

Care service inspection report

Full inspection

Smiddybrae House Care Home Service

Vetquoy Road
Dounby
Orkney

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2005090445

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.

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Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Smiddybrae provides a homely and welcoming environment for residents and their families.

The trained staff are friendly and approachable and work well together with management.

Residents and relatives are invited in different ways to give feedback and make suggestions to improve the service. Suggestions are actioned if possible.

There are a wide range of activities on offer both within the home and out in the community.

Staff work hard to meet residents' health and wellbeing needs and are committed to providing a high standard of care.

What the service could do better

The service should improve the arrangements for giving medicine to reduce the number of errors made.

Management need to consider the sluices against best infection control practice.

What the service has done since the last inspection

The handyman records hot water temperatures on a regular basis.

There has been a consultation about the security of the home.

There has been a variety of training given.

There has been on going refurbishment.

Management and staff are taking part in a project to become more efficient, thus having more time to spend with residents.

Conclusion

Management and staff continue to strive to improve. The care home is highly valued within the community.

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.

Smiddybrae House is registered with the Care Inspectorate to provide a care service for a maximum of 32 older people.

Smiddybrae House is situated in the village of Dounby. The care home is purpose built and consists of four individual wings, each with their own lounge/dining/kitchen area and 8 ensuite (toilet and shower) bedrooms. There are also bathrooms provided, one of which is a Jacuzzi. There are two large communal areas which link two wings together. These in turn are linked by a utility corridor that accommodates the laundry, kitchen and reception. The large areas or hubs are used for activities, meetings, concerts and Sunday services amongst other events. The home is situated in its own landscaped grounds which have patio areas and a green house.

The service vision as stated in the home brochure "To strive towards a service which fully recognises residents as equal partners, providing opportunities for residents to lead meaningful and fulfilling lives, based on individual choices, values and norms."

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 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

We wrote this report following an unannounced inspection, which was carried out by one Care Inspector. We visited the home on 29 and 30 September and 1 October 2015 between the hours of 9.30am and 10.00pm. We provided feedback to the registered manager and a duty manager at the end of the visit. The feedback included requirement and recommendations made as a result of these visits.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent ten Care Standards Questionnaires to the service, to be given to people who use the service and five were returned completed. We also sent ten questionnaires to be given to relatives of people who use the service and six were returned. Eight staff questionnaires were completed.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- six residents
- six relatives of people who use the service
- registered manager
- three duty managers
- seven social care workers and assistants
- three night staff
- chef
- housekeeper

- hairdresser
- two volunteers
- community nurse
- chiropodist.

We looked at:

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- formal care reviews and records
- participation information, including Care Standards Questionnaires
- accident and incident records
- staff training records
- supervision and performance development review records
- risk assessments
- notice boards
- health and safety records
- maintenance records
- menus
- minutes of residents and relatives meetings
- minutes of staff meetings
- service development plan

We observed staff interacting with residents and looked round the building and grounds and at the equipment used.

- Consideration of the National Care Standards - Care Homes for Older People.

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 self assessment was fully completed with a wealth of information for each statement. It gave details of what was considered to be the strengths of the service and what ways the service could be improved.

Taking the views of people using the care service into account

During the inspection we spoke with six residents. Comments received included:

'I cannot fault the home. I am very happy that I live here.'

'I am just an old woman worried about my son. It is not like him not to come.'

'The fish is good.'

'I was out for my dinner last night.'

'We were at the dancing in Kirkwall'

We also received five completed care standard questionnaires. Comments included:

'Nice homely environment.'

'Everything is fine.'

'I think the quality of care and support first class.'
'Under the circumstances it's the best we could get.'

The completed questionnaires showed that 100% of respondents agreed with the statement: 'Overall, I am happy with the quality of care I receive at this home.'

Taking carers' views into account

We spoke with six relatives who were visiting a resident during the inspection. Comments included:

'I am confident that the staff will look after my husband very well.'

'It would be better if there were nurses here all the time.'

'Everything is just fine here.'

'His room is too small.'

'I am very happy she is here.'

