

Streets Ahead (East) - Care at Home/Housing Support Housing Support Service

41 Bridge Street
Galashiels
TD1 1SW

Telephone: 01896 824411

Type of inspection: Unannounced
Inspection completed on: 9 March 2017

Service provided by:
Streets Ahead (Borders)

Service provider number:
SP2003001977

Care service number:
CS2004076952

About the service

The service has been registered since 2004.

At the time of this inspection 40 people were using the service. Some people received twenty four hour support and visiting support was also provided to other people who had individual hours of support each week based on their specific needs. The service is provided throughout the Scottish Borders and Northumberland in the areas of Duns, Eyemouth, Berwick, Jedburgh, Peebles, Galashiels and Earlston.

The service provides person centred support to people supported in their own homes or in their family home. An out of hours on call service was also provided.

What people told us

Comments from service users on questionnaires returned to us included;

"Workers support me to get my monies. I make decisions on where to visit and which places I like to go during my support times".

"I like my support staff they help me get out and about".

"Staff let me make choices in what I do in my support times".

"I get two hours support for 6 days a week. I enjoy going out for walks, drives and going out for dinner".

"They listen to how I am and if I have problems they try their best to help me solve them".

Families comments on behalf of their relative included;

"There has been a high turnover of staff but this has not affected his care".

"Support plan has details of when I like to get up in the morning, what I like to eat, where I like to go, what I do and where I go banking".

"My plans are all written in my file and staff always ask how I feel about myself and make sure I am always happy. My sisters have a review twice a year with senior staff just to make sure all is well".

"Staff take me for new things for my room which I enjoy. They also take me to my brother's house once a month for a visit. My sisters are always welcome and come to take me out. Staff always make sure I am ready for visits and anywhere I am going".

"There are always staff in the house 24 hours a day and I can share with them how I feel".

"I am treated like a king!. Staff make sure my food is pureed for me so it is safe for me to eat".

"There are core staff who are usually with me. Sometimes we get new staff and I take some time to get to know them. There are always enough staff to look after me and take me where I want to go".

"I really like where I live. I am happy here".

"...(name) stays in his own flat with 24 hour care and is very happy".

"... (name) has a very good bunch of staff who he gets on well with".

"The staff know very well how to handle his needs".

"...(name) has the same staff most of the time and is introduced to new staff gradually".

"Great service! He is a happy young man and staff are fab!"

Self assessment

We did not receive a self-assessment from the provider. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered below.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Long term staff knew the people they supported very well including their care needs, likes, dislikes and daily routines. We observed staff to have good relationships with service users and interact in a kind and respectful manner.

We made two recommendations at the last inspection about support plans and risk assessments which the service has not met. These have been incorporated into requirements in this report.

Many people had complex health and support needs that require a high level of support in most areas of their daily lives. Support plans did not contain adequate, up to date information on how to support them to meet their needs in a safe way. Some people supported by outreach did not have support plans in place and staff were unsure of the support to be carried out.

We saw that some service users were at risk if they were not supported in the right way, for example, to eat and drink, take their medication, to mobilise or when they became anxious. To ensure the risk is reduced, there need to be risk assessments in place to inform staff how to keep people as safe as possible.
(See requirements 1 & 2)

The service needs to improve the way in which people are supported to take their medication to ensure this is carried out safely and to promote positive healthcare outcomes.
(See requirement 3)

The service need to improve the way they have oversight of people's healthcare needs. Any concerns or changes to individual's needs were recorded in a diary which made it difficult to monitor. It was difficult to see how some service users were being supported with specific healthcare needs, such as diabetes, epilepsy, weight management or food/fluid intake.
(Requirement 4)

The amount of support people receive varies depending on their individual needs, however there was no clear information to tell us the support each person should get. The outcome was that some service users were not receiving the right amount of support they should have. Visits to service users from the outreach service were often being missed which potentially placed them at risk.
(See requirement 5)

We have repeated a recommendation about capacity, risks and restraints from the last inspection.
(See recommendation 1)

Requirements

Number of requirements: 5

1. The Provider must ensure that each service user has an accurate, up to date personal plan, which sets out how the service user's health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed;

- (i) when requested to do so by the service user or their representative or
- (ii) when there is a significant change in a service user's health, welfare or safety needs and
- (iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 14 May 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 4 Management and staffing; Standard 3 - Your personal plan.

