

Care service inspection report

Full inspection

Kalisgarth and Very Sheltered Housing Housing Support Service

Kalisgarth Care Centre
Pierowall
Westray
Orkney

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2005106915

Inspection Visit Type: Announced (Short Notice)

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 staffing	4	Good
Quality of management and leadership	3	Adequate

What the service does well

Kalisgarth Centre is a vital local resource, which provides a range of support and ensures older people can continue to live on their native island. The building has a unique design and combines respite care, care at home and day care services.

The manager and her staff work well together as a team. They are committed to providing person-centred care, based on the individual support needs and personal preferences of each service user.

The centre supports seven tenants living in their own homes. Five are in tenanted flats located within the main building and two others in premises on site. All tenants are encouraged to participate in the life of the centre, including its social activities and day care services.

What the service could do better

The support planning arrangements need to be reviewed on a regular basis.

The provider should review the meal arrangements, which are largely dependent on the provision of frozen food.

The provider needs to review the management and staffing arrangements within the service to ensure there is sufficient on-site leadership.

Ways in which the provider promotes leadership values within the workforce needed to be further developed, to encourage good quality care.

Staff supervision and staff appraisal practices should be fully embedded in the running of the service.

What the service has done since the last inspection

Staff within the service continue to work well together. They know the tenants very well and provide good quality care and support in a versatile setting.

The service also continues to work with other local groups on the island to enable tenants to participate in activities and events in the wider community.

Kalisgarth Centre is held in high regard by the local community. We received very positive feedback from families. The local GP and MSP have also commended the work of the service.

Conclusion

Kalisgarth has good participation arrangements and both listens and responds to the views and suggestions of its various stakeholders.

The manager and her staff group are held in high esteem. The service's own surveys included comments like: "Fantastic place, excellent staff" and "Everyone is so kind and helpful".

The service works in partnership with local people to promote an inclusive and sustainable 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.

Kalisgarth is a purpose-built centre with seven self-contained flats/houses, a bedroom with ensuite which can be used for respite care, a sitting room, bathroom and office accommodation. Within the building is a large sitting/dining area and kitchen, which is used for day care. The tenants can attend the day service and have their lunch with the people who attend the day service. It is located in Pierowall village on the island of Westray and provides supported accommodation and a respite care home service to meet the needs of the island community.

Kalisgarth focuses mainly on providing care for older people, but it also addresses the needs of the whole community, providing support for people with a physical or learning disability.

The aims of the service are to meet the individual, assessed, social care needs of service users and tenants in a professional, courteous and confidential manner. Staff will work with service users to maintain their independence and will respect their dignity and privacy at all times.

All service users are tenants of the houses and receive support services from the staff within the centre, including the option of lunch in the core building.

The Statement of Aims and Objectives states that the service supported elderly and vulnerable people to sustain and develop their independence, by the provision of a range of services.

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 staffing - Grade 4 - Good

Quality of management and leadership - Grade 3 - Adequate

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 a short notice announced inspection. We inspected the service on 23 and 24 February 2016. We provided feedback to the registered manager on 8 March 2016. The feedback included recommendations and areas of improvement 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 (CSQs) to the service, to be given to people who use the service and six were returned completed. We also sent questionnaires to be completed by the staff and four were returned.

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

We spoke with:

- three tenants
- six people who were attending day care or were tenants of Kalisgarth
- family member
- registered manager
- four social care assistants.

We looked at:

- personal support plans of people who use the service
- formal care reviews and records
- participation information, including survey results and the development plan
- accident and incident records
- staff training records

- risk assessments
- notice boards
- newsletters
- health and safety records.

We observed staff interacting with service users, toured the building and had lunch with service users.

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.

We received a completed self assessment document from the service provider. The service provider identified what they thought they did well, some areas for development and any changes they planned.

The service should consider how it can widen the contributions of its various stakeholders in the process of self-evaluation and use the self assessment process in ways that lead to improved outcomes.

Taking the views of people using the care service into account

We met with three service users who were relaxed and comfortable in the privacy of their own tenancies.

We also enjoyed a pleasant lunch with a group of service users, which afforded an opportunity to meet with some of the day attendees.

We received six Care Standards Questionnaires (CSQs) from service users, five of whom "strongly agreed" (one "agreed") that, overall, they were happy with the quality of care received at Kalisgarth. The following views were offered:

"Excellent [care]."

"Sometimes breakfast is quite late but I do understand the staff are sometimes busy."

From our observations we could see that tenants are well supported by staff. We liked the way that all service users could take part in the wider social aspects of the centre, which included attending day care and meeting people from the wider community.

