

## Pittendreich Care Home Care Home Service

Pittendreich House  
Melville Dykes  
Lasswade  
EH18 1AH

Telephone: 0131 660 4073

Type of inspection: Unannounced  
Inspection completed on: 7 February 2017

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Care service number:**  
CS2004062064

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Pittendreich Care Home (referred to in the report as "the service") provides care and accommodation for up to a maximum of 27 older people, to include two individuals under the age of 65. There were 23 residents in the home at the time of the inspection. The home is owned and managed by St Philips Care Limited (referred to in the report as the "provider").

The home is in the countryside close to the village of Lasswade. There are large grounds and gardens which can be viewed from many of the rooms. The home has three floors with a lift and stairs giving access to each floor.

Fourteen bedrooms have ensuite toilet facilities, the rest have a wash hand basin within the room. There are two large sitting rooms that can be joined into one large room for special occasions and events. There is a separate dining room.

The service provider's mission statement states:

"Our service users are encouraged to maintain their preferred lifestyle in their new home environment.

We support resident's choice, freedom, dignity, independence and participation in planning their individual care needs.

Our aim is to meet the needs of the whole person, physically, psychologically, socially, sexually and spiritually by promoting independence of our service users whilst maintaining a safe environment for all."

This inspection focused on following up the requirements, recommendations and areas for development identified at the previous inspection. Therefore this report should be read together with the service's last inspection report dated 13 June 2016.

## What people told us

At the end of November and the beginning of December 2016 we received four completed relatives/carers care standard questionnaires. One strongly agreed with the statement "Overall I am happy with the quality of care my relative/friend receives at this home, two agreed and one disagreed with this statement.

All reported issues with the laundry system. Two reported there were staff shortages at times and two said that personal items, such as toiletries, were not always returned to the individual's bedroom.

We looked at these areas as part of the inspection and discussed them with the service's management team. Actions that the service has and/or will take to address these areas is detailed under the relevant quality theme within this report.

At the time of our inspection there were 23 residents in the home. During our visits we met most of the residents and spoke individually with ten. They told us that they were generally satisfied with the service being provided.

Many of the residents were not able to tell us their views of the service due to the progress of their dementia and/or their frailty. We therefore spent time observing how they spent their time and their interactions with staff so that we could consider the quality of care being provided.

Although we saw many positive interactions between staff and residents we identified that some staff would benefit from further training and support in providing person centred care and/or dealing with residents that become distressed. There was evidence in staff supervision records that the management team had also identified this and additional training was being sourced. We have reported on this further under Quality of staffing.

During our inspection we spoke with six relatives. Overall they were satisfied with the standard of care currently provided, reporting recent improvements in staffing and the addition of an enthusiastic new activities coordinator. They thought the staff worked very hard however four told us that the home had been short staffed over the last few months which meant that staff had little time to interact with residents.

Four relatives commented about the variable standards of cleanliness in the home. We have asked the service to make improvements in this area. All felt that they could speak with the manager if they had any concerns. Examples were given of the manager promptly responding to issues raised.

## Self assessment

The service completed their self assessment form. This gave relevant information relating to each quality theme. The service identified what they thought they did well and gave some areas for future development.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

From the evidence we found at this inspection we concluded that the service performed to an adequate level in the areas covered by this quality theme. Recent improvements in staffing levels and the commitment demonstrated by many of the staff and the management team should enable the service to quickly improve on this grade.

The service was routinely involving residents, relatives, carers and staff in developing the service using a variety of methods to facilitate their involvement. There was evidence that the service responded to the feedback it received.

Both residents and relatives told us that they were generally satisfied with the standard of care and support the service currently provided. However staff shortages during the previous months had meant that staff had until recently limited time to spend with residents. Residents looked well cared for.

A new activities coordinator had recently started and was seen to be making a positive difference in the provision of activities. Training had been planned to help support her in this role.

Each resident had a personal plan which included the completion of a range of health assessment tools which identified key aspects of risk. The potential risks of tissue damage and nutritional wellbeing were carefully monitored. Care plans and communication records were not always promptly updated to reflect change. (See recommendation 1).

Electronic care records were to be introduced to help support staff with the accurate completion of care records.

The use of monitoring charts should be improved to ensure they are effectively used. (See requirement 1).

