

Care service inspection report

Full inspection

St. Andrew's Day Centre Support Service

St. Andrew's Drive
Hillhouse
Hamilton

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001353

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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

This service provides very good support to older people with both physical and cognitive impairment by offering them a range of social activities in a friendly stimulating environment. The staff continue to encourage people to be actively involved in the day-to-day running of the centre and service users we spoke to told us " staff are excellent, always ask and give us a choice, we love coming here".

What the service could do better

At this inspection we identified some areas where the service could improve such as more detail of the outcomes achieved following consultation or quality assurance audits.

What the service has done since the last inspection

Since the previous inspection there had been a new Senior Care Worker deployed who was responsible for the day-to-day running of the centre. Staff had been supported to change the format of the support plans which had resulted in improved standards and contents recorded in these documents. A

gardening club had been established where service users had chosen and planted flowers and shrubs providing a lovely area to sit and enjoy in the better weather.

Conclusion

The service offers very good support and is highly regarded and appreciated by the people who use it. The provider continues to ensure the environment is maintained and upgraded with a new kitchen and furnishings recently purchased.

1 About the service we inspected

St Andrews Day Centre is a purpose-built service for older people, owned and managed by South Lanarkshire Council. The service provides a day centre for up to 24 people, 12 of whom attended when we inspected. The service operates from a well planned, spacious and attractive resource which is furnished and maintained to a high standard. The services aim is to provide a day service which supports service users and their carers in the community and prevents or delays admission into residential care.

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 Public Services Reform (Scotland) Act 2010 (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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We compiled this report following an unannounced inspection which we carried out on the 6 and 7 July 2015 between the hours of 09:00 and 16:50. As part of this inspection we also visited South Lanarkshire Council Headquarters to sample staff recruitment files.

We gathered information from various sources including;

- Personal plans, risk assessments and dependency levels
- Methods of consultation including minutes of meetings, questionnaires surveys and newsletters
- Staff recruitment, induction and supervision
- Accidents, incidents and complaints
- Quality assurance
- Maintenance records and safety certificates
- Activities

We also observed staff interaction and considered the general environment of the centre. We also spoke to service users and staff and have included their comments within this report.

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.firescotland.gov.uk

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.

Every year all registered care services must complete a self assessment form telling us how their service is performing. We were satisfied with the information provided and the way in which the provider had completed this for each of the headings we grade them under.

The service provider identified what they thought they did well with areas for development and future changes planned.

Taking the views of people using the care service into account

We issued 10 Care Standard Questionnaires prior to this inspection of which five were returned.

When asked if overall they were happy with the care received, four strongly agreed and one agreed. One person was unsure how to make a complaint to the service and one person indicated they were unsure of all the staffs names.

Some of the comments we received were as follows;

"happy to be here, it gets me out of the house"

"I have nothing negative to say regarding the centre, the staff or the level and quality of care I receive. The staff are incredibly competent and always manage to find time for you, thank you for everything "

Taking carers' views into account

There were no carers present on the days of 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

From the evidence we were presented with and people we spoke to we concluded that the service was performing at a very good level for this quality statement.

The participation and involvement strategy described how the service planned to consult people on the service they received. We could see from the evidence we were presented with that this was happening.

The service has continued to actively encourage and involve service users and staff in the running and future direction of the service. This was achieved through various methods of consultation ranging from meetings, questionnaires, surveys and Email.

Service users who attended the centre were regularly asked about the quality of the meals received and we could see from past comments that there had been improvements made to these standards following this feedback. In addition to this service users were encouraged and attended regular meetings at South Lanarkshire Council Headquarters. These meetings included representatives from the catering company responsible for providing the meals who were

available to provide direct feedback to concerns or suggestions raised on the standard of catering.

Last years customer satisfaction survey results showed a 15% increase in service user participation. The overall results were positive for all services and were to be included in the new information booklet to be introduced later this year.

The provider had just implemented a new survey which focused on one to one interaction using visual technology and was specific to each individual centre. This had just been introduced and at the time of inspection the results from this had still to be collated, therefore we were unable to ascertain how successful this had been and will monitor again at the next inspection.

