

Care service inspection report

Full inspection

Pitkerro Care Centre Care Home Service

146 Pitkerro Road
Dundee



HAPPY TO TRANSLATE

Service provided by: Pitkerro Opco Ltd

Service provider number: SP2011011698

Care service number: CS2011301452

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	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

We found there to be very good relationships developed between service users and staff. Staff were seen to take time to listen, engage and allow service users time during engagement in discussion and activity.

What the service could do better

Management and staff have worked hard to bring about improvements within the service. They should maintain their emphasis on improvement and continue to enhance outcomes for those living in the care home.

What the service has done since the last inspection

The service had relocated the accommodation for those with a diagnosis of dementia from the upper level to the lower level prior to the last inspection. We found that service users and staff had settled well into their new accommodation and had become established in their routines. The Provider had continued with a programme of refurbishment and upgrading of the kitchen facilities had taken place providing enhanced facilities.

Conclusion

Management and staff had worked hard to make improvements in the service and develop a positive living environment for those living in the service. We were satisfied that they were committed to on-going improvement to promote positive outcomes for service users.

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.

Pitkerro Care Centre is situated in a residential area to the north of Dundee. It is about three miles from the city centre. The premises consist of a two-storey detached, purpose-built building set in a landscaped garden and grounds, with a car park to the front. It provides 24-hour residential and in-house nursing care for up to 69 older people at one time. The home is divided into four distinct areas:

- A ground floor wing for up to 11 people with mainly physical health needs.
- A ground floor wing for up to 24 residents with dementia and related conditions.
- A first floor wing which provided accommodation for those with nursing and residential needs.
- A first floor wing for up to 10 residents, all beds were vacant at the time of this inspection.

Each wing has its own communal sitting and dining areas. All bedrooms are single and have en-suite shower and toilet facilities. The home has a separate reception area and passenger lift.

The service provider is Pitkerro Opco Limited.

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 4 - Good

Quality of environment - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website

www.careinspectorate.com 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

This report was written following an unannounced inspection that took place on 29 September and 16 October 2015. Feedback was given to the management team at the end of the inspection, a member of the Local Authority Contracts Team was present at feedback. The inspection was carried out by two inspectors.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- training records
- accident and incident records
- complaints records
- Public Liability Insurance Certificate
- Certificate of registration
- Schedule of staffing
- questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates and staff members
- discussions with various people, including: the manager, the depute manager, staff working in the service, the people who use the service and their representatives.
- observing how staff work
- examining equipment and the environment

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views.

On this inspection we used SOFI2 to observe the lunchtime experience on the first day of the inspection.

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.

The service submitted a fully completed self assessment as requested by us. In the assessment they told us what they considered they done well and some areas for further development. They told us that "All staff working in dementia unit undergo dementia training to improve care provision." was an area for development. This links to a recommendation made by us in this report.

Taking the views of people using the care service into account

We sent the service 23 questionnaires asking "How satisfied are you with this care service?", five were returned. All either agreed or strongly agreed with the statement "Overall I am happy with the quality of care I receive at this home." This was also confirmed with the nine individuals we spoke with during the inspection.

Individual comments include:

"Staff are great here, you get a laugh."

"Need more staff."

"I like a sing song, some of the staff sing along with me."

"I'm quite comfortable, I like my room and the food is good."

Taking carers' views into account

We sent the service 23 questionnaires asking "How satisfied are you with this care service?", seven were returned.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be performing at a very good level of operation. We made this decision after examination of written documentation, including minutes of meetings, newsletters, personal plans and talking with people including staff and service users.

The care home had a participation strategy which outlined their commitment to working in partnership with service users, their representatives and other key stakeholders. We were satisfied that the service was implementing this effectively.

A named nurse/keyworker system was in operation linking each service user to named individuals to help co-ordinate their needs and form effective links between the care service and their representative.

We examined a sample of personal plans and found these to promote a person centred approach to care. Plans contained information to guide staff on service users preferences and particular needs. The fine detail contained in plans provided information to inform staff of lifestyle choices.

We observed a mealtime experience. This was relaxed and individuals were offered choice and their needs met at a pace set by them. We saw some service users have finger foods made available to snack on while awaiting their meal. This helped them remain at the table to receive a good nutritional intake as well as offer extra calories (which was part of their plan). One service user who was asleep when the meals were served was allowed to do so until there was time for a staff member to sit with them until they were properly awake from their sleep before discussing with them what and where they were to have their lunch. The pace and attention to individual need was considered to be a positive aspect to the overall experience.

We found good evidence that strong links had been developed with community partners. The attendance at the recent fun day organised at the home had generated a lot of interest and support from people in the community. We also found that there had been effective consultation with the representatives of those living at the care home in the involvement of the event as well as plans and other developments in the home. Some friends/relatives had been instrumental in the development of the gardens. This helped to promote a sense of involvement in the operations of the home as well as providing a meaningful engagement.

