

## Merse House Care Home Service

Merse Avenue  
Kirkcudbright  
DG6 4RN

Telephone: 01557 332250

Type of inspection: Unannounced  
Inspection completed on: 28 February 2017

**Service provided by:**  
Community Integrated Care

**Service provider number:**  
SP2003002599

**Care service number:**  
CS2003010796

## 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 has been registered since 2002.

Merse House is a 32 bedded care home for older people and was purpose-built in 1977 and has been refurbished and extended in recent years. It is rurally located on the outskirts of the small fishing town of Kirkcudbright. The home overlooks the harbour and estuary.

All residents accommodation is situated on the ground floor and all residents bedrooms are single rooms and have en-suite toilet and sink facilities. There are a number of small sitting and dining areas throughout the home, with a separate lounge and dining room near the front of the house. The home uses the small group living areas to promote quieter and relaxed mealtimes.

The service aims, purpose and functions and philosophy of care clearly state and give information regarding the service provided at Merse House. They state that the service will provide the best possible care that can be provided, meeting the assessed needs within the resources at their disposal.

## What people told us

We asked the service to distribute Care Standards questionnaires to service users, relatives and staff. In June 2016, 11 were returned from service users, 5 of whom strongly agreed and 6 agreed that overall they were happy with the quality of care. At this time 6 relatives responded, 4 strongly agreed and 1 agreed that they were happy with the equality of care. One individual was not happy with the quality of care they received, there were no contact details so we were unable to follow this up.

During this inspection we received 2 Care Standards questionnaires. Both questionnaires indicated overall satisfaction with the quality of care. One response indicated that the resident felt secure and was warm and well fed. The second questionnaire concluded that the residents was "well cared for by the staff". This relative commented that they thought the staff should be more observant of possible healthcare issues. They felt that they noticed issues before the staff. They also commented that clothing was well cared for, but their relative did not always have their own clothes. We highlighted this to the service management.

We spoke with four residents. One individual spoke of feeling settled and content. They noted an improvement in the morale of the staff recently. They were happy with their bedroom. They confirmed that the food was fine and there was a choice and alternatives were available if the menu was not to their liking. They felt that they were well looked after and supported to get appropriate input from health care professionals. The management and staff were considered to be responsive. They considered most were caring.

Another residents we spoke with commented positively about the service. They were happy with their room and the meals served. They told us they had attended the hairdressers.

Two ladies chatted with us. They also spoke well of their care arrangements, accommodation and meals.

## Self assessment

The self assessment identified areas where the service thought they performed well. Areas where improvements could be made were also highlighted. Overall, we did not concur with the services self awarded grades.

## 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

The service used personal outcome plans and specific risk assessments to assess aspects of individuals health needs. Managers had audited these and were aware that they required immediate improvement. Training had been scheduled to support the staff to make improvements. We have repeated two related recommendations and one requirement. (See requirement 1 & recommendations 1 & 2). Staff had requested input from health professionals, this included GP, district nursing team, dentist, dietician, optician, podiatrist etc. However, completion of professional visit records should also be improved. Daily notes were made, these required to be more informative of each persons presentation and wellbeing. The management planned to combine separate notes kept by carers and senior carers.

Improvements were needed to how medications were ordered to ensure that stock was well-managed. We found some gaps in medication administration records, these should be completed in full. This included prescribed creams and lotions. (See recommendation 4). Improvements were also needed in the direction given to staff about administering prescribed creams and other topical preparations. We have repeated a requirement about this. (See requirement 1). The management planned to introduce a more person-centred approach to administering medications. This was to be achieved by storing medication within a secure cabinet in individual bedrooms and administering medication in accordance with each persons daily routine. Training was planned and appropriate equipment available to facilitate this.

Overall, we found the management of individuals who required an energy dense diet should be more structured and clearly evidence the extent of the support offered. This includes ensuring that prescribed meal supplements are given as directed. Well completed medication administration charts and food and fluid intake records would support this. The management team planned to introduce regular nutrition meetings and appoint a nutrition champion to support improvement in this area. We have repeated a previous recommendation about the use of the MUST nutritional assessment tool. (See recommendation 5 & 6)

A "Waterlow" tool was used to assess people's risk of developing pressure sores. These should be updated monthly. Personal plans lacked detail in each persons skin care needs. (See recommendation 7).

