Lydiafield Care Home
Care Home Service Adults
Standalane
Annan
DG12 5JR
Telephone: 01461 203261

Type of inspection: Unannounced
Inspection completed on: 21 April 2015
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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Environment</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Staffing</td>
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<td>Quality of Management and Leadership</td>
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What the service does well

As recorded during the previous inspection, Lydiafield staff, the newly appointed service manager and director were observed continuing to work to high standards in terms of ethical, person centred care, treating their residents with respect and dignity. Through to all staff groups, we considered they shared the same belief and vision on how good quality, respectful care should be delivered. We found that staff continued to deliver a person centred service to every resident, with warm communication and appropriate humour.

What the service could do better

The service manager and staff should work towards completion of the Recommendations made as a result of this inspection and areas for improvement they have highlighted in their self assessment.

What the service has done since the last inspection

Since the last inspection, the service manager had been appointed as the home’s director and the previous depute manager has been appointed as the new service manager. The service manager had been in her new post for a few days only as we started the inspection. We could see that she continued to work closely with the home’s director, as part of her induction to her new role.

The home’s refurbishment plan has continued, involving residents and relatives,
ensuring the home continues to remain clean, tidy, homely and personal.

The director and service manager completed a nutritional health pilot (as discussed within Quality Theme 1, Statement 3) with a local dietician, who had sent him an introduction to the four-week rolling menus.

**Conclusion**

The director, service manager and staff continue to remain highly motivated and committed to providing a high standard of care and support to residents within the home. The service manager and director continue to work in partnership with residents, relatives and staff, to ensure all are included in participation and direct care.

They show a strong commitment to working with the Care Inspectorate to increase standards within the home. We are confident that issues discussed during this inspection will be addressed to a high standard ready to assess at the next inspection.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lydiafield Care Home is situated within a residential area of Annan and is registered to provide a care home service to 51 older people. Short stay breaks and respite are available. During the inspection, there were 50 residents in the home, which included one person who was receiving respite. In recent years the home opened an extension to one of the existing units, increasing capacity from 43 to 51 residents.

The accommodation at Lydiafield is provided in four separate living areas, each with its own sitting/dining room and kitchen. All the bedrooms have en suite facilities. Rooms are well furnished, and residents are encouraged and helped to personalize their bedrooms. The standard of decoration is very good in most areas. There is a very pleasant enclosed garden area, which has been designed with some resident and relative input. This provided a comfortable and secure sitting area in good weather.

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements
A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Act, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people’s health, safety or welfare.
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 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 full, evaluated, low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

We wrote this report following an unannounced inspection. This was carried out by two inspectors.

The inspection took place on Friday 17 April 2015 between the hours of 2pm and 9pm, Sunday 19 April between the hours of 9.30am and 1pm and Monday 20 April 2015 between the hours of 11am and 4pm.

We completed the inspection and gave feedback to the director and service manager on Tuesday 21 April between the hours of 11am and 4.30 pm.

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 chose to inspect Quality Theme 1, Statement 1, Quality Theme 1, Statement 3, Quality Theme 2, Statement 2, Quality Theme 3, Statement 1, Quality Theme 3, Statement 3, Quality Theme 4, Statement 1 and Quality Theme 4, Statement 4, based on the information we had received from the previous inspection, feedback from residents, relatives and staff through the inspection questionnaires, the service managers self assessment, annual returns, and notifications.

We sent 20 care standards questionnaires to the manager to distribute to residents. Seventeen residents sent us completed questionnaires. We also sent 20 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned 10 completed questionnaires before the inspection. We also asked the manager to give out 20 questionnaires to staff and we received 9 completed questionnaires.
During this inspection process, we used a Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for one of the residents in a seating area.

We also gathered evidence from various sources including the following:

- Registration certificate
- Self assessment
- Notifications
- Accidents/ incidents records
- Financial records/ management of people’s monies
- Staff recruitment files
- Staff supervision and appraisal notes
- Scottish Social Services Council (SSSC) registrations
- Protection of Vulnerable Group (PVG) checks

- Dependency levels
- Staff rotas
- Staff training matrix

- Response to complaints, and improvement of outcomes for service users

- Four care plans including life stories, assessments, risk assessments, six monthly reviews, various plans of care, communication from relatives and input from other health care specialists

- Medication Administration Recording sheets (MAR)

- New company brochure

- Policies and procedures including: participation strategy, complaints, manual handling, accidents/ incidents, nutrition

- Observations of staff working with each other, residents and relatives

We spoke to:

- Fourteen residents
- Five relatives

- Care director
- Service manager
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
The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment process.

Taking the views of people using the care service into account

For this inspection, we received views from 29 of the residents living in the home. Seventeen residents gave their views via the care standards questionnaires. They all strongly agreed or agreed that, overall, they were happy with the quality of care within the home. They all agreed that they were fairly treated, they felt safe and secure in the home and no unnecessary restrictions were placed on them. Some people disagreed that they were unable to discuss their views about the care home. A small number of residents did not know how to make a complaint to the home, or to the Care Inspectorate.

We received the following comments:

"I feel my needs are met pretty well, some staff could do more."