Some service users and their representatives had been involved in staff recruitment. Although there was evidence that this had been undertaken there was no recent evidence to support that this was undertaken at each recruitment opportunity.

Areas for improvement

We found some action points in review notes that had not been followed up. When we discussed these with the management team there were reasons for the actions not being implemented in full. However there was no record of feedback to the persons with who the action plan had been agreed. (see quality theme 1, statement 1, recommendation 1)

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Action plans should be reviewed timeously to evaluate progress on action points. Where agreed actions are unable to be fulfilled, this should be communicated with relevant parties.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing.

Statement 3

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

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after examination of written documentation including personal plans, medication records, as well as speaking to staff and service users and carrying out observations.

We found the general atmosphere to be warm, with laughter heard between service users and staff. We observed positive engagement between staff and service users and noted they walked at a relaxed pace and engaged in activity including dominoes and nail manicures helping to promote a fulfilling day.

All service users had a personal plan detailing how they were to be supported by staff to have their needs met. We found these to promote a person centred approach to planning care and contained specific information about individual likes and preferences. Plans were informed by a range of assessments including pressure ulcer risk assessment and screening for under nutrition. Where risk had been identified plans were in place to promote prevention and wellbeing.

A first sight board was placed prominently in the staff only area. This provided a summary of specific care needs including wound management and nutritional requirements. This helped staff know about the specific needs of individuals.

We observed a mealtime and found it to be a very positive experience. Food appeared hot and appetising and tables were well furnished with condiments to enable food to be seasoned. Menus provided information on each of the days meal choices. We saw some service users have finger foods while awaiting their meal to be served. We saw others being enabled to maintain their independence and pour their own drinks. We felt this was a very good example of individual needs being considered at the meal time. We examined a sample of plans for those who had been assessed as being at risk of under nutrition, each had a plan of how they were to be supported to have a calorie dense diet. Of the three plans that we sampled there was evidence that all had gained weight over a two month period.

A falls risk assessment was undertaken on a monthly basis for all service users. We noted that all service users were wearing well fitting shoes. This was considered to be a primary strategy in falls prevention. Other strategies had been introduced for those who had a history of falls including the use of hip protectors and increased observation.

Well established systems were in place for the management of medications. We examined a sample of plans and found these to be implemented well. This helped support service users receive their medications as prescribed.

The service had a varied programme of activities. We saw that relatives, visitors and members of the community were encouraged to participate in the planned events.

Areas for improvement

Consideration could be given to reviewing the documentation used to assess the risk of falls. We discussed the tools available in the Managing falls and Fractures in Care Homes for Older People (NHS & Care Inspectorate, 2011) which was considered to be more comprehensive than the one currently used by the service.

We noted that some of the documentation including plans implemented by members of the Primary Healthcare Team were either due for renewal or had passed their date for review. Consideration could be given to developing a system to support their review within the planned timescale.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 3

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

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this assessment following an examination of the environment, examination of written documentation including risk assessments and development plans.

The environment was bright, clean and in a good state of repair. We found there to be a positive atmosphere with laughter evident between staff and service users. This contributed positively to a relaxed and homely feel to the home.

We saw that there had been some refurbishment of the environment; this included a relocation of the accommodation provided to those with a diagnosis of dementia from the upper to the lower floor. This meant that there was free access to the outdoors. Emphasis had been placed on helping people orientate themselves to their surroundings. Landmarks had been used, including interactive areas in corridors and a display area with one service users art work. Corridor areas were brightly coloured with opportunities for engagement in stations with hats, necklaces and other items as service users passed through them. We felt that there was recognition in the design to the needs of those with dementia and cognitive impairment. Dementia friendly signage had been used to help people identify and locate facilities including toilets and bathrooms.

A fully enclosed garden area provided a safe outdoors area, one of which had direct access from one of the main communal areas. This helped to promote a barrier free environment and provide direct access to the outdoors.

Technology was used to minimise restrictions placed on service users to help promote safety. We saw that beds were lowered to the floor when in use and technology used to alert staff to movement in bedrooms. This allowed individuals to summon help when needed. Risk assessments were in place for the use of technology.

Staff information was displayed in staff only areas. This showed an ethos of respect to the fact that the service was the home of those living there.

Areas for improvement

The direct access to the garden from the communal lounge may be problematic for some service users with a sudden drop in temperature when the doors are opened. This should be monitored and considered in the long term development plan for the service.

The outdoor area had been developed to provide a walkway round the perimeter as well as seating to enable service users to enjoy outdoor life. It would be good for the service to consider providing a sheltered area to promote all weather outdoor activity.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“The accommodation we provide ensures that the privacy of service users is respected.”