Staff were regularly consulting and recording consultation and we could see from the " you said, we did " minutes of these meetings that people's suggestions and requests were being positively actioned. For example, we saw that art, craft and model kits had been purchased following specific requests and a gardening group had been established for service users who enjoyed gardening but were unable to do so at home. Since the previous inspection we could see that the most common issues raised through consultation involved the standard of meals provided and the waiting time for transport to get home at the end of the day. We could see from the feedback recorded that the meals had improved and the addition of a second bus to take people home had improved the outcomes for people using the centre.

The reception area had a range of information available which included useful information leaflets, complaints procedure, minutes of meetings, menus and newsletters. There was a copy of the most recent inspection report and various photo albums with pictures of people enjoying themselves on various outings and activities. There was also an agenda available for service users to add to prior to the next scheduled meeting.

There was an information/welcome brochure explaining what to expect when attending the centre for example meals, transport and activities.

Staff informed us that activities were decided on a day-to-day basis dependant on the number of people attending and the weather. This was confirmed by the people we spoke to, on the first day we visited there was an outing arranged to Moffat for lunch as previously decided by service users.

We spoke to service users who agreed they had a support plan which was reviewed regularly and said they had been involved in completing these along with their key worker. Service user agreements were in place and had been signed and dated.

Areas for improvement

The service should continue to develop and implement ways of obtaining feedback from service users and relatives on the standard of service provided. The records of consultation should consistently provide actions taken and outcomes achieved which we found this was not always recorded.

The newly implemented survey appeared basic with limited questions however we have acknowledged that this had just been implemented and was subject to change, therefore we will monitor this at the next inspection.

Grade

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

From the evidence we were presented with we concluded that the service was performing at a very good level for this Quality Statement.

Service users arrived at the centre on transport supplied by the provider and accompanied by staff who assisted and reassured them. On arrival at the centre they were welcomed with tea and toast and discussed their choices of activity for the day with staff members.

Following breakfast on the first day of inspection service users attended a planned outing to Moffat which they said they thoroughly enjoyed.

On the second day we observed the dining experience, the dining room was spacious and well presented. Service users had made their choice of meals in the morning however there were alternative choices available should anyone change their mind. Meals were prepared at Council Headquarters and arrived ready for staff to serve. Staff recorded temperatures prior to serving and asked service users for feedback on a daily basis to ensure they enjoyed it.

Service users had the choice of a three course nutritious meal and people we spoke to said how much they enjoyed and looked forward to this.

Since the previous inspection the service had introduced food recording charts. This allowed staff to record the daily dietary and fluid intake of anyone they were concerned about and shared this information with relatives and carers at the end of each visit. The senior had recently attended training on the MUST (Malnutrition Universal Screening Tool) and planned to introduce this to the service as an additional way of monitoring people at risk of malnutrition. There was an established keyworker system in place with staff assigned to designated service users. This ensured that all support plans were completed and reviewed regularly with service users signing and confirming this. Pre

review meetings took place prior to the six monthly review, this allowed staff to address any concerns before they became more serious issues.

Prior to commencing the service staff visited the service user at home and conducted a pre assessment review and risk assessment to ensure the service could meet their needs.

The support plans we looked at contained some very good information on the persons current healthcare needs and abilities and how staff could effectively support them. There was good information recorded on individuals medical conditions and the prescribed medication taken to manage any symptoms including information to assist staff in recognising possible side effects. Risk assessments ranging from the environment to moving and handling were in place and updated regularly.

Staff do not administer medication but can prompt and remind anyone if necessary. Staff supported service users to use other healthcare professionals which included district nurses, GP, community psychiatric nurses and social workers. Staff completed daily notes describing how each person had spent their day.

Staff continued to assess dependency levels on a daily basis to ensure there was adequate staffing levels to meet the needs of service users on a daily basis. We could see from the rotas we sampled that there were additional staff on duty when the attendance increased.

There were bathing facilities within the centre which were used by service users who required additional support by staff to enable them to enjoy a bath. People were encouraged to remain active by helping set tables or take part in keepfit/ exercise classes.