We received six completed care standard questionnaires and all respondents showed that they were happy with the quality of care their relative received.

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

From the evidence we found during the inspection we decided that the grade for this statement was very good. We came to this conclusion after we spoke with residents, relatives, management, staff and looked at records of meetings, events and questionnaires.

We could see that management and staff were committed to involving residents and their families in the service and provided a range of opportunities to give feedback or to make suggestions to improve the service. Also information was made available to residents and their families so that they could make decisions and choices about the service and how they wanted to live.

Throughout the home there were notice boards giving information about subjects that were relevant to the residents, for example about activities both within the home and in the community, meals, events, staff, advocacy and meetings. The service used photographs to help communicate as well as 'talking mats' which can use photos or standard symbols to help individual residents. Menus on a small chalk board were put on the dining tables which helped residents look forward to their meal. Small posters about future

events were put on reception desk for visitors. The complaints procedure was promoted.

There was a quarterly newspaper which could be e-mailed to relatives. It was put together with help from residents.

Each respite resident was given a questionnaire in order for them to give feedback about their stay and the service they received. Results were very complimentary. Comments included: 'Anything we wanted we got, quiet and restful. Sometimes got bored, but no more than at home.' and 'Staff nice, food nice - all nice. I can't wait to come back here again.'

Staff had been consulted several times during this year, about frequency of supervision, about more efficient ways of completing work and finding more time to be with residents.

Residents had also been surveyed. They had been asked whether they would like to be involved in recruiting new staff and a couple of residents volunteered. We heard that residents had been consulted about the décor. Each day residents made many choices including about where they wanted to be, about what they ate and about taking part in an activity.

There were residents' meetings held every few weeks. Discussions included about activities and events. Residents made suggestions which staff confirmed were put into action. They were involved in fundraising for charities local and national, perhaps by baking, making invitations or flower arranging, just some examples of their contribution. This helped them to be active and to take part in meaningful activities. Residents also had their own forum to discuss the service.

There was a white board at reception for good ideas, suggestion boxes, comments books for residents or relatives and other visitors to use.

Suggestions that could be actioned were incorporated into the development plan which was displayed on a notice board in the reception area. The plan showed the timescales anticipated for each of the actions and who was responsible for making it happen.

We saw that there was a participation strategy which indicated that all residents' views were important including those who may have difficulties with communication. It stated: 'Support service users and their families to be involved in the running of services, including taking part in making decisions and about how services are managed, organised, delivered and how they measure up.'

We found that residents' care plans were reviewed regularly at a meeting, involving the key worker, duty manager, resident, a close member of the family as wanted by the relative and on an annual basis, the social work care manager. Plans were generally reviewed at least six monthly and this was the main way changes to the resident's individual routine and care could be requested.

Areas for improvement

Management and staff should continue to ensure that residents and families are involved in improving the service.

It would be useful if the minutes of meetings showed whether suggestions from previous meetings had been actioned.

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 found during inspection we decided that the grade for this quality statement should be good. This was after we looked at care plans, records about risks, medicines, weight, skin health and other areas.

Care Plans

We found care plans generally were person centred, up to date with good detail of the care the resident needed and important facts about their history and family. There was also information about their interests. There were systems in place to check that the correct documents were in the folder and had been revised regularly. Care staff confirmed that they looked at care plans to find information about each resident. Each resident had a key worker whose role was to try and ensure the resident's needs were met within the care home. The key worker would meet the person within their own home and be there at Smiddybrae to welcome them and help the person make a smooth transition to becoming a resident. This worker ensured care plans were updated and was present at reviews. The template 'Getting to know me' was used.

Nutrition

We could see that staff were aware of each residents dietary needs and nutritional risks. Residents were weighed regularly and their BMI (body mass indicator) and MUST (malnutrition universal screening tool) score calculated. This helped staff to assess whether residents were eating well and maintaining a healthy weight. The residents usually ate in the dining area of the wing where they stayed, though if wished they could choose to have their meal in their room, in another wing or in the hub. The breakfast club was held in a hub and its aim was to help identified residents to maintain their independence and bring them together to socialise and for stimulating activities.

