Alexandra Court Care Home
Care Home Service

332 Edinburgh Road
Carntyne
Glasgow
G33 2PH

Telephone: 0141 770 9955

Type of inspection: Unannounced
Inspection completed on: 23 August 2016

Service provided by: Barchester Healthcare Ltd
Service provider number: SP2003002454
Care service number: CS2007142851
About the service

Alexandra Court Care Home (referred to in the report as “the service”) is registered with the Care Inspectorate to provide care to 60 older people and people with physical and sensory impairment. Fifty seven people (referred to in the report as “residents”) were living at the service at the time of inspection. The service is provided by Barchester Healthcare Ltd (referred to in the report as “the provider”).

The service is located within the Carntyne area of Glasgow. The accommodation is provided over two floors, with stairs and a passenger lift giving access to the upper floor. All residents’ bedrooms are single. Ten bedrooms have an en-suite toilet with wash basin.

Within the building there is a variety of communal spaces which includes lounges, dining rooms and a conservatory downstairs. There are a number of bathrooms and wet floor shower areas throughout the home. There are separate kitchen, laundry and staff facilities.

There is a well maintained enclosed garden and car parking facilities.

Barchester Healthcare states that its aim is to provide a “caring and homely environment for older people providing 24 hour care”.

What people told us

We issued 40 resident and relative Care Standards Questionnaires to the service before the inspection for distribution to residents. This was to offer them the opportunity to share their views about the service. Six residents completed and returned questionnaires to us before the inspection. Questionnaires showed that one resident was strongly satisfied and five were satisfied with the service. They thought staff were respectful, that healthcare needs were met and that staff knew their likes and dislikes. One resident did not know how to raise a complaint and the manager agreed to continue to discuss the process with residents.

A resident commented:
- The staff are very nice. They help me if I need it. They look after me.

Three relatives returned completed questionnaires. These showed they were strongly satisfied with the quality of service.

Comments included:
*“We can go home knowing [residents name] is safe and well cared for, so we can sleep at night. There is an air of life about this home and not a feeling of people waiting to die. There is a high level of care, but really caring common sense when required. We are encouraged to ask about concerns before a problem arises.”*

“Very happy with care staff, kitchen staff and manager. They know what makes [residents name] happy. Always made welcome. The manager knows all residents by name and speaks to them on a daily basis which is very important.”

“Staff who are there at the moment are all wonderful, they are very caring. It does not matter when you go in, a staff member always comes in to see us.”
The volunteer inspector spoke with six residents and five relatives/visitors. The following information details the volunteer’s findings.

Quality of Care and Support:
Views expressed by residents regarding the quality of the service they received were:

“If I have to be anywhere, it’s alright. I’ve got a chair so that I can join in some activities, but feel some staff don’t always ask if I’d like to join in - but they do know what I like.”

“Would rather be at home, not here. Go out for a smoke that’s all.”

“Still feel things haven’t improved. Feel staff don’t care. Join in other activities like bingo and chair exercises.”

“Going out shopping soon. I like that. We have our lunch there, me and another resident and our carers (staff members). I go on other trips. Largs is next. I join in all the activities. Can’t think offhand anything they could do better.”

“It’s very good. They give me enough time - never rush me. I don’t join in the activities - nothing takes my fancy.”

“Care is OK. They do enough for me. I do get out my room and go for my meals in the dining room. Join in the activities, mainly dominoes. Do different things every week.”

Views expressed by the carers regarding the quality of the service their relative received were:

“It’s first class. Staff encourage X and we take X out in the grounds during fine weather.”

“The contrast to X’s previous home is very evident. Can see X is being cared for at a higher and higher standard. X is very settled and has a good connection with the staff.”

“Very happy with the care X gets. We’re delighted with everything. It’s a very homely environment. They (staff) try their best to make it homely. Always ask if you want tea or coffee. The meals are lovely. Staff know X’s likes and dislikes - all the wee things.”

Quality of the Environment:
Views expressed by residents regarding the quality of their environment were:

“I like my room. I find this bedroom has much, much, more space. I’ve got my own bedding, but they supplied the bed. My relative bought my TV and other bits.”