2. The Provider must ensure that where there is an identified risk to service users or staff, that risk assessments are fully and accurately completed. To achieve this, the provider must take action to;

- Identify and record all risks to service users and/or staff.
- Clearly define how each risk will be managed and evaluated.
- Ensure all staff are aware of individual identified risk measures in place to reduce this risk.
- Monitor and review risk assessments for effectiveness on a regular basis.
- Ensure that where appropriate, service users, family, and members of the multi-disciplinary team are fully involved throughout the process.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 30 April 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 4 Management and staffing; Standard 3 - Your personal plan.

3. The Provider must review the current medication procedures in place to ensure the health, welfare and safety of service users. To achieve this, the Provider must take action to;

- 1) Ensure a complete, accurate and consistent auditable record of all prescribed medicines entering, administered or destroyed, and leaving the service. (The audit trail and stock control should be enhanced by recording on the MAR the amount of medication received or carried forward to the start of each new cycle).
- 2) Ensure that the Medication Administration Recording (MAR) chart are signed each time the medication is given.
- 3) Ensure protocols for "as required" medication are dated, contain details of dosage to be administered, intervals between administration, maximum dosage over 24 hours, and are regularly reviewed by the relevant healthcare professional.
- 4) Ensure specialist advice is sought from the pharmacist to determine how medication can be safely administered in an alternative format.
- 5) Ensure a medication support plan is developed for each service user and that this is regularly monitored and reviewed. This must include the application of any creams or lotions.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 31 March 2017.

In making this requirement the following National Care Standards, Care at home, have been taken into account - Standard 8 Keeping well - medication.

We signposted the Manager to the following best practice guidance;

"Guidance about Personal plans, Review, Monitoring and Record Keeping in Residential Care Services".

<http://www.careinspectorate.com>

"The Handling of Medicines in Social Care"

<http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>.

4. The Provider must make proper provision for the health, welfare and safety of all service users. To achieve this, the provider must take action to;

- Ensure all healthcare needs are accurately recorded within support planning information and risk assessments.
- Ensure healthcare needs are monitored and evaluated on a regular basis.
- Keep a clear and accurate record of all healthcare appointments, requested, attended and the outcome of any such appointment.
- Ensure there is a clear, auditable trail of health care needs and any changes to these.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 31 March 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 7, Keeping well - Healthcare.

5. The Provider must make proper provision for the health, welfare and safety of all service users. To achieve this, the provider must take action to;

- Clearly identify the contracted support hours for each individual service user.
- Ensure there is a clear record of support hours provided within support plans and individual service agreements.
- Develop a system to monitor and confirm that each service user is receiving their agreed support hours.
- Ensure where support hours are not delivered that this is recorded, monitored and evaluated.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 31 March 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 2, The written agreement; Standard 3, Your personal plan.

Recommendations

Number of recommendations: 1

1. The service should include details of each individual service user's capacity, risks and restraints within support planning information. This information should inform the review process in consultation with Guardians/family and other professionals to ensure these are the least restrictive and continue to be of benefit to the service user. National care standards; Care at home, Standard 3 - Your personal plan.

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We observed staff supporting service users in a kind, sensitive and respectful way. Senior staff from each area had worked hard to ensure the service ran effectively.

We identified a serious concern during our inspection that we considered the service needed to take action on immediately. We informed the service straight away, and also through a letter outlining our concerns detailing the action we required them to take. We found that some staff had not been employed in the safest way and the service had not ensured that they were suitable to work with vulnerable people. We asked the service to immediately put in measures to reduce the risk and to carry out essential checks on these staff.

Until such time these checks have been received and the service can assure themselves that staff are safe to support people, this requirement remains.

(See requirement 1)

The service was also required to improve their procedure for the recruitment of staff following a complaint which we have repeated in this report.

(See requirement 2)

Since the last inspection there had been a high turnover of staff and new staff had been appointed. To enable new staff to have the right skills and knowledge to support service users, the service must ensure that they are provided with a good quality induction, the right training, and regular support. New staff, often with little or no care experience had not been provided with any training, and existing staff had not had training for a long period of time. We found examples where staff had not felt confident to meet the often complex needs of service users. Staff must know how to support service users safely and training is key to promoting good outcomes for staff, and in turn for service users.