Taking carers' views into account

We met with one carer who was visiting a family member during the inspection. She told us that the staff at Kalisgarth are "fantastic". She said that she "can't sing the praises of the place high enough". We were very reassured by her feedback. She told us she had absolutely no concerns. "When we felt desperate the manager was like a little angel dropped beside us" she added. She rated the service five stars!

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

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual tenants
- Spoke with service users.

The good grade applies to performance characterised by important strengths, which have a significant positive impact.

The provider has a participation statement on public display, which outlines the various ways in which service users could contribute their views, on all aspects of the service. A suggestions box is also located in the foyer.

The service's statement of aims and objectives recognises the rights of service users to "make informed choices and to take risks." The service has also devised an 'expectations' statement which confirms that service users are asked for their "comments or suggestions to improve the care service" and would be "actively involved in the review of their individual care plans."

All of the tenants are given copies of the service's complaints, comments and compliments procedures. There had been no complaints since the previous inspection.

Care Standards Questionnaires (CSQs) had been issued to tenants and feedback included comments like; "Excellent care and support". Four respondents 'strongly agreed' (two others "agreed") that overall they were happy with the quality of care and support provided by the service.

The service's participation statement "aims to encourage service users to be involved in all aspects of care and support".

A 'Tell Us What You Think' questionnaire carried out by the service received the following feedback:-

"Fantastic place, excellent staff".

"Everyone is so kind and helpful".

"Feels wonderful to be cherished".

An overall service development plan had been devised. Most of the issues for development were made on the basis of both formal and informal discussions with service users. The plan highlighted the actions being taken by the service to act on the views expressed by those contributing.

The manager promotes an 'open door' policy and welcomes contributions from the service's various stakeholders.

The setting within the Kalisgarth Care Centre ensured that all service users were

given opportunities to participate in the wider social activities on offer within the unit. Westray-based families could visit their relatives regularly and the unit has a strong ethos to maintain close ties with the wider community - all of which ensure positive outcomes for tenants.

Taking all of the above into account we conclude that the service was performing to a good standard.

Areas for improvement

The service needed to review and update its outdated participation strategy (which is dated 2009).

The service has recently surveyed the views of the staff group about ways in which the quality of care and support could be further improved. The manager needed to collate the feedback, analyse its contents and update the service's action plan, to reflect their suggestions. Future inspection visits will monitor how the service's participation arrangements is leading to improved outcomes for service users. (See Recommendation 1)

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure they collate the feedback from the recent staff survey, analyse its contents and update the service's action plan, to reflect their suggestions about ways in which the quality of care and support could be further improved.

National Care Standards Care at Home. Standard 11: Expressing Your Views and National Care Standards Housing support Services. Standard 8: Expressing Your Views.

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual tenants
- Spoke with service users
- Examined other related documentation.

The good grade applies to performance characterised by important strengths, which have a significant positive impact.

Support plans are developed through discussions with service users, close relatives, if appropriate, and by taking account of the most recent social work assessment. The support plans provide essential details of the individual's health and welfare needs.

Risk assessments are completed and updated including about any moving and transferring issues.

In addition to daily chats and discussions, reviews covering issues of health and wellbeing, took place and these informed how future care is to be supported.

Staff could access the Orkney Health and Care IT systems to download the most up-to-date information of service users' personal circumstances and ongoing support needs. We noted that the provider Orkney Health and Care has set up a working group to develop and introduce a new, standardised care planning format, with a more outcome focus, across the service.

Service users were asked about their personal preferences and choices, which

were recorded. The centre has a strong person-centred ethos of care.

We noted that the service works closely with allied healthcare professionals to ensure the health and wellbeing of service users. Community nurses and GPs visited regularly. We met with a visiting GP who spoke very positively about the care provided at Kalisgarth.

The Care Inspectorate received correspondence from one family that commended the work of the service and spoke very positively about the excellent care provided.

The local MSP has also commended the work of the service.

We met one family member who was visiting the unit. She told us the "staff are fantastic". She told us she had "absolutely no concerns" and that when her family had felt desperate the service's manager "was a little angel dropped beside us". She told us she rated the service "Five stars"!

An examination of our Care Standard Questionnaire returns confirmed that:-

100% of respondents that staff treated them with respect.

100% said the service asked them for their opinions about how it could improve.

100% also told us that their needs and preferences had been detailed in their personal plans

Overall we concluded the service has devised a range of effective practices to ensure it responds to service users' care and support needs using person-centred values.

Areas for improvement

In examining a sample of support plans we thought that more could be done to identify more specific goals and 'desired outcomes' for each tenant. Ways these desired outcomes could be achieved and the timescales allocated to do so, should also be detailed. Daily records needed to evidence what progress is

being made, to achieve the desired outcomes identified within each support plan. The care reviews, we noted, are not always being held on a six monthly basis. The provider must ensure that it fulfils its statutory obligations to convene care reviews within defined timescales. (See Recommendation 1)

Not all of the support plans had a copy of 'getting to know me'. This is an important document, which describes each service user's life history, personal circumstances and individual preferences. The service needed to ensure each support plan had a completed profile.