“My room is cosy enough, but can’t smoke in room. They’ve got a smoking shed. Occasionally I get a beer.”

“Doorways can be blocked by other residents who want a smoke. Their chairs are very big ones and difficult to manoeuvre out and in, so staff leave them there - very inconsiderate.”

“They knocked my room from two into one, so I had more space. Got some of my own bits - photos, bedding and TV.”

“I would like to have my room repainted at some time - my relative would do it. I mainly stay in my room. My (visitor) sits on the bed when he visits, but I’m comfortable.”
“Family gets things for me. Happy with the size of my room - wouldn’t like it any bigger.”

Views expressed by relatives on their opinion of the general environment were very positive:

“I see a lot of things (activities) going on when I come in for the residents to do. Always things going on. No complaints about the place at all.”

“X has got a lovely room. They (staff) refurbished X’s room. They are always trying to improve the place. Staff try to get them into the garden when it’s nice. We see plenty of activities - allow for X’s abilities.”

“Can visit anytime time of day, they have an open-door policy. X’s room is always clean and spotless. We brought a fridge for X’s room and keep it stocked with bits X likes. It nice because you get to know all the other residents and their families.”

Quality of Staffing:
The residents I spoke to expressed mixed views on the quality of staff help and interaction, with some residents appearing to be more positive than others, for example:

“The staff are brilliant, can’t fault them. Have same person in to help everyday. Staff sit and chat sometimes in my room.”

“They (staff) come in to give me tea, go to toilet, but they don’t sit and chat - ever. All too quickly in and out. They’re ok - passable.”

“Feel some staff are unhelpful; not very courteous. But, some staff are brilliant.”

“Staff are lovely. My key worker is a lovely person; we get on well. Rest of staff chat and are friendly.”

“Got a good knowledge of how to look after me. It can be different people come in to help me wash and dress. Not sure who my key worker is.”

“Staff are OK, but they’re overworked. Kind enough. Don’t come in and chat, just come in to check in on me.”

Family members I spoke to felt staff were friendly, helpful, and took a positive interest in their relatives’ well being. Comments included:

“Staff are great, even with me. Pleased to see me. I know X’s key worker well, a very nice young girl. They (staff) look after X really well. Whole family are happy.”

“Staff are excellent. Rapport is genuine. They care for X and genuinely like X. They get more out of X than we do.”

“Staff make sure X is allowed to keep to their routine. They all know X, and X’s likes especially food and drink and personal care. All the young staff are lovely.”
Quality of Management:
When residents expressed their views on the quality of the management and their involvement in their care, comments were of a positive and complimentary nature. For example:

“Sometimes senior staff come round. They are good at getting a doctor if I don’t feel well. I know I have a care plan. It’s reviewed regularly and am happy with my care plan.”

“Have a good relationship with the manager.”

“They sit and chat about all my needs. Activity officer asked me what I liked and I told them.”

“I talk to the care assistant, but I’m not sure about a care plan. Don’t really know about or talk to manager.”

“Staff make sure I keep my hospital appointments; they go with me. They review my support with me.”

Views expressed by family members were also very positive regarding the standard of management within the service:

“They (management) notify me straightway if X has any illness or other problems. X the manager is very approachable.”

“Can knock manager’s door anytime. Contact us if X is not well.”

“Manager is very nice. Have an open-door policy. Everyone is nice from the moment you walk in. We are involved in X’s care plan. It’s reviewed regularly and we’re notified immediately if any health issues.”

The volunteer inspectors findings were discussed with the manager and deputy manager at the end of the visit. The manager agreed to take account of these views when developing the service. We also took account of residents’ and relatives’ views during the inspection process.

Self assessment

Each year we ask the manager to complete a self-assessment of the service.

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

The manager’s assessment of the quality of the service mainly corresponded with our findings at this inspection.

Our grading for the Quality Statements reflects the evidence we found during the inspection.
From this inspection we graded this service as:

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Quality of care and support

Findings from the inspection

The service performed at good level for this Quality Theme.

Residents and relatives said they were happy with the quality of service and the care provided.