"I'm in a lovely single room with my own en suite"

"I feel well cared for, nothing is too much trouble"
“Some of the other residents can be quite noisy”

“The care home is clean and tidy and my belongings are looked after well”

“The staff are supportive and do what they can to meet my needs”

We spoke with a further 12 residents in the care home. They all told us they were very happy with the care they received in the home. They spoke highly about the staff, praising them for their hard work, friendliness and approachability.

They told us they could take their own furniture into the home, get up and go to bed when they wanted and their families and friends could visit any time. The food was varied and of good quality and they had plenty of nice things to eat and drink every day.

Residents’ comments and references to our questionnaires are included throughout this report.

Taking carers’ views into account

Ten relatives returned completed care standard questionnaires. Six of them told us that, overall, they were happy with the quality of care their relative received in the home. Three people left this question blank and one relative did not know.

They all agreed that their relatives’ privacy was respected, their relative was not discriminated against by any aspect of the care home and most relatives knew about the care homes complaint policy and how to complain to the Care Inspectorate. Some people disagreed that there were enough trained and skilled staff on duty at any point to care for their relative and there were some concerns about staffing levels during meal times and relatives receiving nutritious healthy meals.

We received the following comments:

“Although my relative has a named worker, I am not what their role involves”

“Carers go the extra mile to be friendly to residents and families alike. Very heavy work load but never any long faces, staff are all happy and very obliging.”

“My relative does not get to see their own GP they just have to see who is on. Not enough staff on the units to meet people’s needs, carers can be tied up with residents for long periods of time. Food could be better, not many choices at night.”

“Carers are lovely but cannot get on with caring as they spend too much time bogged down with paper work”
“Buzzer is not satisfactory at night as my relative struggles to find when wakes later on in the night”

“We have to make a lot of decisions for our relative with dementia and we don’t think the staff understand dementia. The food is sub standard and frozen most of the time.

“Things can pick up and then go back to the same old ways again, it’s a dead giveaway when the inspection is due, we know every time.”

“People who are unable to take part in activities receive little stimulation during the day.”

We had the opportunity to speak with a further four relatives individually during our inspection. They told us that the staff were very good and the home was well maintained and kept clean. They told us they were included in their relatives’ care planning and were aware the care plans were kept in bedrooms, which they accessed regularly during their visits. They were happy that staff attended to their relatives’ healthcare needs with regular input from other members of the health care team such as General Practitioners (GPs) and District Nurses.

Some relatives told us that they were concerned about the support their relative received during meal times when they were not there, due to staffing levels. These have been discussed in Quality Theme 1, Statement 3, and Quality Theme 2, Statement 2. Relatives’ comments and references to our questionnaires are included throughout this 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: 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
At the last inspection, the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

During the inspection, we spoke to residents and relatives about the various ways in which they continued to participate in the quality of care and supported provided by the home.

We could see that the director, service manager and staff continued to offer very good opportunities to encourage residents and relatives to participate in assessing and improving the quality of care and support they received, the quality of the environment and the quality of staffing and management.

Various information continued to be displayed on the main notice board at the front door and reception area which included:

- Previous inspection reports
- The homes news letter
- Information about how to make a complaint / suggestion
- Information about the homes participation strategy
- Action plans/ outcomes from recent residents/ relatives and stakeholders surveys

Residents’ and relatives’ meetings continued to be held separately at various times throughout the year. Minutes were discussed and recorded, showing any action plans agreed.
We looked at minutes of the most recent residents’ meetings and could see that all those in attendance had been asked to comment on a variety of things such as staff attitudes, the food, the home’s environment and activities. Residents were also encouraged to be aware of the complaints process and its use. We could see that residents were involved in making changes to the activities programme and discussing their ideas about new staff shadowing current staff when they start to work in the home.

Residents were encouraged and supported to plan their days as they wished. They were able to get up and go to bed when they wanted and had the option of eating meals in their bedrooms alone or in the dining room with others. Bedroom doors were left open or closed depending on people’s’ individual needs and preferences.

Friends and relatives were able to visit residents at any time during the day and night and were encouraged to stay as long as they wished. We observed many people helping to support their relatives during meal times and were told they were also able to help attend to their personal care needs.

The director and newly appointed service manager offered an ‘open door’ approach and were happy to speak to residents and relatives whenever they wanted which was observed during the inspection. Residents and relatives told us that they knew they could speak to the director/service manager at any time and they were confident they knew about their needs. We observed the director and service manager spending time in the units with residents, relatives and staff, offering them an opportunity to speak to them and introducing themselves to new residents and relatives.

Residents and relatives told us that they were encouraged to participate in the care and support they received on a daily basis and were involved in making any decisions about changes in their care and support needs. They continued to complete the information in their individual care plans detailing their own needs and preferences which continued to be written in a person centred way and in a language which residents and relatives could understand and discuss.

At the last inspection, we had noted that the service manager and staff had made considerable efforts to review and revise care plans in a professional and considered manner, as a result of this we could see that all care plans were in residents’ rooms and were easy accessible to residents and relatives at all times. They contained some very good detailed personal information about each residents’ references, likes and needs which provided staff with the information they needed to ensure all their care needs were being met in a way which residents would prefer and find respectful.
They also contained some very good detailed information about residents’ past lives including: their home life, working life, hobbies and interests which were well-known by staff who used the information to encourage conversation and discussion with residents during their care and support.