The chefs were aware of each resident's dietary needs and preferences. Care staff supplied this information which was kept up to date. Lunches, Monday to Saturday were made in the main kitchen and taken by heated trolley to the wings. There were usually two choices of main course and enough portions were sent so that residents could have some of each if they wished. Food was generally put onto the table in large serving dishes so that residents could see and smell it which helped stimulate their appetite. Residents could help themselves if wished. Staff and residents if able could cook on the wings and on Sundays the lunch roast was cooked there. The evening meal was chosen by residents on each wing in turn and simple meals were cooked in the wings. Residents had access to food 24 hours a day with snacks and fruit readily available.

If there were concerns about a resident's weight we could see that staff referred to the GP and dietician. Menus were varied and wholesome and we were assured of the quality of the ingredients and food stocks. Staff had received training about nutrition.

Medication

Smiddybrae was conveniently located next to a GP surgery with the pharmacy across the road. Therefore residents who needed to see their doctor could if able see the GP in their surgery. Most front line care staff could administer medicines as instructed by individual prescription. Medicines were audited regularly by duty managers. The medicine policy had been recently updated so will bring changes to training and assessment of competency. Procedures for ordering new medicines had been streamlined and made more efficient. For pain, staff used pain assessment tools for those who were unable to communicate. There was information in the care plan about resident's pain.

Management had developed a medication administration record (MAR) that would be used in all their services where there were medicines administered. This record showed what the medicine had been prescribed for and allowed for a record of individual times when a person for example had to have their medicine at specific times, for example residents who had Parkinson's. See Areas for improvement.

Pressure Care

Care of residents' skin was very important and we could see that the service procedures took account of this. New residents had a skin assessment soon after they were admitted and this assessment was regularly reviewed. An assessment tool called the 'Waterlow scale' was used and could indicate when a resident was at risk of developing a pressure ulcer. If this was so the home used pressure relieving equipment to prevent any skin damage and put in place a turning chart. The community nurses would treat any wounds or other nursing interventions. There were very good working relationships between staff and all allied health and social care staff. The home used a system of short term care plans to highlight an acute situation and ensure all staff were aware of care plan. The resident's nutrition was also looked at.

Activities

Within Smiddybrae staff and volunteers worked to provide activities every day. In each wing a large whiteboard had details of what was on each day and on a regular evening. Staff viewed activities as an essential part of their role. They were helped by a couple of enthusiastic volunteers who had been appropriately recruited. The volunteers organised the theme display table in reception. The next display was to be about tea.

Many of the residents went out to watch and take part in dancing and singing, out for coffee in other homes, to local shows and events. Several community groups came into the home to visit and entertain or to fundraise with residents' help. Some examples of in house activities were gentle exercise classes, quizzes, reminiscence and board games. Tablet technology helped individuals stay in touch with distant family.

Areas for improvement

We had concerns about the number of medicine errors there had been over several months. Residents had on occasion not received their prescribed medicine and this had not been discovered for days, others had their medicine at the wrong times for example breakfast time instead of evening. Management need to look at this to ensure residents get their medicines as prescribed for their health. Staff need to have appropriate training to administer medication. As a minimum staff should achieve the competencies found in the unit HSC 375/CHS3 - Administer medication to individuals - SVQ level 3 though best practice would indicate that staff attain a PDA in medicine administration. As important is that management assess staff competency at intervals to assure themselves of their abilities. Errors should initiate discussion with the staff member with the possibility of retraining or of being stopped from administering medicines if necessary. See Requirement 1.

Grade

4 - Good

Requirements

Number of requirements - 1

1. In order to comply with SSI 2011/210 regulation 4 Welfare of users and 15 - Staffing

a) Management must ensure that residents receive their medicines as prescribed.

b) Management must ensure that staff who administer medicines have appropriate accredited training and be assessed regularly to ensure competency.

Timescale for completion:

a) immediately

b) 6 months.

Number of recommendations - 0

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

From evidence that we saw at our visit we decided that the grade was very good.