Residents could be confident that staff were aware of local community healthcare networks and made appropriate referrals for guidance when health concerns arose.

Staff spoke of residents in a warm manner and knew their care needs. This knowledge was not always reflected in care plans which did not always contain accurate, up-to-date information to support staff in delivering consistent care. Plans and risk assessments were not always updated to reflect changing care needs or following accidents such as falls or incidents. While care plans recorded the care needs, strategies were not identified to guide staff in delivering care. Monitoring charts used to record care, such as positional changes, did not influence how care was provided. (See recommendation 1, 2 and 3).

Whilst there were organised activities and an increased focus on individual meaningful activity, for more dependent residents or those who chose to spend time in their bedrooms, there were less opportunities to participate. The activity coordinator demonstrated solid understanding of the positive impact varied activities had on residents’ quality of life and had good ideas about how to promote this. It was too early to see the effect of this. (See recommendation 4).

Significant efforts had been made to reduce noise and create a calm atmosphere. At certain times however, the noise levels remained excessive which could be distressing for residents exposed to this over a prolonged period. (See recommendation 5).

Residents said staff were respectful. Mainly staff provided care in a courteous and genuinely caring way; however residents could not be guaranteed this considerate approach. We saw examples where staff did not protect residents’ dignity when providing care, use disrespectful terminology when referring to residents’ care needs, such as “feeders” and speak openly in public areas about residents’ care needs. The manager agreed to address this as a priority and we will monitor at future inspections.
We will continue the requirement made following a complaint investigation because the timescale for completion had not expired at the time of inspection. (See requirement 1).

In making the decision to monitor progress rather than make a recommendation about some matters we have taken account of the service’s capacity to improve.

Requirements

Number of requirements: 1

1. The provider must demonstrate that systems are in place to assess and meet the health needs of this resident. In order to do this you must:
   - Provide further training and refresher training about using hoists, moving and handling this resident.
   - Ensure a doctor or healthcare professional is contacted promptly when residents become ill or their health is deteriorating.
   - Demonstrate that staff have the necessary skills and experience to assess when this resident requires further assessment or treatment.
This is in order to comply with: SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 15(b)(i) requirement about training.
And taking into account National Care Standards: Care Homes for people with physical and sensory impairment, Standard 4.2: Your environment. And Standard 5.7: Management and staffing. And Standard 9.4: Feeling safe and secure. And Standard 14.8: Keeping well - healthcare. Timescale: to start within 24 hours and be completed within 8 weeks of the receipt of this letter.

Recommendations

Number of recommendations: 5

1. The service should continue to develop personal plans in line with the National Care Standards to ensure they accurately reflect the preferences of individuals regarding their care and support and social needs. Care plans and risk assessment should be reviewed and updated following accidents, incidents or changes to care needs. This is in accordance with the National Care Standards, Care homes for older people, Standard 6 - Support arrangements.

2. It is recommended that the provider should ensure that falls documentation and care plans are fully evaluated and updated when residents experience a fall. This is in accordance with the National Care Standards, Care homes for older people, Standard 14 - Keeping well - healthcare and Standard 6 - Support arrangements.

3. The service provider should ensure that where it is identified a resident requires monitoring charts, including positional charts, that these give a clear record of what care has been provided. National Care Standards, Care homes for older people, Standard 14: Keeping well - healthcare.

4. The provider should ensure that all service users irrespective of ability have opportunity to participate in activities of their choice and which are meaningful to them.
This is in accordance with the National Care Standards, Care homes for older people, Standard 17 - Daily life and Standard 14 - Keeping well - healthcare.

5. The service provider should ensure that staff are made aware of the impact that excessive noise can have on people and implement strategies to reduce noise in the home.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

Grade: 4 - good

Quality of environment

This quality theme was not assessed.

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

The service performed at a good level for this Quality Theme.

The manager and deputy worked well together and had the same vision and commitment to improve the quality of the service. They were very visible around the service and easily accessible by resident, relatives and staff. Their role definitions were clear. The service would benefit from clarity around unit managers’ role. We will monitor progress.