We have repeated a recommendation about implementing the 'Managing Falls and Fractures in Care Homes for Older People' resource. (See recommendation 8). A new system to analyse accidents/falls trends was planned.

The service did not employ dedicated activity staff to provide a programme of activities. This was the responsibility of care staff. We observed service users playing dominos, watching TV and enjoy having their hair done. We heard about weekly activities within the local community enjoyed by some of the residents. The manager spoke of some very person-centred activities, however, overall, we found it difficult to measure the extent of activities within the service. The provider should make improvements to record keeping to ensure that service users have access to regular meaningful activities linked to their previous or expressed interests. To achieve this the provider should ensure that all staff involved in activities have their skills and knowledge updated to ensure activities reflect current good practice, particularly for individuals living with dementia. We have repeated a recommendation relating to this. (See recommendation 9).

We saw that a dependency tool had been recently implemented to assess levels of need. Observations had been completed and managers planned to increase staffing levels overnight and in the mornings. Additional staff were being recruited to facilitate this. This should be progressed as a matter of priority. Three staff who completed questionnaires indicated that they disagreed that all staff treat people who use the service with respect. We spoke with two of these individuals who explained that they felt that the pressure of work sometimes presented in some people's tone or pace of work rather than an intentional action. We shared this with the management.

The service planned to implement "Active Resident Care" to support positive outcomes for service users. This is a more person-centred approach to care delivery. The management had arranged for training and support from external health colleagues to implement this.

## Requirements

### Number of requirements: 1

1. The service provider must ensure that when residents are prescribed creams or ointments, a corresponding care plan is developed and implemented which must be subject to regular review. The care plan should provide adequate information and instructions for care staff, for example:

- the condition the medication has been prescribed for
- start date
- who prescribed it
- where it is to be applied
- how long it is to be used for
- when it is to be reviewed.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210 Regulation 4(1)(a) Welfare of user

**Timescale for meeting this requirement: within one month of receipt of this report.**

## Recommendations

### Number of recommendations: 9

1. The manager should ensure that all service user's personal outcome plans are further developed to identify each service user's outcomes for their care provided.

National Care Standards, care homes for older people – standard 6: support arrangements.

2. The provider should ensure that all monthly evaluations of the different assessments are always undertaken. The core support plan should always be revised accordingly where there is a change to an assessment.

National Care Standards, care homes for older people – standard 6: support arrangements.

3. The manager should ensure that where a resident requires cream to be administered that these are always recorded by care staff in conjunction with the correct support plan for the cream/ointments.

National Care Standards, care homes for older people – standard 6: support arrangements and standard 5: management and staffing arrangements.

4. The service should operate a medication recording system in accordance with recommended best practice. To do this the service should adhere to the following:

- Prescribed medication must be available for administration and given in line with the prescriber's instructions;
- Maintain accurate records of all medications received, administered, rejected and returned to pharmacy.

National Care Standards, care homes for older people – standards 15: medication.

5. The provider should introduce the malnutrition universal screening tool (MUST) for all residents' nutritional needs and provide training to the staff team for its use.

National Care Standards, care homes for older people – standard 6: support arrangements.

6. The service provider must implement a planned and consistent approach to nutritional assessment and management of unplanned weight loss and modified diets. In order to achieve this they must:

- Ensure that formal risk assessment for nutrition is carried out monthly
- Ensure that care plans provide clear direction to staff in how assessed care needs are to be met
- Where dietary and fluid intake is being recorded records completed accurately and in full.

National Care Standards, care homes for older people – standard 6: support arrangements.

7. The service provider must implement a planned and consistent approach to skin care and pressure area management. In order to achieve this they must:

- Ensure that formal risk assessment (Waterlow) is accurate and reviewed monthly
- Ensure that care plans provide clear direction to staff in how assessed care needs are to be met. This should take into account the frequency of positional changes, pressure relieving equipment required and any prescribed creams or topical applications needed.

National Care Standards, care homes for older people – standard 6: support arrangements.

8. The manager and senior team should look at using the 'Managing Falls and Fractures in Care Homes for Older People' produced by the Care Inspectorate and NHS Scotland to further enhance residents' lives living at Merse House.

National Care Standards, care homes for older people – standard 6: support arrangements.