Dating the opening of prescribed topical preparations such as creams would also help senior staff to monitor the application of these.

Some minor improvements to the completion of medication records and storage of homely remedies were noted. These were brought to the attention of the manager and action was taken to address these.

Where residents are prescribed "as required" medicine, written protocols were not always available. These are helpful in directing staff as to when they should be administered and for monitoring their effect. (See recommendation 2).

## Requirements

### Number of requirements: 1

1. The provider must make proper provision for the health, welfare and safety of residents. In order to do this, the provider must ensure that monitoring charts are accurately completed when identified as needed. This must include residents who require monitoring and recording of their fluid balance, position changes, food intake and oral care. This should include the timely recording of this information to ensure all information is accurate and to allow for corrective action to be taken where identified.

This is to comply with Social Care and Social Work Improvement Scotland, (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1) (a) proper provision for the health, welfare and safety of service users.

This also takes into account National Care Standards, Care homes for older people, Standard 14 Keeping well - health care.

Timescale: The service should send us details of how it is meeting this requirement by 17 April 2017.

## Recommendations

### Number of recommendations: 2

1. It is recommended that the service regularly audits residents' personal plans to ensure that the documentation is consistently completed and updated, particularly following a fall and/or incident.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing.

2. It is recommended that written protocols are made available to help staff decide when to use prescribed "as required" medicine. These should include:

- A description of signs and symptoms that may indicate the need for the prescribed. "As required" medicine.
- The range of interventions to be considered or used before the use of the medicine.
- Guidance on how and where to record the effect of the medication.
- How often the medication and its effects should be reviewed.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing Standard 15 Keeping well - medication.

Also see: Care Inspectorate's Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

From the evidence we found, we concluded that the service was performing to an adequate level in the areas covered by this quality theme. The service should work toward improving this grade.

Since the last inspection some improvements had been made. These included:

- Replacing the locks on the communal toilet and bathing facilities.
- Fitting a new carpet to the corridor leading from the lounges to the bathroom facilities and ensuring more effective cleaning of the lounge carpets.
- Improving signage to help people find their way around the home.
- Improving the completion of cleaning records.

Two recommendations made under this theme at the last inspection were not fully met and therefore remain. (See recommendations 1 and 2).

Resident areas were generally clean with no unpleasant lingering odours. Although cleaning records indicated that a system of regular deep cleaning of all the rooms needed to be established. (See recommendation 3).

There were areas both outside and within the building which would benefit from either repair or refurbishment. We asked that the provider submits an action plan demonstrating their planned improvements. (See recommendation 4).

There were a number of damaged or flip top bins. These were to be replaced by pedal bins to maximise infection control.

Laundry issues had recently been discussed at a relatives' meeting and suggestions for improvement made, including improved labelling. Staff were to be reminded to dispose of washed unlabelled net pants and to label new net pants prior to use to ensure that when they go into the laundry system they can be returned to the correct residents.

At the start of our first visit there were areas of the home where we would expect to see soap, paper towels, disposable gloves and aprons which did not have these items. We reported this to the housekeeper and manager to ensure these areas were addressed as they presented infection control risks. Improvements were made on subsequent checking of these area.

Additional stock has now been purchased and a new check sheet implemented to ensure these areas were regularly checked and supplies topped up. We have asked the service to effectively use environmental audits and checks to ensure this equipment is available and high standards of tidiness and cleanliness, including care of residents toiletries, are consistently maintained. See requirement 1 under Quality of management and leadership.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 4

1. It is recommended that the service keeps an up to date list of slings used with moving and handling equipment in the home to assist in ensuring that equipment checks/servicing is completed.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

2. The service should ensure that all staff are aware of the correct reporting procedure for reporting and following up required repairs.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

3. It is recommended that the cleaning schedules include regular deep cleaning of all rooms and that sufficient support is provided to ensure that these schedules can be followed.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

4. It is recommended that the service develops and submits to us an action plan prioritising the areas of the home that need repair or refurbishment and the timescales that this work is planned to be completed in.

This should include the driveway, the lounge chairs, water damage on the upper floor, damaged flooring outside the staff room, the lounge windows and redecorating of resident areas.

This takes account of National Care standards, Care homes for older people, Standard 4 Your environment.