Staff interaction was warm and friendly and service users appeared comfortable and relaxed. Service users spoke very highly of staff with comments as follows;

"the staff are great, give them 10 out of 10"

"this is my lifeline, I enjoy the company"

"staff are the best, they are lovely people who will do anything for you"

"foods good and if you don't like it you can have a sandwich or baked potato"

"we have care plans and see them regularly"

Areas for improvement

We found no information recorded on who had the legal powers to make a decision on the persons' behalf, for example Power of Attorney or Guardianship. At the time of inspection we were informed that all service users had full capacity and was therefore no need for this presently. The service should continue to monitor this as service users needs change and ensure there is a system in place to record this information in the future.

We found that staff recorded falls risk assessments and daily progress notes in a separate folder from the care plan. Therefore when reading the current care plan it appeared that this information had not been updated for several months. We discussed the importance of having all relevant information in one accessible folder to avoid confusion and ensure that the reader has access to the most up to date information on the current needs of the service user.

Grade

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 2

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

Service Strengths

From the evidence we were presented with and observations made we concluded that the service was performing at a very good level in areas covered by this quality statement.

We found that overall, service users were protected and the environment was clean, welcoming and well maintained.

There was a secure door entry system and book to sign in and out of to ensure the safety of people using the centre.

The registration certificate, and an up to date public liability insurance certificate were displayed at reception. We found the signage throughout the centre had improved since the last inspection and was clear and easy to follow for people with visual and cognitive impairment.

A range of maintenance contracts, audits and risk assessments were being carried out on the accommodation and equipment on a regular basis. These included fire safety, water temperatures, legionella and moving and handling equipment. We found additional satisfactory safety checks in place for gas safety, emergency lighting, and environmental health.

There was a maintenance/repair log book where staff recorded any repairs required which were then actioned by the Provider or external contractors to ensure people's safety.

Each service user had a personal evacuation plan and staff were conducting regular fire drills and evacuations to ensure everyone remained familiar with these emergency procedures. Accidents and incidents were recorded by the manager with notifications sent to the Care Inspectorate where required.

Areas for improvement

As a future area for development and improvement the service should review the following;

The facility log book recording details of any repairs required did not always provide an outcome or stated "complete" with no dates recorded. The manager was able to clarify the outcomes of some of these repairs where there had been no outcome recorded.

The fire and legionella risk assessments contained recommendations made to improve standards following previous audits of these. However there was no further information recorded to show how the provider was progressing with this. We were assured that any issues identified had been positively actioned however there was no evidence available at the time of inspection to demonstrate this. We found it difficult to interpret South Lanarkshire Council's water quality assurance information and have suggested that an effective certificate is available to ensure good water quality control, audit and recording.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service Strengths

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this statement.

The service is situated in a quiet residential area of Hamilton, service users are transported to and from the centre on South Lanarkshire buses accompanied by staff to ensure their comfort and safety.

The centre has a ramp at the front of the building for wheelchair access and is purpose-built on one level. Corridors and communal rooms and toilets were spacious and had accessible handrails and alarms to alert staff if anyone required assistance.

Since the previous inspection signage throughout the centre had improved which assisted service users with visual/cognitive impairment in finding their way around.

There was a bath and shower facilities available for anyone who required some additional support and supervision. At the time of inspection we were informed one service user used these facilities on a weekly basis as they were unable to do so at home.

The centre had recently benefitted from a new kitchen and the dining room was bright and spacious with bright, clean décor and furnishings. This was consistent throughout the service.

There was a relaxation room used for pampering/hand massage sessions with an additional quiet room available providing additional space for those who preferred a quieter area to sit and read or listen to music.

The service had a wide range of art/crafts, games and exercise equipment available which service users confirmed was used regularly. Meaningful activity

group meetings were taking place involving service users and NHS services and we saw that these services had jointly participated in Going for Gold. In addition to this staff had attended training with Alzheimer's Scotland and were about to start a football memories league.

Since the previous inspection the garden area had been developed at the request of the service users. There were seated areas with plants and flowers chosen and planted by some of the service users and staff providing a nice secluded area to sit in the better weather.