Please see Quality Theme 1 and Quality Statement 1 for evidence.

Areas for improvement

See Quality Theme 1, Quality Statement 1.

Grade

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

From the evidence we looked at we decided that the grade for this Quality Statement was very good. This was after we looked round the building and equipment and examined falls, accident and incident records, cleaning schedules, residential agreements, repairs and other relevant documents.

In the last report we made two recommendations. One was that the temperature of the hot water outlets accessible to the residents should be checked at intervals. We could see that the handyman did this and kept a log. All temperatures recorded were within an acceptable range. The other was about the security of the home and whether the front door should be locked to prevent unwanted people coming in during the day. A consultation was held with residents and relatives and it was agreed that people wanted to keep the arrangements as at present whereby the door is locked when the day shift go off duty. Then a visitor must ring bell for staff to let them in. Both these recommendations are met.

We found the standard of cleanliness of the home to be very good. We saw that there were cleaning schedules for housekeepers and kitchen assistants. The night staff had a checklist of cleaning if there was time.

All residents had a written agreement which indicated the terms of their stay within Smiddybrae.

A record was kept of repairs and maintenance issues which the handyman signed off when completed. Most repairs were completed quickly by him.

The service used assessment tools from the resource 'Managing falls and fractures in care homes for older people.' All residents had a comprehensive risk assessment in relation to falling and if there was a fall the risk assessment would be reviewed and a post fall report completed. The number of falls at present was low. Staff have received training about falls and how to prevent them.

Accident and incidents were reported appropriately. Details were audited by Orkney Islands Council safety officer electronically.

Duty managers had training in risk management. The premises were risk assessed on a continual basis. There was a risk enabling approach with residents so that they could choose to take risks in order to have a good quality of life. Staff supported residents and worked to reduce significant risk.

There was an appropriate recruitment procedure for volunteers to ensure only suitable people worked with the residents. The volunteers enhanced the lives of the residents in many different ways, from remembering a birthday to providing interesting games, encouraging competitions and offering comfort on an individual basis.

There was an awareness of restraint within the service and any necessary restraining actions were documented within the care plan and reviewed frequently. Management and staff considered carefully within a multi-disciplinary review before deciding to use any kind of restraint and it would be the minimum necessary.

There had been efforts to make the environment dementia friendly: doors in the dementia wings had been personalised, some looked like a wooden slatted door, others had a particular brass knocker. There were particular large paintings that would help with orientation and helpful signs.

Areas for improvement

Unfortunately due to repairs being necessary to heating pipes under the ground, the outside area of the two dementia wings was unavailable to the residents and had been so since May. Staff tried to compensate by taking residents who wanted, to the other side of the building to go outside or some went out on trips. It is hoped that the work may be finished in one month. This has been a severe loss for the residents over the summer months.

We saw that the sluices did not have a hand washing sink. Management need to risk assess this situation against best practice infection control procedures and consider how to improve the facility. Advice could be sought from Environmental Health or Public Health department. See Recommendation 1.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. It is recommended that management risk assess the sluice facilities within the care home against best practice infection control procedures and take any necessary action.

Reference: National Care Standards - Care homes for older people.
Standard 4 - your environment.

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

We decided that the service grade for this statement should be very good.

For evidence see Quality Theme 1, Quality Statement 1.

Areas for improvement

See Quality Theme 1, Quality Statement 1.

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

From the evidence we saw during this visit we decided that the grade should be very good. This was after we spoke to staff and residents, looked at training and supervision records and minutes of staff meetings.

Staff spoken with and observed were found to be interested and conscientious in their role. All indicated that they enjoyed their work and that staff morale was good.

From records we could see that staff's mandatory training for example safe people handling was up to date. Staff had access to a wide range of courses and workshops that helped them in their employment. Most of the staff whether in care or in other departments had been given some awareness of how dementia affects people. Many of the care staff had received specialised training to help them work with people with dementia to maximise their potential. Staff could also access some courses on line. All staff had a one off course about protecting vulnerable adults though this was also discussed during supervision and at staff meetings. Senior staff had completed a Professional Development Award in adult protection.