9. The manager should further investigate how meaningful activities can be developed in the home. These should link into the current information in the personal outcome plans with regard to residents' interests.

National Care Standards, care homes for older people – standard 6: support arrangements.

**Grade:** 3 – adequate

## Quality of environment

### Findings from the inspection

The accommodation was bright and spacious. The overall appearance of the home and the standard of housekeeping was adequate and mainly odour free. One lounge was temporarily closed to investigate an odour from suspected water penetration. All bedrooms were single with en suite toilets and wash hand basins, they were nicely personalised. Residents could choose from a number of lounge and dining areas. Assisted bathing and showering facilities were available. There was a call alarm system for residents to summon assistance from staff.

A redecoration programme was underway and further improvements were planned. These should be progressed. The Kings Fund Environmental Audit tool had been used to assess how dementia friendly the care home was. Future improvements should take into account the findings from this and best practice guidance in the field of dementia care.

There was a secure garden area. The manager had engaged community support to make improvements to the outside space for residents to enjoy in the better weather.

Arrangements were in place for checks and servicing of equipment. The manager planned to follow-up paperwork to confirm that moving and handling slings were safe for use.

On entering the service both front doors were unlocked. We were concerned about the security and safety of the residents. We understand that the inner door is usually locked and a suitable locking mechanism is awaited for the outer door (see recommendation 1).

We were concerned about service users having access to an unattended kettle in a lounge area and a hot hair curling wand in the hairdressers. The manager agreed to address this to promote a safe environment for vulnerable individuals (see recommendation 2).

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. Security arrangements at the entrance area should be improved as planned.

National Care Standards, care homes for older people – standard 4: your environment.

2. To promote the safety of vulnerable service users the provider should ensure that potentially hazardous items are not accessible.

National Care Standards, care homes for older people – standard 4: your environment.

**Grade:** 3 – adequate

## Quality of staffing

### Findings from the inspection

During the inspection staff were pleasant and cooperative. They were seen to engage well with the residents in their care.

We found staff recruitment processes to be satisfactory. Residents had enjoyed being part of the interview process.

The management had a system to check staff were registered, as required, with Scottish Social Services Council (SSSC).

A recommendation about inducting new staff had been met, however, we discussed that the induction programme could be improved by implementing a more structured approach to evidencing that competency had been achieved in specified key tasks.

The manager had conducted group supervision sessions about expectations in key areas. A new one-to-one staff supervision and appraisal system was being implemented. We have repeated recommendations made about this as the system was not fully established (see recommendations 1 & 2).

The provider was about to implement a new electronic learning system. We have repeated a recommendation about this and about the need to ensure staff who require SVQ training for their SSSC registration attain this by the required date (see recommendations 3 & 4).

There was a programme of dementia training, however, we have repeated a recommendation as a number of staff were still to complete the SSSC & NHS Educating for Scotland – 'Dementia Skilled' training including training in activities suitable for people with dementia (see recommendation 5).

The provider recorded mandatory training on an electronic training matrix. This showed that moving & handling, behaviour that may challenge, adult support & protection, medication, and whistleblowing training had been completed. We thought that the mandatory training was limited.

The manager planned to record additional training such as fire safety, health & safety, mouth care, eye care, infection control, food hygiene, continence care, multiple sclerosis, SSSC - codes of practice and medication on a separate training matrix. This would allow management to have an overview of training completed by each staff member (see recommendation 6).

The manager had a training plan to take account of training in other areas nutrition, health and safety and fire warden.

## Requirements

**Number of requirements:** 0



## Recommendations

### Number of recommendations: 6

1. The provider should consider the introduction of a staff appraisal system to complement the staff supervision process.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

2. The provider should look at developing how residents/relatives are involved with and commenting on how staff undertakes their work with them. This would be important when it comes to staff supervision and annual appraisals.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

3. Community Integrated Care should provide support to the management team to ensure that the learning and development coordinator can introduce the new e-learning training into the home and the staff team.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

4. Community Integrated Care should inform the service and staff of the process for ensuring that staff who require SVQ training for their SSSC registration attain this by the required date.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements. .

5. Community Integrated Care should ensure that all staff have up-to-date training on working with people with dementia. SSSC & NHS Educating for Scotland - 'Dementia Skilled' training including training in activities suitable for people with dementia.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

6. The provider should improve training records. This may be achieved by extending the existing training matrix to record all training attended by each member of staff.