At the last inspection, we had identified as an area for improvement that six monthly reviews needed to take place routinely for all residents within the home. We could see that more six monthly reviews had taken place. The service manager had devised a plan to record when all reviews were due. Relatives were being sent letters with possible dates, in an attempt to arrange these meetings for a convenient time for all involved.

Senior care staff were piloting some new review paperwork to record more detailed information about discussions held and action plans needed, including residents and relatives more in this process. The service manager agreed to prioritise the completion of all reviews within the upcoming months and keep their own record of reference from any twelve month social work reviews. We agreed to review their progress during the next inspection.

At the initial home assessment prior to moving into the home, the service manager discussed unit and room vacancies with residents and relatives. She tried to ensure that residents were placed in units with other residents who had similar personalities and interests in order to encourage residents to feel comfortable and build up friendships with others in the home.

Although residents may have been limited to a choice of rooms and units depending on the availability, they were all continually encouraged to visit other units and request a move if they felt they would be better suited to another area, or a bedroom which offered them more space or a different outlook.

Residents were encouraged to bring their own belongings and furniture to the home. We could see that each sitting room and bed room included individual items and was set out differently for each person.

The service manager told us, in her self assessment, that the home had gone through a programme of upgrades in relation to decoration and new furniture and equipment needed for residents in various units and outside areas such as carpets in two of the units and wall paper and new curtains in another. The enclosed garden was undergoing a change to include more plants and flowers to provide colour and smells with the raised flower beds, as suggested by the residents.
We saw lots of very good evidence that residents and relatives continued to take an active part in this process of upgrade as they were encouraged to choose colour schemes and fabrics to match the areas being changed.

The homes bright, airy, open plan layout provided residents with the opportunity to walk freely and safely throughout each unit and choose where they would like to spend some time in any one of the various seating areas located throughout that home. We observed residents sitting at the front door talking to visitors when they entered, sitting in unit corridors talking to staff on their way past and walking through various units to visit other residents they knew.

Relatives told us about the benefits of using the kitchenettes in each unit when visiting their relatives. They told us they often made drinks and snacks for themselves and their relatives, which helped make it a homely place to visit with no time limits.

We observed residents being encouraged to join in with various individual and group activities throughout the inspection. These included spending time alone in their bedrooms and spending time with other residents in the various sitting areas provided, sitting in the enclosed garden area and the front area of the home with staff, potting plants in the greenhouse with staff, sitting/ resting in bedrooms at various times of the day, reading newspapers, making personal phone calls, days out with relatives/ friends, group bingo, group sing along, listening to the bagpipes, flower arranging.

Some residents had taken part in some interviews of new staff within the home. The service manager had identified in their self assessment that they would like to develop a residents' interview panel, which would allow more people to be involved in the process. We look forward to seeing how this has progressed during the next inspection.

**Areas for improvement**

Some of the relatives we spoke to suggested it would be helpful if they were offered meeting minutes for relatives’ meetings they were unable to attend. The service manager and director told us they used to distribute these previously and will look to put this in place once again.

Although all bedroom doors were fitted with locks and keys could be provided, it was not clear if all residents understood they could have a key and have their rooms locked at any time. Some residents did not have a locked area in their rooms where they could safely leave their valuables and personal belongings. We discussed this with the service manager, who agreed to discuss and record this information with
residents during the moving in period and would review the information along with residents’ agreements routinely with residents and relatives.

(See recommendation 1)

During the inspection, we discussed various ways in which people could be involved in offering feedback about staff performance both during the recruitment process and as part of their ongoing supervision and appraisal. Some relatives told us that they were unsure about the key worker system and their roles. The director and service manager agreed this would be beneficial and told us they would discuss this with residents and relatives individually at their reviews and collectively through their ongoing residents’ and relatives’ meetings.

(See recommendation 2)

The service manager should continue to monitor and maintain the grade of 5 - Very Good for this Quality Statement. They should continue to ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

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

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. The service manager should ensure all residents understand that they can have a key and locked personal space for their own bedrooms. They should be encouraged to discuss and agree where the keys will be kept which should be recorded and reviewed as part of the care planning process.

   National Care Standards, Care Homes for Older People Standard 4: Your environment Standard 6: Support arrangements

2. The service manager should consider ways in which residents and relatives could be involved in giving feedback about staff professional conduct and performance as part of their ongoing supervision and appraisals process, as well as staff selection and recruitment process as identified.

   National Care Standards, Care Homes for Older People Standard 10: Exercising your Rights Standard 11: Expressing your views
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
At the last inspection, the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

During the inspection, we spent time talking to residents and relatives about their care needs. We talked to the service manager about the progress made within the care plans. We spoke to staff about the healthcare needs of individual residents and we looked at four care plan folders, including healthcare information and specific risk assessments and care plans.

Residents and relatives told us that they were confident and happy that staff knew about their health care needs, which was evidenced throughout the inspection. They told us about their care needs and how staff supported them to get up and dressed, attend to their personal hygiene and liaise with various healthcare professionals to ensure their healthcare needs were being met.