All care staff were registered with the Scottish Social Services Council (SSSC) and most had fulfilled the required training. OIC gave support to staff to obtain the necessary qualification and some staff were in the process of completing a Scottish Vocational Qualification.

There were regular staff meetings which both day and night care staff attended. Staff confirmed that all staff contributions were welcomed and they felt listened to. Management usually consulted with staff about any changes and issues. We could see that the staff team worked well together.

We sampled some supervision records and could see that staff could be asked to reflect on their practice and how training had helped them. The supervisor followed an agenda and recorded discussion. Staff had supervision, both observed practice and one to one sessions on a regular basis. The format for the employment review had changed with both the employee and supervisor to prepare a written document for the session. Duty managers conducted these reviews and training was planned as to how to use the new template.

Staff were made aware of the National Care Standards and the SSSC codes of practice.

A project was on going called 'Releasing time to care' which had initially been developed for NHS departments to make them more efficient. Many of the staff were taking part in looking at their current processes to see whether there was a better way so that time could be released to spend with residents. Duplication of recording had been highlighted and already new procedures had been developed.

Areas for improvement

Management have planned training about 'Mentalization Based Therapy' which is hoped will help staff understand and manage unpredictable and aggressive behaviours from some residents.

Management and staff should continue to appraise and reflect on their practice and take opportunities to improve.

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 1

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

Service strengths

We decided that the service grade for this quality statement was very good.

For evidence see Quality Theme 1, Quality Statement 1.

Areas for improvement

See Quality Theme 1, Quality Statement 1.

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

From the evidence we looked at during this inspection we decided that the grade for this Quality Statement was very good. This was after we spoke with management and staff and looked at audits, surveys, minutes of meetings and other documents.

We could see that residents and their families were given opportunities to influence the development of the service. This has been reported in Quality Theme 1, Quality Statement 1.

Staff were committed to improvement and were consulted about different aspects of the service. Completed Care Inspectorate questionnaires showed that staff generally were positive about their employment. A comment received through a questionnaire: 'As a staff member I feel very privileged to be a part of the staff team at Smiddybrae. I always feel supported and feel staff always deliver a high level of care.'

There were various systems in place to make sure the service was meeting a high standard. Duty managers carried out regular audits and each had responsibility for a particular aspect of the service. There were regular checks and reviews of the assessments that contributed to the care plans. Consultations with staff, residents and families have resulted in improvements.

The service notify the Care Inspectorate about significant events as required. Complaints were investigated quickly and a response given within a short period of time.

Areas for improvement

The service self assessment stated: 'Research to be carried out to identify whether there are any other quality assurance models, frameworks or systems which would enhance the involvement of all stakeholders in continually assessing and developing the service in line with best practice.'

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

There are no outstanding requirements.

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

Previous recommendations

1. It is recommended that hot water outlets accessible to residents are checked regularly and at a frequency that would reduce the risk of scalding.

This takes account of National care standards - Standard 4 - Your environment.

This recommendation was made on 04 September 2014

The handyman checks the temperature of hot water outlets in rotation and records.

2. It is recommended that management review the access arrangements of the care home with residents and relatives and create a risk assessment.

This takes account of National care standards - Standard 4 - Your environment

This recommendation was made on 04 September 2014

Management consulted with residents and relatives and found all were happy with the present arrangements.

6 Complaints

A complaint was made to the inspector during the visit. This has not yet been investigated.

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
4 Sep 2014	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>5 - Very Good</div>
16 Aug 2013	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>5 - Very Good</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>5 - Very Good</div>
12 Dec 2012	Unannounced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>5 - Very Good</div> <div>Staffing</div> <div>5 - Very Good</div>

		Management and Leadership	5 - Very Good
23 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
26 May 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 4 - Good
19 Jan 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
23 Sep 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
26 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 3 - Adequate 4 - Good 4 - Good
14 Apr 2009	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed 3 - Adequate 3 - Adequate 4 - Good
30 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 3 - Adequate 4 - Good

To find out more

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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۔

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