(Requirement 3)

The service needs to ensure that new and existing staff are regularly supported to do their job. Some new staff had been in post for over six months and had not been given the opportunity for one to one support. Some long term staff had not had a supervision meeting for a significant amount of time. Supervision is important to support staff within their role, to reflect on their practice, identify learning and development needs, and to support commitment, motivation and resilience. We made a recommendation about this at the last inspection which has not been met.

(Requirement 4)

Requirements

Number of requirements: 4

1. The Provider must ensure that all staff have been recruited following safe recruitment legislation and good practice on recruitment of staff. They must take action to;
 - Ensure an audit is undertaken to determine that all staff have an up to date membership of the Protection of Vulnerable Groups (PVG) scheme in accordance with The Protection of Vulnerable Groups (Scotland) Act 2007.
 - Ensure an audit is undertaken to determine that all staff have two satisfactory written references, one of which should be from the current or recent employer.
 - Ensure that where any staff are working without an up to date PVG membership or adequate references that a comprehensive risk assessment is carried out and in place until such time these can be obtained.

This must consider;

- 1) Roles and responsibilities including lone working.
- 2) Previous employment and any gaps.
- 3) Previous PVG membership.
- 4) Systems in place to regularly supervise and monitor staff practice.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 9 (1) Fitness of Employees: A provider must not employ any person in the provision of a care service unless that person is fit to be so employed and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 31 March 2017.

In making this requirement we have also taken into account the following;

- National care standards, Care at home - Standard 4 Management and staffing.
- "Safer Recruitment Through Better Recruitment" November 2016.

We have also taken into account the Scottish Social Services Council, Codes of Practice 1 "As a social service employer, you must make sure people are suitable to be social service workers and that they understand their roles and responsibilities".

2. The Provider must review and update the recruitment policy to ensure that it follows current safe recruitment legislation and good practice on recruitment of staff. The policy must include, but not exhaustive of:

- Guidelines for adequate and appropriate application forms
- Grade and designation of staff involved in the recruitment procedure
- Procedure for obtaining references, including where a reference received is not suitable
- Proper storage of sensitive information, for example PVG/Disclosure
- Interview selection process
- Interview notes
- Procedure for staff to follow to ensure prospective employees is eligible to work in the country, including Home Office checks
- Confirmation and acceptance procedures and letters
- Terms and conditions of employment
- Terms and conditions of any probationary period
- Safe storage of personnel files
- Frequency of update to PVG/Disclosure
- Review date and frequency of review

Timescale for completion: Within 24 hours of receipt of this letter to commence the review and within two weeks of receipt of this letter to fully update the recruitment policy

3. The Provider must ensure that staff employed in the provision of the care service receive training appropriate to the work they are to perform. To achieve this, the Provider must take action to;

- 1) Ensure new staff receive a robust and quality induction, taking into account previous work experience and skills and periods of shadowing.
- 2) Undertake a full training needs analysis for each member of staff that is clearly linked to supervision and appraisal.
- 3) The outcome of this analysis should be used to inform a comprehensive training plan for mandatory training and identified training to meet individual service user needs.
- 4) The training plan must include but is not limited to;
 - Adult Support and Protection.
 - Moving and handling.
 - Medication.
 - Dementia.
 - Epilepsy Awareness and Administration of Rescue Medication (where appropriate)
 - Diabetes Awareness.
 - Positive Intervention.
- 5) Staff must attend updates as and when required.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 30 June 2017.

In making this requirement the following National Care Standards, Care at home, have been taken into account: Standard 4 Management and staffing.

We have also taken into account the Scottish Social Services Council, Codes of Practice 3 "As a social service employer, you must provide learning and development opportunities to enable social service workers to strengthen and develop their skills and knowledge".

We signposted the Provider to the following best practice guidance:

Supporting Derek - A practice development guide to support staff working with people who have a learning difficulty and dementia.

<https://www.pavpub.com/supporting-derek/>

"Promoting Excellence - A framework for all health and social services staff working with people with dementia, their families and carers". <http://www.scotland.gov.uk/Resource/Doc/350174/0117211.pdf>

"Standards of Care for Dementia in Scotland".