National Care Standards, care homes for older people - standard 6: support arrangements and standard 5: management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Overall, there were a range of improvements required within Merse House. We were assured of an immediate management response to address these. Since the inspection the management have shared their improvement plan with us and plan to update this fortnightly to allow us to monitor progress.

To facilitate improvement the provider gave a short-term voluntary commitment to accepting no further residents until they felt that they had made positive changes.

The management team presented as motivated to improving outcomes for residents at Merse House. There was a new external manager who offered very good support to the service manager and staff. Staff commented positively about the improvements the new management team had made. The managers had completed various internal audits and monthly clinical governance reports which gave them an understanding of some areas where improvement was required. The management team were aware of the need to develop robust quality assurance processes to ensure that the desired improvements were attained and sustained (see recommendation 1).

Quality surveys and a meeting schedule were in place. This supported management to communicate with and gather feedback from staff residents and relatives.

A resident of the day initiative was to be introduced to inform quality assurance processes and promote positive outcomes for service users.

The provider had revised the participation strategy as recommended at the previous inspection and met two recommendations about completing questionnaires and requesting the views of residents and relatives/carers for helping to complete the self-assessment.

A previous recommendation about the safekeeping recording system was also met.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should implement appropriate quality assurance processes to detect areas of non compliance and inform positive change.

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 service provider must ensure that when residents are prescribed creams or ointments, a corresponding care plan is developed and implemented which must be subject to regular review. The care plan should provide adequate information and instructions for care staff, for example:

- the condition the medication has been prescribed for
- start date
- who prescribed it
- where it is to be applied
- how long it is to be used for
- when it is to be reviewed.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210 Regulation 4(1)(a) Welfare of user

**Timescale for meeting this requirement: within one month of receipt of this report.**

**This requirement was made on 18 January 2016.**

#### Action taken on previous requirement

Care plans required to be updated to reflect people's holistic needs, including skin care interventions. Topical medication records were in use. These gave variable levels of direction to staff about the site and frequency creams were to be applied. Administration records were sporadically completed. Improvements were required.

This requirement is: repeated.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The manager should ensure that all service user's personal outcome plans are further developed to identify each service user's outcomes for their care provided.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

We found that significant improvements were required to personal outcome plans to offer staff clear direction about how to meet people's holistic care needs. Input from the services quality manager had been sought to support this improvement.

This recommendation is: repeated. Please see quality theme 1.

## Recommendation 2

The provider should ensure that all monthly evaluations of the different assessments are always undertaken. The core support plan should always be revised accordingly where there is a change to an assessment.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

Evaluations of support plans and monthly assessments were not being completed. A number of support plans had not been evaluated for a significant period of time and were not reflective of the individuals presentation. The management team were aware that immediate improvements were required. We were given assurances that priority would be given to this issue.

This recommendation is: repeated. Please see quality theme 1.

## Recommendation 3

The manager should ensure that the participation strategy for the home is revised and updated to reflect the current practice in the home.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

The participation strategy involved a newsletter, meeting schedule, general satisfaction survey, menu questionnaire and formal care review process. We noted that service users had enjoyed participating in interviewing candidates who were seeking employment as care staff. Relatives were included in a garden improvement project.

This recommendation is: met.

## Recommendation 4

The manager and senior team should look at using the 'Managing Falls and Fractures in Care Homes for Older People' produced by the Care Inspectorate and NHS Scotland. To further enhance residents lives living at Merse House.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

The provider had arranged for staff training on this resource. Unfortunately it was cancelled and was to be rescheduled. This remains unmet.

This recommendation is: repeated in quality theme 1.

#### Recommendation 5

The provider should introduce the Malnutrition Universal Screening Tool (MUST) for all residents nutritional needs and provide training to the staff team for its use.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

The provider had asked the dietician to conduct a nutritional audit and provide training to the care staff team on the use of this nutritional risk assessment tool. Some staff had still to attend training and the use of the assessment tool fully implemented.

This recommendation is: repeated in quality theme 1.

#### Recommendation 6

The manager should further investigate how meaningful activities can be developed in the home. These should link into the current information in the personal outcome plans with regard to residents' interests.