Staff were encouraged to develop leadership skills and be part of the service development. There was recognition this could be improved to reduce reliance on managers making decisions about daily operational issues which were within other staff members’ scope of competency. We will monitor progress.

The management team challenged practice that was not in keeping with the values of the organisation. The service would benefit from developing staff ability in this area. We will monitor progress.

We were pleased that concerns raised were taken seriously. Concerns were fully investigated, robustly recorded and when appropriate, authorities such as the police were contacted. However the Care Inspectorate had not been notified of serious issues involving residents and staff. (See recommendation 1).
A comprehensive quality assurance system was used to measure the service performance in key areas such medication management to identify where the service needed to improve. However, audits had been ineffective in ensuring the cleanliness and safety of the building, which increased risk to residents. For example, access to toilets blocked by equipment, dirty and damaged equipment such as shower chairs and therapeutic chairs and inadequate disposal of waste. These issues were rectified by the end of inspection. (See recommendation 2)

The manager acknowledged that good quality staff supervision needed promoted. The service would benefit from reviewing how staff induction records were stored to provide prompt access by managers. All records needed to be dated and signed to provide a clear audit trail. We will monitor progress.

Following a complaint investigation a recommendation was made about reviewing procedures to ensure staff knew what to do when accidents, incidents or trauma happened. We continue this to give the service time to complete the work involved. (See recommendation 3)

In making the decision to monitor progress about some matters rather than make a recommendation we have taken account of the services capacity to improve.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should ensure compliance with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously. This is in accordance with the National Care Standards Care homes for older people, Standard 5 - Management and staffing arrangements.

2. It is recommended that the provider ensure that the premises are kept clean and hygienic. The environment should be managed in a way that protects residents from avoidable risk of harm, including physical harm and infection. Any audits system to monitor cleaning systems should specify the measures to be taken to check that any required action has been satisfactorily completed. This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

3. Reporting systems and procedures need to be reviewed to safeguard residents and ensure workers know what to do when accidents, incidents or trauma happens. National Care Standards: Care Homes for people with physical and sensory impairment, Standard 3.4: Your legal rights. And Standard 4.2: Your environment. And Standard 5.1: Management and staffing. And Standard 9: Feeling safe and secure.

Grade: 4 - good
Following a complaint investigation the following requirement was made:

The provider must demonstrate that systems are in place to assess and meet the health needs of this resident. In order to do this you must:
- Provide further training and refresher training about using hoists, moving and handling this resident.
- Ensure a doctor or healthcare professional is contacted promptly when residents become ill or their health is deteriorating.
Demonstrate that staff have the necessary skills and experience to assess when this resident requires further assessment or treatment.

This is in order to comply with: SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 15(b)(i) requirement about training. And taking into account National Care Standards: Care Homes for people with physical and sensory impairment, Standard 4.2: Your environment. And Standard 5.7: Management and staffing. And Standard 9.4: Feeling safe and secure. And Standard 14.8: Keeping well - healthcare. Timescale: to start within 24 hours and be completed within 8 weeks of the receipt of this letter.

This requirement was made on 26 July 2016.

Action taken on previous requirement
The timescale for completion of this requirement had not expired at the time of inspection. Nonetheless we saw the service were working toward implementing the requirement, for example by assessing staff ability to move and handle the resident and providing additional training.
We will continue this requirement under Quality Theme 1 in order that the provider has the allocated time to fully implement the requirement.

Not met
What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1
The provider should ensure that all service users irrespective of ability have opportunity to participate in activities of their choice and which are meaningful to them.
This is in accordance with the National Care Standards, Care homes for older people, Standard 17 - Daily life and Standard 14 - Keeping well - healthcare.

This recommendation was made on 10 February 2016.

Action taken on previous recommendation
This recommendation had not been fully implemented. This is discussed under Quality Theme 1.

Recommendation 2
It is recommended that the provider should ensure that falls documentation and care plans are fully evaluated and updated when residents experience a fall.
This is in accordance with the National Care Standards, Care homes for older people, Standard 14 - Keeping well - healthcare and Standard 6 - Support arrangements.

This recommendation was made on 10 February 2016.