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after examination of the environment and the working practice of staff.

All bedrooms were individual occupancy with en-suite facilities. This meant that the service were easily accessible to attend to toilet and personal care tasks. As a result individual toiletries and supplies were readily available as and when required. Bedrooms were personalised and individuals were encouraged to bring small items of furniture and some furnishings to help create their own personal identity.

Staff promoted confidentiality. Personal information was stored in a staff only area; the staff area also provided a private area for telephone calls and private discussions. A cordless telephone enabled service users to take calls in private if required.

Continence aids and other supplies that were sensitive to individuals were stored discretely. This showed respect for peoples dignity and privacy.

We observed staff in their day-to-day work and felt they were respectful in their manner. Service users were called by their preferred name. We also observed them knocking on doors and waiting on permission to enter. Staff engaged with service users at a relaxed pace; they gave them time to think about what was being asked of them and return with an answer.

The service had an open door policy and we saw visitors come and go throughout the inspection. There was a protected mealtime to reduce interruptions but the manager told us that visitors could dine with their friend/relative with prior arrangement to promote a positive mealtime.

Systems were in place to manage private mail safely. All mail was delivered centrally and delivered throughout the day to individuals.

The service had an in-house laundry. We noted in our observations that service users were well groomed and their clothing appeared well cared for.

Areas for improvement

The management told us that relatives and visitors could support their friends/relatives at meal times by prior arrangement. We saw that there was a multi-purpose room that could accommodate this. This opportunity had not been well communicated to service users and their visitors.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 3

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

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after observation of staff practice, discussions with staff and service users and examination of written documentation including training records and staff supervision documentation.

We observed a very positive and friendly workforce who appeared very respectful of each other; this helped to promote an effective teamwork.

A range of policies and procedures helped guide staff on what was expected of them in carrying out their duties. We saw that these had been discussed and promoted at staff meetings and through staff supervision. This helped raise their profile and promote good practice.

All staff were either registered or in the process of registering with their professional body. This helped promote a trained and professional workforce.

A training plan was in place mapping out both mandatory and desired training opportunities for staff. This included training in dementia and other topics particular to the needs of those living at the care home.

Staff received opportunities to reflect and build on their personal and professional development through supervision and appraisal. This provided an opportunity for them to meet with their supervisor and set personal targets and objectives as well as identify personal training needs.

Systems were in place to promote effective communication. Daily "flash" meetings took place with heads of departments to discuss daily priorities and how the teams can best work together to meet the needs of service users. Staff meetings also took place on a planned and regular basis. This provided an opportunity for information sharing and for staff to raise issues of concern or interest with each other and the management team.

The service had a whistleblowing policy to enable staff to raise issues of concern in a confidential way. This meant that staff had some protection when raising issues of concern.

Senior staff provided coaching to staff working on the floor to help promote and maintain a culture of good conduct, respect, and best practice. We thought this was a positive way of influencing the workforce through effective role modelling.

Areas for improvement

We examined a sample of staff recruitment files. Generally the service implanted safer recruitment practice. However we found that files were not always well organised and showed some discrepancies in the documentation contained in them. We found evidence of staff start dates not corresponding with other recruitment checks and induction dates. This was said to have been an administration error. It is important that good record keeping is maintained during the recruitment process to confirm safe practice. (see quality theme 3, statement 3, recommendation 1)

Training was in place for all staff in relation to dementia. However the service had not mapped the needs of the workforce against the Standards of Care for Dementia in Scotland. (Scottish Government, 2011) (see quality theme 3, statement 3, recommendation 2)

The service had had a high turnover in care staff. The service should continue to work hard to promote staff development and retention to support continuity for service users.

The management team continued to focus on the development of a positive culture in attitude among the workforce. We found examples of supervision, training and staff meetings to facilitate discussion and development. Although we found a positive atmosphere in the home we would support a continued focus in this area of development to continue to drive forward positive outcomes.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The Provider should implement a system to confirm that safe recruitment practices have been implemented.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing.

2. The management team should map the training needs of the workforce against the Promoting Excellence Framework (Scottish Government, 2011) and develop a plan identifying how they intend to skill the workforce in caring for residents living with dementia.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

The following has also been taken into account when making this recommendation:

Standards of Care for Dementia in Scotland (Scottish Government, 2011).

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of operation. We made this decision after observation of practice and discussion with service users and staff.

We observed some very positive relationships between staff, service users and visitors to the home. This helped to promote a positive atmosphere with fun and laughter.

Staff were seen to engage well with service users giving them time to consider what was being asked of them. We saw no outpacing and staff taking time to sit and talk or play dominoes or another activity of their choice to help fulfil their day. Most service users said they felt staff took time to listen to them and spoke very positively about the way in which they were supported by them.