National Care Standards, care homes for older people – standard 6: support arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

The quality of personal planning regarding meaningful activities and records of outings, group activities and one-to-one time with staff required to be improved to evidence the extent of socialisation opportunities.

This recommendation is: repeated in quality theme 1.

#### Recommendation 7

The manager should review and revise the current safekeeping recording system in the home. This should record items placed for safekeeping and items return from safekeeping as required.

National Care Standards, care homes for older people – standard 6: support arrangements and standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

This recommendation is: met.

## Recommendation 8

The provider should look at developing how residents/relatives are involved with and commenting on how staff undertakes their work with them. This would be important when it comes to staff supervision and annual appraisals.

National Care Standards, care homes for older people – standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

### Action taken on previous recommendation

The provider planned to implement a new staff development process. This included a supervision/appraisal system that included involvement from service users/relatives.

This recommendation is: not met and is repeated in quality theme 3.

## Recommendation 9

The provider should look at how the home can request the views of residents and relatives/carers for helping to complete the self-assessment for the Care Inspectorate inspection process.

National Care Standards, care homes for older people – standard 11: expressing your views.

**This recommendation was made on 18 January 2016.**

### Action taken on previous recommendation

This recommendation is: met.

## Recommendation 10

The provider should consider the introduction of a staff appraisal system to complement the staff supervision process.

National Care Standards, Care Homes for older people – standard 5: management and staffing.

**This recommendation was made on 18 January 2016.**

### Action taken on previous recommendation

Appraisal documentation was available for implementation.

This recommendation is: not met and the recommendation is repeated. Please see quality theme 3.

## Recommendation 11

Community Integrated Care should provide support to the management team to ensure that the learning and development coordinator can introduce the new e-learning training into the home and the staff team.

National Care Standards, care homes for older people – standard 5 – management and staffing arrangements

**This recommendation was made on 18 January 2016.**

### Action taken on previous recommendation

The provider planned to implement an e learning system.

This recommendation is: not and met and therefore repeated in quality theme 3.

### Recommendation 12

Community Integrated Care should ensure that all mandatory and refresher training is up-to-date as required.

National Care Standards, care homes for older people – standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

The provider had a limited list of mandatory training subjects. Training records showed that training had been completed in these areas.

This recommendation is: met, however we have made additional comments about "non mandatory" training records in quality theme 3.

### Recommendation 13

The manager should ensure that the Community Integrated Care staff induction form is completed by the set times as identified on the induction form. Where the corporate induction has changed these time limits, then Community Integrated Care should revise the form accordingly.

National Care Standards, care homes for older people – standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

This recommendation is: met.

We have made additional comment about the staff induction process in quality statement 3.

### Recommendation 14

Community Integrated Care should ensure that all staff have up-to-date training on working with people with dementia. SSSC & NHS Educating for Scotland – 'Dementia Skilled' training, including training in activities suitable for people with dementia.

National Care Standards, care homes for older people – standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

#### Action taken on previous recommendation

Some of the staff had attended this training.

This recommendation is: repeated. Please see quality theme 3 until the remainder of the staff team have been included in this training programme.

### Recommendation 15

Community Integrated Care should inform the service and staff of the process for ensuring that staff who require SVQ training for their SSSC registration attain this by the required date.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

This recommendation is: outstanding and therefore, repeated. The management assured us that priority was being given to this matter. Please see quality theme 3.

## Recommendation 16

The manager should ensure that where a resident requires cream to be administered that these are always recorded by care staff in conjunction with the correct support plan for the cream/ointments.

National Care Standards, care homes for older people - standard 6: support arrangements and standard 5: management and staffing arrangements.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

Improvements in the quality of personal planning and completion of topical medication administration records requires improvement.

This recommendation is: repeated. Please see theme 1 of this report.

## Recommendation 17

The provider should ensure that the residents/relatives/stakeholder/staff questionnaires are completed as required.

National Care Standards, care homes for older people - standard 11: expressing your views.

**This recommendation was made on 18 January 2016.**

## Action taken on previous recommendation

Questionnaires had been distributed. When returned the responses were to be collated and feedback used to inform the service development plan.

This recommendation is: met.

## 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	
26 Nov 2015	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
19 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
17 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
10 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
21 Jan 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Aug 2010	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Feb 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good Not assessed
14 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 4 - Good
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
10 Oct 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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