Areas for improvement

The lounge carpet was stained in areas and we saw that this had been identified by the manager who had requested it to be cleaned. At the time inspection there was an environmental audit carried out by the Provider on the building and furnishings and we were told that there were plans in place to replace the carpet. The garden furniture was worn and tired looking and the manager had requested a computer for staff to assist them with online training and reviews.

There was a loop system in place to assist people with hearing impairment, the service planned to improve and extend this system into other areas of the building. We will monitor the progress made in these areas at the next inspection.

Grade

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 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

We thought the service was performing at a very good level in areas covered by this statement.

We visited South Lanarkshire Council Headquarters and looked at staff recruitment files. We found they contained all the relevant information and appropriate safety checks, for example two references, one of which was from the most recent employer and Protection of Vulnerable Groups (PVG) checks had been completed prior to commencing employment. There were details available of staff who had completed or were working towards the completion of a Scottish Vocational Qualification (SVQ).

All candidates attended a selection centre where they received a competency based interview which included a set of questions and various scenarios relevant to the area they would be working in.

All new staff received an induction which included, infection control, food hygiene and adult support and protection. The Provider had recently implemented a more comprehensive induction programme for new staff, this included information on the structure and responsibilities of both the Provider and employees to the service users. On commencing employment within the service staff worked alongside a more experienced staff member until they were familiar with the routine.

Areas for improvement

At the previous inspection we made a requirement that the provider must ensure that new staff receive all mandatory training prior to commencing employment, specifically moving and handling. We found that this was still not happening with new staff having to wait several months for this training upon commencing employment. We saw the manager had introduced measures to manage this effectively at this centre. Where a new staff member had commenced employment without having had this training, they worked alongside a more experienced staff member when using any moving and handling equipment until the training had been organised. Rotas were reviewed to ensure there was a suitable skill mix of staff on duty to ensure this, new and existing staff we spoke to confirmed this. We have acknowledged that this training is organised and delivered by the Provider and is outwith the control of individual services. At the time of this inspection we were satisfied with the management of this at this centre and will continue to monitor this at future inspections.

Grade

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 this inspection we concluded that the service was performing at a very good level in areas covered by this quality statement.

Staff arrived at the centre prior to service users arriving, some of the staff accompanied people on the bus to and from the centre while other staff ensured drinks and snacks were available for people arriving.

There was a key worker system in place, staff were knowledgeable of service users needs and were responsible for completing care plans and conducting regular reviews.

The majority of staff training was organised through the learning and development department at headquarters. The manager received regular updates from the training department who highlighted the staff required to attend training, notified them of this and also the manager of attendance. Staff were also able to access online ELearning training and could complete this at times which suited them.

Staff had access to a wide range of training including, food safety and hygiene, first aid and adult support and protection. Staff had completed or were working towards completing a three-day course in dementia at skilled level. Since the previous inspection the service had organised some more healthcare specific training from external sources for example epilepsy, falls prevention and bone health.

Staff had recently attended a development day organised by the Provider and regular meetings were taking place to ensure staff were kept informed of future plans at corporate and local level.

The manager was currently working towards the completion of staff supervision and personal development reviews. Staff we spoke to confirmed this and said they felt listened to and well supported.

Staff we spoke to told us; There is plenty of training available and now more specific training, there's plenty of meetings and get supervision "

"I love coming to work "

"love the job, there a great atmosphere here, plenty of training and get meetings and supervision regularly "

Service users we spoke to all confirmed that staff were "excellent ".

Areas for improvement

The manager was aware that the frequency and content of staff supervision required further development. The contents presently recorded were basic and provided no information on issues discussed at previous meetings with no outcomes recorded to any issues raised.

As a future area for development the manager should consider involving service users in the recruitment, induction and supervision process of staff. Feedback from this should be used to demonstrate how this had influenced staff performance and future development.

Grade

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 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service Strengths

At this inspection we concluded that the service was performing at a very good level in areas covered by this quality statement.

There had been a recent change to the management structure within the centre and staff told us this was having a positive impact with staff receiving additional responsibility in specific roles. Staff were now becoming involved in assessments, reviews and the quality assurance processes within the centre.