Care plans which were kept in individual bedrooms, contained a lot of very good information about residents’ individual health and wellbeing needs, including various health care needs and risk assessments for continence, nutrition, monitoring of pressure area care, falls, bed rails and dependency scales.

They contained individual care plans, giving detailed information about each resident’s needs which included recording their legal status as to whether or not they had Power Of Attorney or a legal welfare Guardian. Staff were able to tell us who was involved in individual residents care and support and the powers they had.

Each resident had a care plan recording how they attended to their own finances. Clearly stating if residents were able to manage their own finances or not. We could see that where relatives were involved in this process, it was recorded along with any legal powers they may have. We could see that administration staff were collecting regular money to hold for residents’ individual expenses should they request this. Monthly statements were devised for residents and relatives to check.

Throughout the inspection we observed care staff being attentive and talking to residents about how they were feeling, offering support, medication and the option of contacting their General Practitioner or District Nurse for help where conditions had not improved or continued to cause concern.

We could see that staff made sure that any tests were being carried out at
appropriate times and were recorded in healthcare professional records

Staff had a good rapport with local health professionals and ensured they reviewed medical records and contacted General Practitioners and pharmacists and district nurse for outstanding results and equipment. This meant that residents received specialist support, equipment and medication timeously.

Staff used handovers at the end of each shift to inform and update each other about each residents’ day. They used the handovers to review support and healthcare changes including effects of discretionary and new medications, and discuss some observations and feedback from residents and relatives. This information was then recorded and used to make changes to care and support during the next shift and make changes to care plan information.

For example, at the last inspection we asked the provider to investigate and use another dependency tool to allow direct comparison between the two dependency assessments. We told them we would review this at the next inspections, particularly relating to satisfactory outcomes for all residents within Lydiafield.

The director and service manager told us that they tried another dependency tool which they did not find helpful. As a result, they reverted back to the previous tool which they have continued to use. We could see that the tool was being used appropriately to record information from individual residents’ dependency needs on a weekly basis. Rotas were then being compiled taking the level of care needed into account.

We could see that extra staff hours were available each week over and above calculations which were needed. These hours were being allocated onto the rotas as ‘floating staff’. This was ensuring there was one extra staff member available to work with staff in whichever unit they were needed through both the day and night shift, allowing staff to be available to help most of the residents who need the support of two staff.

Staff told us that the extra staffing was making a big difference to the amount of time residents were waiting to receive help as a result of this. We could see that staff deployment was also being reviewed in order to ensure staff were available at ‘key times’, to help residents experiencing difficult periods and changes in their individual needs.

We observed two members of staff administering ‘controlled drugs’ medication with residents at the end of breakfast and during tea time. The staff members undertook the administration of medication following best practice and legislation as required: they took the time to ensure that residents had their medication and stayed with them until they had swallowed their tablets, they wore a red tabard to alert residents, relatives and other staff that they were administering medication. They checked each
medication and completed the Medication Administration Record Sheets (MAR) once the medication had been offered to each resident, recording where it had been refused or taken.

Staff confirmed that their medication procedures had recently been reviewed and as well as administering medication, staff then checked each unit’s medication records at the end of the medication round.

Where one resident was taking ‘covert medication’ (medication which is disguised) it was clearly identified and recorded in the MAR and accompanied by a signed letter from the GP. Staff were clear why the medication was covert and how to administer it.

As result of some of the feedback we received from relatives about the quality of the food and meals within the home as part of our Care Standard Questionnaires (recorded below), we decided to sample some of the food and observe residents during their main evening meal on day one of the inspection.

"Evening meal is boring soup and sandwiches, or cheap pies. Residents who need one to one help especially at meal times have been left to fend for themselves."

"Meals can be good and they can be inedible"

"This could be an excellent home if the food was consistently good and more staff were employed particularly at pressure points."

"The food is sub standard and frozen most of the time."

Each unit contained a separate dining area as well as the main dining area next to the kitchen. We could see that the service manager had paid a lot of attention to detail, ensuring each table was set with table cloths, napkins, table mats, condiments and decorations on each table. We observed residents using their preferred crockery and cutlery, such as china cups and saucers and mugs, as well as individual aids such as specialised cutlery, plate guards and drinking cups.

Residents were chatting to each other throughout their meal and were encouraged to stay seated until they were ready to move away. We found the menus to be varied in their choice and nutritional value which were part of a four-week ‘rolling’ menu. The food was well presented, was hot and tasted of good quality.

A variety of hot and cold drinks were offered and we observed staff asking residents if they were full, wanted more food, or could take the plates away and following instruction from each resident. Residents were asked each day to make their choice in advance of each meal. They were then given the choice of something else if they changed their mind when the meal arrived. We observed some residents asking for another option which was given. Juice, cereal and a variety of snacks were on offer to
residents awake in the morning, before the kitchen staff arrived to make cooked breakfasts.

The director and service manager told us about a pilot they had worked on last year with local dieticians, to review residents’ food and nutrition within the home. The current four weeks rotating menus were created as a result of this process, which included nutritionally healthy food and ingredients as long as some of the residents’ food preferences.

Residents’ weights were being monitored more closely as a result of this process as the dietician was aiming to come back and work with staff and the new paperwork, to look at how this can be included in the care planning process.