**Grade:** 3 – adequate

## Quality of staffing

### Findings from the inspection

From the evidence we found, we concluded that the service was performing to an adequate level in the areas covered by this quality theme. Recent improvements in staffing levels and the commitment demonstrated by many of the staff and the management team should enable the service to quickly improve on this grade.

There were many positive comments given about the staff from residents and relatives, including how hard they had worked when they had been short staffed.

New staff had been recruited and inducted in a safe and robust manner to protect residents and staff.

Regular checks were made with the Scottish Social Services Council and Nursing Midwifery Council to ensure that staff were appropriately registered.

The service used a dependency monitoring tool, along with observing practice and listening to feedback to assist with planning staffing.

Systems were in place to monitor the completion of mandatory training and compliance had improved. Staff were also supported through staff supervision.

Staff were to receive training and support on providing person centred care and dealing with residents that become distressed. (See recommendation 1).

The service has employed a number of new and motivated staff. Being new they will need further time and support to consolidate their skills and get to know the residents.

Regular monitoring of practice and continued formal supervision should be used to support staff to consistently work to the provider's expected standards. Actioning the requirement and recommendations made in Quality of care and support and the requirement made in Quality of management and leadership will help the service ensure consistent good standards of care and support.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. Staff should receive training and support on providing person centred care and dealing with residents that become distressed. In actioning this the service should inform us of how and within what timescale staff are to receive this training.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We concluded that the service was performing to an adequate level in the areas covered by this statement. There was not the progress made that we had expected to see in response to the areas of improvement identified at the last inspection visit.

We recognised that staff shortages had impacted on this. However the recruitment of new staff and the commitment demonstrated by many of the staff and the management team should enable the service to quickly improve on this grade.

There was prompt responses and actions by the management team and staff to the areas of improvement reported in the feedback we gave at the end of each of our visits.

Prior to this inspection the service had sent us an updated self assessment document that demonstrated that they were aware of where they needed to improve and had identified some of the actions needed. This is therefore reflected in the grading of this statement.

When we spoke to people using the service they told us they could talk with the manager, whom they named, or one of the nurses about any concerns they had and gave us examples of issues they had raised and how they had been addressed. Many were aware of the difficulties that recent staff shortages had had on the quality of service being provided.

The provider uses a variety of quality assurance systems, some of which involved residents, relatives and carers, in assessing the quality of the service provided. There was good follow up of areas of risk such as weight loss, skin damage as well reported accidents and incidents.

We would have expected that, if used effectively, the service's own audits and checks would have identified the areas for improvement previously reported. We therefore asked the provider to ensure that the service consistently uses effective quality assurance systems to enable areas for improvement to be identified and acted on. (See requirement 1).



The provider should ensure there are systems in place to record and monitor all incidents of physical abuse toward staff by residents who have become agitated and/or distressed in order to ensure appropriate action can be taken. (See recommendation 1).

Actioning the requirements, recommendations and other areas for improvement made in this report will support the service to ensure improved outcomes for people using this service.

## Requirements

### Number of requirements: 1

1. The provider needs to ensure that effective quality assurance systems are consistently used to enable areas for improvement to be identified and acted on. The systems should make provision for any issues found to be highlighted, an action plan made with timescales for any actions required to be taken and outcomes of these actions followed up.

The provider will therefore need to provide additional management support to ensure these improvements are achieved.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users and 15 - Staffing.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

Timescale: The service should send us details of how it will meet this requirement by 17 April 2017.

## Recommendations

### Number of recommendations: 1

1. The provider should ensure there are systems in place to record and monitor all incidents of physical abuse toward staff by residents who have become agitated and/or distressed in order to ensure appropriate action can be taken.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The provider must ensure that staff have been recruited safely and in line with Scottish Social Services Council (SSSC) Codes of practice. In order to achieve this the provider must ensure that recruitment files evidence that the provider's safe recruitment procedures, which includes obtaining a reference from the candidates' present or last employer have been completed and records any additional evidence gathered to support the application.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 9 (1) which is a requirement about fitness of employees.

This also takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements, Safer Recruitment Through Better Recruitment - Scottish Executive 2007 and SSSC Codes of Practice for Social Service Workers and Employers 2011.

Timescale: The service was asked to send us details of how it was meeting this requirement by 9 August 2016.