The Provider recognises staff commitment through an annual awards ceremony where individual staff are recognised for their performance throughout the year, nominated by service users and other staff members.

Staff are encouraged to recognise their abilities and future development plans in the supervision and personal development review process which is conducted regularly by the manager.

The new staff induction programme focuses on the Scottish Social Service (SSSC) codes of practice and National Care Standards to ensure that staff are aware and able to apply these values in their role as support workers.

Areas for improvement

The manager should continue to support and promote staff leadership and additional responsibility in order to assist all staff to recognise and fulfil their full potential

Grade

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 this inspection we concluded that the service was performing at a very good level in areas covered by this quality statement.

The service submitted a self assessment in which it identified its strengths and areas for improvement. We were satisfied with the way this had been completed and progress made towards the areas for improvement identified.

The Provider had recently conducted a customer satisfaction survey in each individual centre. The results of this were not available at this inspection, therefore we will review at the next inspection.

The service had a complaints procedure on display with contact details of the Provider and Care Inspectorate as well as a suggestion box providing people with a further means of consultation. As a result, people knew how to make a complaint if they were unhappy with any aspect of the service. There had been no complaints received since the previous inspection.

From the questionnaires returned and comments received at inspection people indicated they were happy with the standard of service provided.

Some of the comments we received were as follows;

"we really appreciate everything everyone has done for our mum, many thanks to you all "

"we would like to thank everyone for all the care and companionship shown to our relative who just loved coming here, it was a big part of their life ".

"thanking everyone at St Andrews for the wonderful job all the staff have done over the years our relative attended, heart-felt thanks ".

The manager was conducting regular audits of care plans, dependencies and the environment. The provider conducted regular environmental walk rounds which looked at the standard of environment, and any health and safety issues. In addition to this monthly quality assurance audits were completed by each service with details of staff absences, training, supervision, complaints and any maintenance issues. This provided senior management with an overview of what was happening within each individual service.

The Provider continued to hold regular staff development days and meetings bringing together staff from all services operated by South Lanarkshire Council. These meetings were used to continually review existing procedures and practices and to consider how services could continue to develop and improve in the future. Areas discussed included quality assurance, staff training, development and recruitment.

Staff had been made aware of the inspection, self assessment and grading process through meetings and watching a DVD on the grading process. The manager planned to develop this further before the next inspection by involving staff and service users in the completion of the self assessment process.

Areas for improvement

As an area for improvement the service should ensure that all areas identified for improvement following an audit are revisited to ensure that any actions required have been completed within the timeframe specified. This was not always being recorded consistently to provide evidence of the end result and positive outcome.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The service should identify specific training requirements by assessing the health-care needs of the service users and highlight this to senior managers to organise and provide the appropriate training.

Senior management should seek ways of ensuring that all new staff has received mandatory training and induction to the service prior to commencing employment.

This is in order to comply with: SSI 114 Regulation 13 Staffing

Timescale for completion: Immediately on receipt of this report.

This requirement was made on 21 September 2012

Staff had attended more healthcare specific training since the previous inspection for example epilepsy, palliative care at St Andrews Hospice, falls prevention and bone health. All mandatory training was still not being provided prior to employment for example moving and handling training. This training was organised by the Provider when there were sufficient numbers of staff available to attend and was therefore out with the control of the individual services.. The service managed this by ensuring that new staff were working alongside more experienced staff and were not left unsupervised when there was a need to use this equipment. We were satisfied with the measures implemented by the manager and have stated that this requirement has been met however we will continue to monitor this to ensure this does not have a negative impact on service users and existing staff at future inspections. Please refer to Quality Statement 3.3 for further information.

Met - Within Timescales

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

Previous recommendations

1. The service should take into account the dependency levels and needs of the service users on a daily basis. This should be reflected within the daily staffing levels, to ensure that service users needs are met at all times.

National Care Standards Support Services - Management and Staffing Arrangements.

This recommendation was made on 21 September 2012

This recommendation has been met. Please refer to Quality Statement 1.3 for further information.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
31 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
30 Sep 2010	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
29 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
1 Dec 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

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