**Areas for improvement**

Although the service manager and director were monitoring dependency levels and had made some very good changes to staffing levels to accommodate residents’ needs, some residents and relatives told us about some concerns they had about staffing levels within the home:

“Sometimes I feel staff are very busy and wonder if there is the correct staff: patient ratio for the demands of all clients.”

“There are not enough carers. When a resident needs the assistance of 2 carers as many do, vulnerable residents can be left with no support. This can lead to residents being abusive towards other residents and leaving the building.”

“Mostly staff come quickly when we buzz for them but it does depend if they are helping other people who need them.”

“We enjoy visiting our relative during meal times and like to help them to eat and drink during meal times. We know that staff know our relatives very well and will help them during meal times, but we do worry a little bit that they may not get their full meal if they are busy”

Throughout the inspection, we observed staff attending to residents’ needs timeously and working together as a team to ensure staff were available to attend to residents individual care needs in each unit. We observed staff being busier at certain times throughout the day which was mainly around meal times, particularly tea time as detailed below.

We spent some time with the service manager and director discussing dependency levels and deployment of staff within these. It appeared that meal times were the main area of concern and the director had already started to review this with staff and make some changes to ensure staff were available during these times. We agreed to continue to review dependency levels at the next inspection and the service
manager will continue to discuss concerns and staffing levels with individuals during their reviews and various meetings.

We found tea time in the main kitchen to be busy and a bit chaotic. We saw food being served by kitchen staff onto trolleys for staff to take to various units, whilst other staff were trying to serve food to residents in the main kitchen area.

Staff were administering medication to individuals at various times throughout the meal, when they had just sat down and were getting settled, just been served their meal or were half way through their meal. Some residents were eating their meals in wheelchairs as there was no room to manoeuvre the hoists in the main dining area. They told us they would like to be given the choice and would prefer to eat their meals in a dining chair.

Although staff continued to be respectful and friendly in their approach to everyone, they appeared to be busy trying to respond to individual needs which left little time to discuss menu choices and address various concerns. We discussed the whole meal time experience for residents with the service manager and director, who were both very keen to review this process, which was started on the next day of inspection.

They agreed to undertake a full review of the tea time experience, looking at all issues discussed along with staffing levels, including input and feedback from residents, relatives and staff.

(See recommendation 1)

Although we were confident that all staff had a very good knowledge and understanding of each individual residents’ needs and we saw lots of very good evidence that they were responding to changes in their health care needs, they were not always clearly recorded in care plans.

For example bed rail and pressure mat risk assessments were not always fully completed, food and fluid charts were not being reviewed and evaluated and individual assessments for changes in residents’ mental health needs did not always link into a specialised care plan.

MAR sheets contained some very good detailed information about medications which residents were prescribed, including discretionary medication, what it was for and when it should be offered. This information was not clearly detailed in the care plan following best practice guidelines. We signposted the service manager to best practice guidance:

Guidance about medication personal plans, review, monitoring and record keeping in residential care services, Care Inspectorate, Publication code: HCR-0712-070.
We agreed that, although staff had made very good progress personalizing care plan folders with the inclusion of residents, relatives and staff, we recognized along with the service manager that there was still more work to do to ensure all assessments were up to date and the various sections linked in to each other.

(See recommendation 2)

**Grade awarded for this statement:** 5 - Very Good  
**Number of requirements:** 0  
**Number of recommendations:** 2

**Recommendations**  
1. The service manager should ensure that all residents have the opportunity to eat their meals in a relaxed and calm environment, where staff are available to attend to their needs. Residents should be given the choice of sitting in a dining chair and menus and meal choices should be discussed with individuals when they are being served.

   National Care Standards, Care Homes for Older People Standard 5: Management and staffing arrangements  
   Standard 13: Eating well

2. The service manager should ensure that care plans contain clearly detailed information about individuals’ healthcare needs, including detailed risk assessments which link into relevant plans of care, in particular the recording of medications, bed rail and pressure mat assessments, and the monitoring of food and fluid intake charts.

   National Care Standards, Care Homes for Older People Standard 6: Support arrangements Standard 15: Keeping well - medication Standard 9: Feeling safe and secure
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
At the last inspection the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

The strengths recorded under Quality Theme 1, Statement 1, are also relevant strengths for this Quality Theme.

Areas for improvement
The areas for improvement recorded under Quality Theme 1, Standard 1 are also relevant strengths for this Quality Theme.

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 grade awarded for this Quality Statement during the previous inspection was 5 - Very Good. This was maintained during this inspection.

We spent time throughout the inspection within all units of the home and garden area. We could see that the home continued to be pleasant, well maintained, clean and odor free. Communal areas continued to be in a clean condition and were both fresh smelling and comfortable.

We could see that all areas of the home were free from clutter, pathways were clear and encouragement was given to residents to ensure their own private space was safe and free from any hazards as the manager had recorded in her self assessment.

We observed domestic, laundry, kitchen and maintenance staff attending to their duties throughout the inspection and we could see that the home was run in a way which protected residents from avoidable risk or harm.

The service manager continued to complete the upgrading of furnishings and furniture and a new carpet was fitted to the main reception area during the inspection. As discussed in Quality Theme 1, Statement 1, residents and relatives were continually involved in the refurbishment programme, by being encouraged to choose textures, colours of soft furnishings and fittings.