Kalisgarth Centre provides a range of frozen meals to its various service users. Twice a week freshly cooked meals are made and served on the premises. In considering the service's approach to person-centred care, we thought more could be done to provide more individualised meals and choices that focussed on the individual nutritional needs and preferences of service users. (See Recommendation 2)

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should ensure that support plans should identify more specific goals and 'desired outcomes' for each tenant. Ways these desired outcomes could be achieved and the timescales allocated to do so should also be detailed.

- Daily records needed to evidence what progress is being made to achieve the desired outcomes identified within each support plan.

- Care reviews must be arranged within statutory timescales.

National Care Standards Care at Home. Standard 3: Your Personal Plan and National Care Standards Housing Support Services. Standard 4: Housing Support - Planning.

2. The provider should ensure they review the current meal time arrangements in line with comments in Quality Theme 1, Quality Statement 5 of this report.

Such a review, in examining the current reliance on frozen meals, is expected to consider the provision of more individualised meals and choices that focus on the individual nutritional needs and preferences of service users.

National Care Standards Care at Home. Standard 6: Eating Well.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

The findings in this quality statement are similar to those reported on in Quality Theme 1, Quality Statement 1.

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Areas for improvement

The service needed to review and update its outdated participation strategy (which is dated 2009).

The service should continue to survey the views and suggestions of its various

stakeholders about ways in which the quality of the service's staffing could be further improved.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

The service is performing to a good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager, staff and tenants. We looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation.

The good grade applies to performance characterised by a standard where the strengths have a positive impact on the experience of service users.

The service's manager is committed to ensuring that everyone working in the service has an ethos of respect towards service users and each other. She is well respected and we were told by the staff we met that she has an open-door policy, which ensures that, when issues are raised, they are responded to appropriately.

All of the unit's staff are familiar with the National Care Standards (NCS) and the SSSC Codes of Practice. They strive to maintain the trust and confidence of service users.

Kalisgarth has embedded participative practices, which involve stakeholders in contributing their views and suggestions, to improve the overall quality of care

and support. Staff listen to people living at Kalisgarth, respect their individuality and personal preferences and act on any views expressed.

Staff strive to ensure tenants are offered a personalised service, which reflects their individual needs and aspirations. During the inspection we considered those we met were courteous and polite. It was clear from our discussions with members of staff that they are very committed to providing good quality care to the tenants.

During our discussions with them they told us there was good teamwork at Kalisgarth. They confirmed their colleagues are respectful towards service users and each other.

We recognised the strong ethos of respect throughout Kalisgarth towards service users. We concluded the service is performing to a good standard in respect of this quality statement.

Areas for improvement

The provider should continue to monitor and maintain the good ethos of respect within the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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

The findings in this quality statement are similar to those reported on in Quality Theme 1, Quality Statement 1.

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users.

The good grade applies to performance characterised by important strengths, which have a significant positive impact.

Areas for improvement

The service needed to review and update its outdated participation strategy (which is dated 2009).

The service should continue to survey the views and suggestions of its various stakeholders about ways in which the quality of the service's management and leadership could be further improved.

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

The service is performing to an adequate standard in respect of this quality statement.

We reached this conclusion after we spoke with the manager and members of staff. We also examined relevant documentation.

The adequate grade applies to performance at a basic, but adequate level. The grade represents a standard where the strengths have a positive impact on the experience of service users.

The manager is committed to staff development and staff report how they can access training opportunities from Orkney Health and Care's online training programme.

We found that the staff at Kalisgarth are versatile and have to fulfil a variety of roles to ensure the day-to-day running of the service. They undertake diverse workloads to meet the various registration aspects of the service, which caters for tenants, respite guests and day attendees.

Staff told us that there is "good teamwork". It is clear that they get on well together and communicate in ways which actively supports good practice.

Taking all of the above into account we concluded that, although there is scope for further improvement, the service is performing to an adequate standard in respect of this quality statement.

Areas for improvement

The service has a flat management and staffing structure at Kalisgarth. The manager is deployed on a part-time basis. There is no depute or senior carer to provide on-site leadership in her absence.

We had previously asked the provider Orkney Health and Care to review the management support arrangements at Kalisgarth. We note that arrangements had been put in place, to enable staff at Kalisgarth to contact a duty senior carer at an Orkney mainland care service for advice and support, if and when needed. During the current inspection staff told us that this system, although still relatively new, was inadequate and that advice offered was inconsistent.