**This requirement was made on 19 July 2016.**

#### Action taken on previous requirement

The service submitted an action plan, within the required time frame, confirming that the provider's safe recruitment procedures would be followed for all potential new staff. This included obtaining a reference from the candidates' present or last employer and recording any additional evidence gathered to support the application.

At our visit we looked at the recruitment files of four new staff and were able to find sufficient evidence in the files to confirm that safe recruitment practices were being followed. This requirement was met.

**Met - within timescales**

#### Requirement 2

The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within 6 months of commencing in post, carry out work in the care service in a post for which such registration is required.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) 9 Fitness of employees, also Regulation 15 Staffing and Regulation 19 Offences.

In making this requirement the following National Care Standards, Care homes for older people, have been taken into account: Standard 5 Management and staffing arrangements.

Timescale: The service was asked to send us details of how it was meeting this requirement by 9 August 2016.

**This requirement was made on 19 July 2016.**

#### Action taken on previous requirement

The manager confirmed in the service's returned action plan that all staff who required to be registered with the SSSC or another recognised regulatory body were registered. A system was now in place to ensure that all registrations were regularly checked to ensure that they remained current and progress of new registrations was carefully monitored to ensure registration was obtained with the required time frame.

At inspection we were able to confirm that staff were appropriately registered and there was an effective system in place to monitor to ensure ongoing compliance. This requirement was met.

**Met - within timescales**

### Requirement 3

The provider needs to ensure that effective quality assurance systems are consistently used to enable areas for improvement to be identified and acted on. The systems should make provision for any issues found to be highlighted, an action plan made with timescales for any actions required to be taken and outcomes of these actions followed up.

The provider will therefore need to provide additional management support to ensure these improvements are achieved.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users and 15 - Staffing.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

Timescale: The service was asked to send us details of how it was meeting this requirement by 9 August 2016.

**This requirement was made on 19 July 2016.**

#### Action taken on previous requirement

The service's action plan informed us that quality assurance systems were in place and that an additional four hours per week supernumerary time had been allocated to the deputy manager to assist with these quality assurance systems.

At our inspection visit the manager demonstrated how action plans were developed and followed up from the variety of audit tools the service and the provider used to monitor the quality of the service being provided and to identify areas for improvement. Whilst we could see these were effective in a number of areas, such as following up on residents' weight loss or skin damage, they had not been fully effective in addressing a number of other areas.

This included record keeping and consistent provision of hand washing facilities and personal protective equipment. We have reported on these further under the quality themes of this report.

We saw from the duty rotas that at the end of December 2016 and January 2017 that due to staffing shortages, which included the deputy manager leaving, that the manager had frequently had to cover the nurses' shifts herself which meant less time available for management duties. The service had also been without a permanent administrator which also put extra work on the management team.

At the inspection we were able to confirm that the service had recruited additional nurses and the provider was providing additional support to help with management duties. This had already allowed for a number of improvements to be made.

This requirement was not fully met and remains. See Quality of management and leadership.

**Not met**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

It is recommended that the service regularly audits residents' personal plans to ensure that the documentation is consistently completed and updated, particularly following a fall and/or incident.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing.

**This recommendation was made on 19 July 2016.**

#### Action taken on previous recommendation

This recommendation was not fully met and remains. See Quality of care and support.

There were regular audits of the personal plans which had led to some improvements in these records. We saw an example of parts of a resident's personal plan being updated following a fall however the relative's communication section was not completed so it was unclear from the records as to what information had been given to the resident's relative.

There were entries made in a separate folder used for recording clinical notes that we would have expected to result in updates to the personal plan. Following discussion with the manager it was agreed that the use of short term care plans would be helpful in many of these instances and this was implemented.

We were informed that the service was to start using electronic care records which would make it easier for staff to record information as they completed their work and also provide the staff member with a prompt about any additional actions they should take and/or record when they report a particular event.

The system would also notify the management team of important information and/or failure to complete records or checks. It was hoped that the new system would support the staff to fully meet this recommendation.

**Recommendation 2**

It is recommended that the provider review and improve the locks on the communal toilet and bathing facilities to ensure that residents safety is not compromised.

This takes account of the National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

**Action taken on previous recommendation**

This recommendation was met. The locks on the communal toilet and bathing facilities had been replaced with locks which could be opened from the outside in the event of an emergency.