Safety lights were connected to the outside of the building which were kept on during the night. Residents were using their own wheelchairs which were checked routinely by the maintenance man. Various hoists and stand aids were being used and checked regularly to support residents to mobilise, dependent on their mobility and preference at the time.

Maintenance records showed that the maintenance man continued to attend to daily repairs as well as routine weekly and monthly checks of all internal and external areas of the home. Garden areas were accessible, clean, tidy and included homely decorations and raised garden beds.

The homes contingency plan was on display within the main office, containing telephone numbers for staff to contact in various emergencies. Accident and incidents were investigated and recorded and relatives were being informed where appropriate.
Medication cupboards in each unit were locked and medication trolleys were locked away. They remained locked when not in use during the administration of medication. Temperature checks of medication cupboards and fridge’s were taking place daily and were within health and safety guidelines.

The courtyard gardens in the middle of the building were well maintained and provided residents with a quiet, pleasant, safe outside area to sit which we observed throughout the inspection. Throughout the inspection, we experienced very warm weather and we could see that windows and doors were open providing residents with good ventilation.

**Areas for improvement**

We found clean linen and towels were being stored in one of the public toilets and in a cupboard area, which was being used by staff to discuss and record information throughout the day. We asked the service manager to consider placing these in a more suitable storage area for linens only.

Although accident and incident reports provided a space for staff to record in detail outcomes of investigations and follow-up, they were not being completed. The manager had a very good system in place to log and record all accidents and incidents on a monthly basis, as discussed in Quality Theme 4, Statement 4, but we could not see how the information was being reviewed and evaluated. We signposted the service manager and director to the good practice self assessment resource:

Managing Falls and Fractures in care homes for older people, Good practice self assessment resource, Care Inspectorate, NHS Scotland which can be downloaded and used in care homes to help improve or change practice.

(See recommendation 1)

Controlled drugs were allocated in a locked cupboard which was in a main walkway through one of the units. The corridor was observed to be a busy area which was accessed by residents, relatives and visitors to the home. We discussed this with the service manager, who agreed to review the current controlled drugs/medication unit in the main area and find a place which would offer confidentiality, privacy and be free from interruptions. We also encouraged the service manager to consider the use of personalized medication boxes in residents’ bedrooms.

(See recommendation 2)

The home’s contingency plan contained basic information, which included telephone numbers and contacts for staff to phone. It did not contain clearly detailed information for staff to follow in the event of certain emergencies such as a boiler breakdown and power cut.
Recommendations

1. The service manager should ensure that all accidents and incidents are reviewed and evaluated routinely to ascertain good prevention and management in order to maintain residents' individual quality of life and independence.

   National Care Standards, Care Homes for Older People Standard 4: Your environment Standard 5: Management and Staffing Standard 6; Support arrangements.

2. The service manager should review the current storage of medication and controlled drugs which are currently stored and administered from a cupboard which is situated in a busy thoroughfare which is accessed by residents, relatives and visitors.


3. The service provider should consider reviewing the home’s current contingency plan to include clear time scaled instructions to the service manager and staff in dealing with any emergencies, including the breakdown of equipment having a significant effect on the service.

   National Care Standards, Care Homes for Older People Standard 4: Your environment Standard 9: Feeling safe and secure.
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
At the last inspection the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

The strengths recorded under Quality Theme 1, Statement 1, are also relevant strengths for this Quality Theme.

Areas for improvement
The areas for improvements recorded under Quality Theme 1, Statement 1, are also relevant strengths for this quality theme

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
At the last inspection, the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

During the inspection, we received feedback from residents and relatives about staff practice. We observed staff attending to residents’ needs and spoke to staff about their training and development, as well as looking at staff recruitment and supervision records.

We could see that staff continued to be highly motivated and deeply committed to providing good quality support to residents as they requested. They told us that they enjoyed their job, Lydiafield was an excellent place to work and they were very proud to work for the organisation. They told us they were given very good support and training opportunities.

Managers were highly committed to ensuring staff remained supported and motivated and encouraged staff to keep up to date with best practice.

Throughout the inspection, staff displayed very good values for residents. They were observed treating individuals with dignity and respect. They had a very good approach to residents’ individual and complex needs. They were non judgemental, relaxed and easy to approach.

They continued to treat each resident as an individual, listening to how they were feeling, working with them to help meet their needs and respecting their wishes with the involvement of families and other agencies. They continued to work well as a strong team and were flexible within their approach in order to meet the changing needs of the residents.

We received lots of very good feedback about the staff from residents and relatives throughout the inspection such as:

“The staff are supportive and do what they can to meet my needs”

“Staff are friendly here.”

“Staff here are really good one particular staff member is very good with them all and knows them really well”
“Staff here are very good, and friendly, they never change and they are always happy”

“We are looked after well in here, staff are very friendly and smiley, I wouldn’t change anything”

All staff were undergoing the Protection of Vulnerable Groups (PVG) checks. This meant previous records were checked to ensure they were competent and safe to work within the homes environment.

We could see that all care staff were registered, or applying to be registered with the appropriate professional bodies such as; Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC) and were on track to be registered by September 2015.

