records.

Records also showed the reflective action taken where required to meet the required standards.

Safety Bulletins were issued and had helped to make sure the service were made aware of any relevant issues to take action on.

Handbooks for care and domestic staff were issued which included safe systems of work and risk assessment documentation.

A Hazard reporting Folder was used to make sure any issues raised were resolved. We saw one issue which had been raised had a clear action plan with timescale indicated and reflected when it had been actioned.

Hazard Cards were used as a way of reporting any concerns and reflected the location of hazard, potential incident and suggested action to prevent reoccurrences.

The service had completed risk assessments, accident records and incident records to help make sure the environment was safe.

Specific risk assessments were completed prior to outings taking place and this

included a check list which was completed each time to ensure essential items were taken.

Health and safety inspections had taken place to help make sure the environment was of a satisfactory standard.

Action plans had been completed to reflect where any required actions had taken place. Safety checks had been undertaken to help keep the environment safe such as first aid box, lighting, cleaning programme, furniture and equipment, trip hazards and parking areas.

Lifting Equipment checks had complied with legislation and there was a register of maintenance contracts in place.

### **Areas for improvement**

We noted that signage and orientation was not always clear particularly for those people with dementia. We suggested the Manager review this and action, to which she agreed.

Some of the pull cords in toilet areas were out of reach of service users. We reminded the Manager that they should risk assess where service users are using toilet facilities and ensure that the measures in place keep people safe. In doing so this should include how service users can alert staff when required.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

Service users whom we spoke with were aware of the manager and the staff.

Minutes of service user meetings showed that people had the opportunity to discuss staff within the service.

Service users had also been invited along to awareness sessions to learn about Dementia and Parkinson's Disease at their meetings.

A keyworker questionnaire was about to be issued to determine people's awareness and identify any areas where the service could promote this.

A service user had been involved with a recent new member of staff where they had shown them around the service.

There were other ways in which service users and carers could put their views across about any issues within the service including the quality of the staffing. These are identified under the strengths section of Quality Statement 1.1

#### Areas for improvement

We discussed other ways to include service users in relation to the quality of the staffing and the Manager was receptive to these.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

We spoke with five staff over the course of the inspection and observed their practice and engagement with service users.

Staff interacted well with service users and visitors throughout the inspection and appeared motivated and professional.

We observed staff as being extremely courteous when offering choices to service users and particularly assisting people with their meals. We noted that staff followed appropriate moving and handling techniques when assisting service users.

Staff we spoke with confirmed that they had received regular supervision sessions and how these were beneficial to developing their personal skills as well as being an opportunity to discuss any concerns.

The sessions also gave the opportunity for staff to be kept informed about any changes or developments within the service. We saw that staff responsible for delivering supervision with junior staff had received training to support them to do so.

Staff had also received annual appraisals to support performance and development of the individual staff member.

Staff meetings took place regularly where staff could be involved in discussing a range of relevant information.

Staff briefing sessions had also taken place to make sure staff were up to date with any developments, concerns or issues e.g. SSSC registration.

We saw that the 'Dementia Strategy' had been discussed with staff. This included the developments the service was making in relation to complying with the strategy and how it would be linked into senior staff's Personal Development Plans

Manager's meetings were also frequently held to help ensure there were clear lines of communication and consistency across the services.

Staff training continued to be delivered through electronic, distance and practical sessions and we saw that a range of both statutory and non-statutory training had been completed. 'Promoting Excellence' dementia training continued to be delivered to staff.

'Stress and Distress' training was being introduced. A 'Champion' had been identified to act as a resource to help support staff in implementing what they learned.

Senior focus group meetings had taken place. Groups were looking at topics in which they would focus on to ensure best practice was being adhered with such as food and nutrition, health and safety and risk assessments.

People whom we spoke with were very complimentary about staff and their professionalism and warmth towards them. Comments included:

- "They're all very pleasant and know what I like"
- "Staff go out of their way to help"
- "They're great - I get on very well with them"
- "They all work hand in hand"
- "Always treat me well - never known anyone to disrespect me"
- "Staff are very good - they do their best to please us - they treat us well"

### **Areas for improvement**

Supervision sessions for staff in the previous year had not been undertaken in line with company policy.

However we acknowledged that there had been a valid reason for this and that the service was continuing to work hard to rectify this.

**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: 5 – Very 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

A Service User Committee was established with service users holding the position of office bearers and managing independent finances.

An Annual General Meeting was due to be held within the next few months.

The service had worked hard to make sure service users were made aware of the National Care Standards and the future review and public consultation of these. This topic had also been discussed at carers' meetings.

Copies of the National Care Standards were also available for service users if they wished.

Questionnaires had been completed about the National Care Standards and the Care Inspectorate including people's understanding of the grading system. Service users were asked to suggest grades for the service.

This information had not yet been collated into an action plan as they had only just been returned.

Stakeholder questionnaires were used. We saw that there had been no issues or suggestions made however the Manager told us that an action plan would be developed if any concerns were raised in the future.

We saw that service users had previously been involved in making decisions on how to spend allocated monies.

Other ways in which service users and carers could participate in relation to this quality theme are identified under Quality Statement 1.1

### Areas for improvement

No separate recommendations were made under this quality statement. See areas for development identified under quality statement 1.1



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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### **Service strengths**

Environmental checks which were carried out and are reflected under Quality Statement 2.2 helped to make sure the service was monitoring the quality of the service delivery.

There were a number of ways in which people could become part of the service quality assurance systems. These are reflected in more detail under Quality Statements 1.1, 2.1, 3.1 and 4.1 of this report.

The service submitted its self-assessment and annual return to us when requested. These were also ways in which they could review and consider their service and its delivery.

An audit sheet was in the process of being developed for each unit based on the self assessment tool. This included the review of new food regulations and contingency plans.

The service had introduced 'Peer Review' audits which were to be carried out by senior staff. We spoke with the member of staff responsible for carrying out audit for this service and they described what elements would be reviewed as part of the audit. Health and Safety Manager's Checklists were also completed twice a year.

We saw a certificate which showed that the service had achieved 'Customer Service Excellence'.

A 'Comparison Summary' of service user responses to the 'Customer Satisfaction Survey' had been developed for all the organisation's day care services including Meldrum House. This was in a graph format and showed any comparative differences between responses over the last five years from service users using the service.

A range of compliance checklists were completed by the Manager to help make sure the service was operating to a satisfactory standard. This included the review of accident investigation and reporting, environmental checks, activities, performance managing and risk assessing and training. Statistics were monitored by head office.

### **Areas for improvement**

The service should continue to demonstrate the current very good practice demonstrated at this inspection.

**Grade awarded for this statement:** 5 - Very 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 - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
19 Jul 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
18 Oct 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
5 Oct 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

## Inspection report continued

27 Oct 2008		Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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

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### Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

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

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