**Recommendation 3**

The service should complete a risk assessment on the provision of tall furniture, including wardrobes. Appropriate action should be taken to reduce the risk of these items tipping over where a risk is identified.

This takes account of the National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

**Action taken on previous recommendation**

This recommendation was met.

The service advised us that following the last inspection visit a risk assessment was completed on the provision of tall furniture including wardrobes. This resulted in the one wardrobes that was not found secured to the wall being secured.

At this inspection we found that this wardrobe remained secured to the wall.

**Recommendation 4**

It is recommended that the service keeps an up to date list of slings used with moving and handling equipment in the home to assist in ensuring that equipment checks/servicing is completed.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

**Action taken on previous recommendation**

This recommendation was not fully met and remains. See Quality of environment, recommendation 1.

The sling check list had been updated to include the slings that had previously not been on the list. However from the last six monthly service record that confirmed that the equipment being used was safe to use and in keeping with Lifting Operations and Lifting Equipment Regulations (LOLER), we saw that two slings had failed the check.

Whilst these had been replaced with new slings we would have expected that the service's own routine checks would have identified that they should be removed from use before the six monthly check. The service planned to introduce monthly checks and record the outcome of these.

## Recommendation 5

The service should ensure that all staff are aware of the correct reporting procedure for reporting and following up required repairs.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

### Action taken on previous recommendation

This recommendation was not fully met and remains. See Quality of environment, recommendation 2.

From the repairs log we saw that reported repairs were promptly dealt with. However we noted a number of repairs and/or the need to replace damaged items that were not logged. Whilst we recognise that some repair may be reported verbally and actioned we noted that this had not been the case with the examples we found.

## Recommendation 6

It is recommended that the replacing of the carpeting of the lounges and the corridor leading from the lounges to the bathroom facilities is included in the service's refurbishment plan. This will greatly improve the appearance of these areas.

This also takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

### Action taken on previous recommendation

There was sufficient improvement to indicate that this recommendation was met.

The corridor carpet leading from the lounges to the bathroom facilities, which had been badly stained, had been replaced. Although the lounge carpets had not been replaced we saw from cleaning records that these were being regularly shampooed and appeared much cleaner than at the previous inspection therefore improving the appearance of these areas.

## Recommendation 7

It is recommended that the service reviews the signage in the home to help people find their way around the home.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

**This recommendation was made on 19 July 2016.**

### Action taken on previous recommendation

There was sufficient improvement to indicate that this recommendation was met.

Some new signage had been installed since our last inspection. This made it easier to find each bedroom.

The management team recognised that depending on residents' needs additional signage may be needed in the future and they agreed to continue to monitor this.

In identifying further improvements we directed the service to the good practice tool "The King's Fund Enhancing the Healing Environment Care Home Assessment tool" which helps service's to develop a more supportive environment for people with dementia.

## Recommendation 8

It is recommended that the service keep a copy of initial inductions in staff members' files to evidence that an appropriate induction has been completed.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

**This recommendation was made on 19 July 2016.**

### Action taken on previous recommendation

This recommendation was met.

A copy of new staff member's initial induction was seen within their staff file.

## Recommendation 9

It is recommended that the provider updates its complaints procedure so that it has the current contact details for the Care Inspectorate and responds to the complainant within 20 working days after the date on which the complaint was made.

This takes account of National Care Standards, Care homes for older people, Standard 1 Informing and deciding and Standard 5 Management and staffing arrangements.

**This recommendation was made on 19 July 2016.**

### Action taken on previous recommendation

This recommendation was met.

The complaints procedure had been updated and now recorded the current contact details for the Care Inspectorate, the current regional manager for the service and the correct timescale in which we would expect the provider or service to respond to complaints.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings	
13 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Jan 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
10 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
10 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
23 Jan 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
13 Nov 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Oct 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	3 - Adequate



Date	Type	Gradings	
		Management and leadership	2 - Weak
13 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed 2 - Weak Not assessed
28 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak Not assessed 2 - Weak
21 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak Not assessed 2 - Weak
4 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
15 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate Not assessed Not assessed
24 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good Not assessed
14 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed Not assessed
20 Jul 2010	Announced	Care and support Environment Staffing	3 - Adequate 4 - Good 4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
6 May 2010	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
18 Jan 2010	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
13 May 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Jan 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Aug 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan 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۔

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