During the last inspection, a small number of relatives expressed some concerns that staff training remained inadequate in key areas. This was raised with the manager and director. We could see that training had been provided and agreed to assess the impact on practice at the next inspection.

We were happy with the way the service manager and director had been addressing training needs. They kept good records about staff training and knew which training individual staff needed to attend and had already attended. We could see that, where training was due staff names were allocated. Where training was missed, this was being reallocated at a later date.

Staff were given the opportunity and encouraged to attend a wide variety of various training throughout the year such as: Medications, Falls Prevention, Risk Assessment, Person Centred Care, Adult Support and Protection and Diet and Nutrition.

The service manager was working closely with the local pharmacy, who also arranged training for staff looking at medication administration best practice. This included up to date sessions about the medication system they were using within the home. Staff told us this was helpful and gave them a better understanding of the administration and recording checks.

We could see that many staff at Lydiafield had completed an’ Open Learning Level 2 Dementia Training’. We could see from training records that most of the workforce had successfully completed their SVQ Level 2 in Care, with remaining staff working towards this. The service manager was also encouraging staff to access funding through their local college to complete Scottish Vocational Qualification (SVQ) training to a higher level.

The service manager had been working with a local multi disciplinary group, aiming to improve the quality of life for people with dementia, who suffer stress and distress.
The group provide three levels of training to all care homes. Training looks at physical aspects and changes in the brain, basic information about Dementia, specific types and treatments and approaches. Some care staff had attended various levels of training which had taken place.

We sampled four staff recruitment files for staff who had been employed in the service since the last inspection. We could see that the files were well organised. Each file contained a copy of the application form and contained good records to show that relevant safety checks had been made to PVG and applications to register with SSSC had been sent. All files had letters of appointment and evidence of verification of qualifications and checks made against professional registers, where appropriate to do so. Staff appointed had signed to say they had received copies of various policies and procedures together with the National Care Standards and the SSSC codes of conduct.

As discussed in Quality Theme 1, Statement 3, we could see that staff carried out daily audits of MAR charts with each other. During the inspection we found that a very small number of records contained some basic information which was not fully detailed as expected. We are confident these would be picked up through the homes very good audit processes as staff noticed the errors during our discussions and made appropriate changes immediately afterwards.

**Areas for improvement**

During day one of the inspection, we observed some staff supporting residents to sit down and stand up from their chairs, using an inappropriate moving and handling technique. Although we did not observe these techniques again throughout the rest of the inspection, we discussed this with the service manager and director who agreed to discuss this with staff and remind them to encourage best practice with each other on a daily basis.

Although staff had received some training around ‘Awareness of Dementia and Dementia Care’, they were not familiar with the Dementia Skilled improving practice’ material which has been produced by the SSSC and NHS to tie in with the governments ‘Promoting Excellence’ looking at the rights of people living with dementia.

We signposted the service manager to the following guidance:

www.ssksw.org.uk

Social Services Knowledge Scotland / Dementia Promoting Excellence

We discussed this with the director who told us she had placed an order for the SSSC and NHS Dementia work modules for staff to complete over the coming months. We will review the impact of this training on residents care and support during the next
Although there were volunteers helping out within the home as previously discussed in Quality Theme 1, Statement 1, we were aware that the organization did not have a ‘volunteer’ policy. The service manager and director assured us that PVG checks were carried out and that the mini bus driver had the appropriate insurance to ensure safety of residents.

(See Quality Theme 4, Statement 4, Recommendation 1)

Although staff recruitment files were detailed and informative, we found two staff files which omitted to record discussions with individuals about issues raised from their references. One of the files also showed us that one staff member had been given a start date before one of the references was submitted. The referee was also their previous line manager. We discussed these issues with the service manager and director, who agreed to review these procedures and record discussions held with each of the individuals about the issues raised.

We were assured that this process would be followed for future recruitment, which we will review during the next inspection.

(See Recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service manager should ensure that safer recruitment best practice is followed during all selection and recruitment. They should pay particular attention to ensure that all risk assessments are discussed and recorded where concerns are raised during this process.

   National Care Standards, Care Homes for Older People Standard 5: Management and Staffing Arrangements
   Standard 9: Feeling Safe and Secure
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
At the last inspection, the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

The strengths recorded under Quality Theme 1, Statement 1, are also relevant strengths for this Quality Theme.

Areas for improvement
The areas for improvement recorded under Quality Theme 1, Statement 1, are also relevant strengths for this Quality Theme.

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

At the last inspection the service received a grade of 5 - Very Good for this Quality Statement. This was maintained during this inspection.

As identified in the home’s self assessment, the service manager and director continued to effectively lead and direct the staff team in a positive and respectful culture. They responded promptly to issues raised on a daily basis from their observations, conversations and discussion with residents, relatives, staff and visitors to the home as discussed throughout this report. Relatives told us they knew they could speak to the service manager at any time and were confident any suggestions/ issues would be considered.

This meant that actions were being taken promptly to address areas of concern such as reviewing and discussing daily medication audits among the staff team, after medication errors had been raised. We could see that this had led to fewer medication mistakes and better MAR by staff on a daily basis, as a result of this process. Plans were in place to extend one of the main lounge areas in one of the units to offer a more spacious and better laid out seating area, avoiding the current ‘corridor’ type shape. Residents and relatives will be included in choosing furniture and fittings.