As discussed in quality theme 3, statement 3, the service continues to promote a positive culture in the care home through staff coaching, training and discussion.

We examined a sample of minutes of meetings. This confirmed that the service had taken account of recommendations made at our previous report relating to the way that staff engaged with service users and the use of terms of endearment. We found evidence that this had been discussed with both staff and service users. Personal plans reflected individuals feelings about this which we felt was a positive way to provide information to staff.

Policies and procedures on bullying and harassment were included as part of the operational guidance for the service. These supported the services commitment to supporting a positive working environment for staff. A whistleblowing policy was also in place to help support staff to bring issues of concern to the management team.

Areas for improvement

The Management Team should continue to work to maintain and develop a positive culture in the care home.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 2

"We involve our workforce in determining the direction and future objectives of the service."

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after we examined a range of written documentation including minutes of meetings and a sample of staff supervision records.

We sampled records of staff meetings and found that these provided opportunities for staff to be informed about future plans for the service and an opportunity for them to have their say. This meant that they could be involved in influencing plans and taking a key lead in some of the improvements.

Minutes of meetings confirmed that action points made by external agencies were shared and discussed with heads of departments. This helped promote a shared plan for improvement where all relevant parties were included and involved.

Staff supervisions provided opportunities for staff to appraise their performance with their supervisor. It also provided a platform for discussion about their key strengths and how these could influence positive outcomes for the service.

The manager told us in the self assessment that "staff questionnaires have been used to gauge staff opinions on various issues within the home." We did not see any evidence of questionnaires being used at this inspection but we felt the concept was a positive one for important issues.

Areas for improvement

We noted a number of improvements in the service since the last inspection. However we felt it would be helpful for the management team to identify key objectives/areas for improvement on an on-going basis that could be considered by staff and how they can be involved in them.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after observations, discussions with staff and examination of written documentation including staff induction.

Staff induction matched up a new employee with an established member of staff. This provided shadow opportunities as well as an opportunity to orientate them to key aspects of the job including policies and procedures. We examined a sample of staff induction programmes and found these to promote competencies in key aspects of their role staff were employed in as part of their introduction to employment.

Some staff had link roles in key clinical areas, for example continence and wound management. This meant that training had been invested in them to keep them up to date with best practice. This enabled them to act as a resource to the workforce in issues relating to their specific area of clinical interest.

Senior staff led each of the units. During our observations we found the units to be well organised with each staff member presenting as confident and competent in their role. Senior staff gave direction where required; staff were responsive to this.

The manager told us in the self assessment completed prior to inspection that "the home manager encourages feedback from staff at all levels with a view to ensuring that staff feel involved in the development of the home into the future." Staff confirmed that feedback was encouraged and welcomed to promote improvement.

All eligible staff were either registered or in the process of registering with their professional body. This meant that they were supported to gain a recognised vocational qualification. This helped promote a professional and trained workforce.

Areas for improvement

At the time of the inspection there was no depute manager in post; however a senior management team provided support. In the absence of the manager the Provider must ensure that persons nominated to act in their absence be identified as detailed on the certificate of registration. Prior to the inspection there had been an incident that required management input and the nominated person had not been known by the service. (see quality theme 4, statement 4, recommendation 1)

We signposted the Management Team to the Scottish Social Services Council Step into Leadership Programme. This programme is available for all levels of staff and could be considered as a resource to support staff with their registration requirements with their professional body.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. In the absence of the manager, managerial cover should be clearly communicated to the staff team.

National Care Standards for care Homes for Older people: Standard 5 - Management and staffing.

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

Previous requirements

1. The provider should ensure that all work surfaces are in a good state of repair and easily cleaned to promote effective infection control.

This requirement was made on 19 March 2015

At the inspection in March 2015 works had started to meet this requirement but had not been completed. The requirement had therefore been carried forward. We were satisfied during this inspection that works had been completed and work surfaces and furnishings were clean and in a good state of repair to promote effective infection control procedures.

Met - Within Timescales

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

Previous recommendations

1. The management team should map the training needs of the workforce against the Promoting Excellence Framework (Scottish Government 2011) and develop a plan identifying how they intend to skill the workforce in caring for residents living with dementia.

This recommendation was made on 19 March 2015

We found that the service had dementia training in place for all staff. However there had been no mapping against the Dementia Standards to identify the level of skill and knowledge required by the different groups of staff. This recommendation has therefore been repeated (see quality theme 3, statement 3, recommendation 2)

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
19 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good
5 Sep 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
18 Mar 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

18 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed 3 - Adequate
25 Mar 2013	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 3 - Adequate 3 - Adequate Not Assessed
18 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
6 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

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)

Other languages and formats

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

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।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.