The current management structure places a huge onus on the current part-time post holder. This includes a wide range of duties including support planning, care reviews, staff supervision and appraisal, stakeholder engagement, unit development as well as co-ordinating other operational tasks and quality assurance.

Kalisgarth is a much valued service based on the northern Orkney island of Westray. Staff told us they routinely experience difficulty accessing training courses because of their remoteness. We considered there is an impact of geographical and professional isolation.

In this specific quality statement, which looks at how the promotion of leadership values throughout the workforce encourages good quality care, we considered that the absence of management and leadership opportunities was having a negative impact.

Staff supervision arrangements are not fully embedded. This was confirmed from our discussions with staff and from two CSQ returns, both of which "disagreed" that they had regular, individual, supervision with their manager.

The manager is waiting to undertake staff appraisal training before this particular aspect of staff development can be fully rolled out.

We thought that more could be done to delegate key roles to members of staff, to pursue responsibilities as unit champions, to take a lead in specific aspects of care practices. However, this needs to be managed within the unit and the absence of a full-time management presence was impacting on the ability to drive this forwards.

We are raising two recommendations. The first is for the provider to fully review the management and staffing arrangements at Kalisgarth, in line with the comments in Quality Theme 4, Quality Statement 3 of this report, in order to put in place robust local arrangements to ensure the effective running of the service. Such a review is expected to take account of the full implications of three separate registrations across the service. (See Recommendation 1)

We are also asking the provider to look at ways to promote the role of unit champions, to encourage staff to take a lead in particular aspects of care practice, as part of their continuous professional development (CPD). This includes dedicated time to research current best practice guidance via on-line specialist websites and the dissemination of this with team colleagues.

The provider needed to consider how it could more formally, as part of its ongoing staff development, extend the range of management and leadership training opportunities across the social care workforce. (See Recommendation 2)

The provider should also offer professional development award (PDA) training, in the administration of medication, to staff who carry out this function.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should ensure they fully review the management and staffing arrangements at Kalisgarth in line with the comments in Quality Theme 4, Quality Statement 3 of this report, in order to put in place robust local arrangements, to ensure the effective running of the service. Such a review is expected to take account of the three separate registrations across the service.

National Care Standards Care at Home. Standard 4: Management and Staffing Arrangements.

2. The provider should ensure they devise and implement a range of management and leadership training opportunities across the social care workforce.

National Care Standards Care at Home. Standard 4: Management and Staffing Arrangements.

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

Previous requirements

1. The provider must adopt the drafted medication procedures for the care at home service. In doing this the provider also needed to ensure that once formalised there was no potential for confusion between the different elements and practices of the three separate services operating within

Kalisgarth Centre.

This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Timescale: 3 months from receipt of this report.

This requirement was made on 12 March 2015

Draft medication procedures have been formally adopted. In this report we are raising, as an area of development, the need for staff with responsibility to administer medication to undertake training at professional development award (PDA) level.

Met - Within Timescales

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

Previous recommendations

1. The provider to review the current management and staffing arrangements within the service to ensure it is sufficiently resourced.

National Care Standards Care at Home. Standard 4: Management and Staffing Arrangements.

This recommendation was made on 12 March 2015

The provider had put in place additional supports to assist staff in the absence of the part-time manager. We still have concerns about the current arrangements and have raised an amended recommendation about the service's management structure in this report.

2. The provider to review its supporting planning arrangements. Part of the review should include adopting a standardised care plan format with a clear index of contents. Risk assessments should adopt a more individualised and less generic approach to ensure the personal circumstances of each service

user is properly reflected in their care plans.

National Care Standards Care at Home. Standard 3: Your Personal Plan.

This recommendation was made on 12 March 2015

The provider has set up a working group to devise and implement a new service-wide care planning format. The work is ongoing. We have raised a recommendation about care reviews and support planning in this report.

3. The provider to further develop its quality assurance arrangements by ensuring it used robust quality audits to monitor and maintain the current good standards. The provider should ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these.

National Care Standards Care at Home. Standard 4: Management and Staffing Arrangements.

This recommendation was made on 12 March 2015

The provider had drawn up a unit development plan, largely based on feedback from the service's various stakeholders. In this report we have raised a recommendation about the service's current management arrangements. More could be done to put in place sufficient on-site management support to ensure, amongst of other issues, the ongoing work of quality assurance.

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	
12 Mar 2015	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
27 Mar 2014	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
15 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
9 Dec 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed
21 Jan 2011	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
8 Jan 2010	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed

13 Jan 2009	Announced (short notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
-------------	--------------------------	--------------------------------------------------------------------------	--------------------------------------------------

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 iartras.

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.