The service manager and director continued to encourage residents and their families to complete annual questionnaires, giving feedback on staffing, management and the standard of quality and care they receive, with results being displayed on the notice board in the main entrance of the home.

We could see that, as a result of the most recent survey, various compact discs and DVDs were being purchased to accommodate residents’ different tastes in music and film. A skip was removed from the main car park to allow more parking spaces. Staff were now wearing name badges as requested, photos of staff working in units were on display and new staff had been asked to ensure they introduced themselves to residents and relatives and visitors and staffing levels in each unit were discussed and continued to be reviewed and monitored.

At the last inspection, we suggested that Lydiafield complete and issue the stakeholders’ questionnaire. This would provide a formal means of canvassing views of current performance and areas for improvement. We advised that action plans should be formulated as a result of these audits and that the results of these audits
are communicated at residents’ and relatives’ meetings.

We could see that the stakeholders’ questionnaire had been issued to various stakeholders who worked in partnership with the home such as District Nurses, General Practitioners, a Podiatrist, Audiologist and an Optician. Results of the survey had been recorded and displayed on the main notice board at the entrance of the home.

The information was recorded in the form of a coloured bar chart and a graph showing the percentages of questions asked and feedback received. It also contained very good simple written information, including individual comments made about each question asked and overall information about what they thought they did well and what they needed to improve and how.

We could see that the overall evaluation of the satisfaction of the visit was excellent.

Their comments included:

“Very friendly and supportive environment”, "communication and working relationships with District Nurses as a team" and "How can you improve perfection!"

Actions agreed to be taken were time scaled for ‘immediate’ effect and ' within 3 months'.

We could see that the service manager and director had some very good routine audits in place to help them assess the quality of service they provided.

Occupational health and safety performance monitoring was being completed routinely with the maintenance man and service manager, which looked at all aspects of the running of the care home. This included reviewing things such as the home’s disaster plan, environmental risk assessments, health and safety monitor checks, manual handling including use of equipment and hoists, staff performance and training in these areas, and the use of Protective Equipment and Clothing.

The audit included observations as well as discussions with staff about their practice and their understanding of policies and training events. We could see that action plans including routine review and evaluation were in place, to ensure any issues found during the audit were timeously attended to.

The director, senior manager and service manager also completed a twice yearly audit, which included assessing and reviewing the appropriate use of systems and processes such as training records, staff qualifications, maintenance and domestic services, human resources, complaints managements, medication audits and care planning.
Each issue identified was given a score with an overall percentage, which helped them to priorities the issues to address and alert them to any areas of immediate concern. We could see that action plans were being followed and concerns raised were being reviewed and evaluated as a result of this. The service manager and senior care staff were starting to carry out routine care plan audits. They were keen to continue with these as part of the review of the care planning process, as discussed in Quality Theme 1, Statement 3.

Although this service had not received any complaints since our last inspection, they had a good system in place to review and audit complaints and suggestions to make sure issues were addressed timeously and outcomes were agreed.

The service manager continued to complete and submit notifications to us within timescales expected. The service manager was continuing to review accidents and incidents on a monthly basis reviewing: any injuries sustained, medical intervention required, the use of discretionary medications and learning outcomes for staff involved.

(See Quality Theme 2, Statement 2)

**Areas for improvement**

We looked at the home’s policies and procedures manual and could see that some of the policies had not been reviewed recently. Some of the policies had last been reviewed more than three years ago and still included some out dated information such as referring to the Care Inspectorate as the Care Commission. Pressure area care policy did not refer to up to date best practice guidance as suggested by the Care Inspectorate and some policies were not signed or dated so it was unclear when they were written. There was no volunteer policy even though volunteers were helping out routinely in the home as discussed in Quality Theme 3, Statement 3. We discussed this with the director who agreed to address this with the service provider.

(See Recommendation 1)

Although staff were being given the opportunity to discuss their performance as part of their ongoing supervision and appraisal, their learning and development needs were not always being discussed and recorded. We could see that sometimes staff or their supervisors had identified areas which they would like to improve in, but there were no clear action plans in place to address this. We discussed this with the service manager and provider who agreed to review this process and consider individual learning and development plans for all staff.

(See Recommendation 2)
Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 2

Recommendations

1. The service provider should ensure that policies and procedures are routinely reviewed to ensure they included current best practice and legislation. They should clearly record when they have been devised and reviewed. A volunteer placement policy should be written as a matter of priority and should include information to include PVG checks and training, to ensure volunteers carry out their roles and responsibilities safely.

National Care Standards, Care Homes for Older People Standard 5: Management and Staffing Arrangements
Standard 9: Feeling Safe and Secure

2. The service manager should ensure that all staff have an individual learning and development plan which identifies any further learning needs of staff. The plans should be discussed and agreed, including specific time scaled action plans which are reviewed and evaluated routinely with each staff member.

National Care Standards, Care Homes for Older People Standard 5: Management and Staffing Arrangements
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
## 5 Summary of grades

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<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
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## 6 Inspection and grading history

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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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