Action taken on previous recommendation
This recommendation had not been fully implemented. This is discussed under Quality Theme 1.

Recommendation 3
It is recommended that the provider should ensure that the premises are kept clean and hygienic. The environment should be managed in a way that protects residents from avoidable risk of harm, including physical harm and infection.
This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment.

This recommendation was made on 10 February 2016.

Action taken on previous recommendation
This recommendation had not been implemented. This is discussed under Quality Theme 4.

Recommendation 4
It is recommended that the provider should ensure that the use of equipment that may be considered restraint is fully assessed and clearly documented. There should be clear information detailing the consultation about the use of this equipment and consent.
This is in accordance with the National Care Standards, Care homes for older people, Standard 9 - Feeling safe and secure and Standard 5 - Management and staffing arrangements.
This recommendation was made on 10 February 2016.

**Action taken on previous recommendation**
The provider had implemented this recommendation.

**Recommendation 5**
The service provider should ensure that where it is identified a resident requires monitoring charts, including fluid and positional charts, then these give a clear record of what care has been provided. These records should be reviewed by senior staff on a daily basis to ensure that appropriate support is being provided. National Care Standards, Care homes for older people, Standard 14: Keeping well - healthcare.

This recommendation was made on 10 February 2016.

**Action taken on previous recommendation**
This recommendation had not been fully implemented. This is discussed under Quality Theme 1.

**Recommendation 6**
The service provider should ensure that staff are made aware of the impact that excessive noise can have on people and implement strategies to reduce noise in the home. This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 10 February 2016.

**Action taken on previous recommendation**
This recommendation had not been fully implemented. This is discussed under Quality Theme 1.

**Recommendation 7**
Following a complaint investigation the following recommendation was made:

Reporting systems and procedures need to be reviewed to safeguard residents and ensure workers know what to do when accidents, incidents or trauma happens. National Care Standards: Care Homes for people with physical and sensory impairment, Standard 3.4: Your legal rights. And Standard 4.2: Your environment. And Standard 5.1: Management and staffing. And Standard 9: Feeling safe and secure.

This recommendation was made on 26 July 2016.

**Action taken on previous recommendation**
We will continue this recommendation. This is discussed under Quality Theme 4.

**Recommendation 8**
The manager needs to demonstrate that effective communication systems are in place to ensure families are kept informed when residents are unwell or their health is not improving. National Care Standards: Care Homes for people with physical and sensory impairment, Standard 5: Management and staffing. And Standard 6.1: Support arrangements. And Standard 11: Expressing your views.

This recommendation was made on 26 July 2016.
**Action taken on previous recommendation**
From sampling residents’ files we saw good evidence that families were kept informed when residents became unwell.

We concluded that this recommendation had been implemented.

**Complaints**

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

**Inspection and grading history**

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<td>Care and support: 2 - Weak&lt;br&gt;Environment: 4 - Good&lt;br&gt;Staffing: 4 - Good&lt;br&gt;Management and leadership: 3 - Adequate</td>
</tr>
<tr>
<td>9 Apr 2009</td>
<td>Announced</td>
<td>Care and support: 3 - Adequate&lt;br&gt;Environment: 4 - Good&lt;br&gt;Staffing: 2 - Weak&lt;br&gt;Management and leadership: 4 - Good</td>
</tr>
<tr>
<td>13 Nov 2008</td>
<td>Unannounced</td>
<td>Care and support: 3 - Adequate&lt;br&gt;Environment: 3 - Adequate&lt;br&gt;Staffing: 3 - Adequate&lt;br&gt;Management and leadership: 3 - Adequate</td>
</tr>
<tr>
<td>23 Jul 2008</td>
<td>Announced</td>
<td>Care and support: 3 - Adequate&lt;br&gt;Environment: 3 - Adequate&lt;br&gt;Staffing: 3 - Adequate&lt;br&gt;Management and leadership: 3 - Adequate</td>
</tr>
</tbody>
</table>
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Tha am foilseachadh seo ri fhaighinn ann an cruthannan is càinain eile ma nìthear iarrtas.

This inspection report for Alexandra Court Care Home

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