<http://www.scotland.gov.uk/Resource/Doc/350188/0117212.pdf>

4. The Provider must ensure that they provide effective, regular supervision to staff to support them to develop and improve through reflective practice.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: To commence within 24 hours and be complete by 31st April 2017. .

In making this requirement the following National Care Standards, Care at home, have been taken into account: Standard 4 Management and staffing.

We have also taken into account the Scottish Social Services Council, Codes of Practice 3.5 "Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice".

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The overall system for recording, reporting and following up incidents needed improvement. Significant incidents were often not recorded, passed on or followed up. It is important that there is an effective system in place for all incidents to protect service users and staff and keep them safe. There was also a lack of support for staff following any incident that had impacted on their emotional or physical wellbeing. (Requirement 1)

The Scottish Social Services Council (SSSC) protect people who use services by registering workers, setting standards for their practice, conduct, training and education and by supporting their professional development. We found that none of the senior staff were registered with the SSSC as required. This meant that the service had not assured itself that staff had the right skills, were competent and fit to do their job, therefore protecting service users. (Requirement 2)

There were no formal quality assurance audit systems in place to monitor the effectiveness and quality of all areas of the service provided. We would expect services to have systems in place to see what they did well, and where they may need to do things better or in a different way. There was a lack of monitoring and oversight in areas such as;

- Support plans
- Care reviews
- Medication
- Staff training
- Staff supervision/appraisal
- Recruitment/induction
- Accidents and incidents
- Staff practice and performance.
- Consultation and feedback from service users/staff/others
- Exit interviews.

Had these areas been monitored and audited, the service may have identified the issues and areas for improvement we found during this inspection, and enabled prompt and effective action to be taken. We have incorporated a recommendation made at the last inspection into this requirement. (Requirement 3)

At the last inspection we highlighted that the service needed to review the management structure to maintain the quality of the service provided, taking into consideration the increase in service users, staff, and wider geographical locations. The recommendation we made has not been implemented and evidence from this inspection, as detailed within this report, demonstrates significant weaknesses at a senior management level. The lack of effective, strong management and leadership over recent months, has impacted on the quality of outcomes for people using the service. (Recommendation 1)

Requirements

Number of requirements: 3

1. The service provider must ensure that there is a clear auditable trail of all incidents through to completion. To do this, the provider must take action to;

- Ensure all staff are aware and can demonstrate their understanding of what constitutes an incident and the procedures to follow.
- Ensure all incidents are accurately and fully completed.
- Ensure that there is a system of audit to ensure effective oversight and monitoring of all incidents to identify any patterns of trends.
- Ensure that a formal debriefing takes place with the staff member(s) as soon as possible after the incident
- Ensure that incidents that are notifiable to the Care Inspectorate are undertaken within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 31 March 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 4 Management and staffing.

2. The service provider must ensure that senior staff are registered with the Scottish Social Services Council (SSSC). They must take action to;

- 1) Ensure their application is completed and provided to the SSSC within 48 hours of receiving this report.
- 2) Notify The Care Inspectorate of The SSSC confirming receipt of, and processing each application.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 9 (1) A provider must not employ any person in the provision of a care service unless that person is fit to be so employed and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion; Part 1) within 48 hours of receiving this report; 2) By 7 April 2017.

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 4 Management and staffing.

We have also taken into account the Scottish Social Services Council, Codes of Practice 3.3 "Support staff who need to be registered with us to meet the conditions for registration and the requirement for continuing professional development".

3. The provider must develop and implement quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service provided. In order to achieve this, the provider must:

- Ensure that the system effectively enables areas for improvement to be promptly and accurately identified.
- Ensure that the outcomes as a result of any audit are clearly recorded.
- Ensure where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users.

Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

Timescale for completion: By 30 June 2017. .

In making this requirement we have taken the following National Care Standards, Care at home into account - Standard 4 Management and staffing.

Recommendations

Number of recommendations: 1

1. The Provider should evaluate and review how the current management structure supports the needs of all service users, families, geographical locations, and support all care staff within their role, to maintain the quality of the service provided. National care standards, Care at home - Standard 4, Management and staffing.

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The service should ensure the personal care plan clearly reflects the outcomes and goals a person has and how these are to be met, taking account of any reviews and risk assessments, to ensure plans are accurate and up to date. Plans should be signed by the person using the service or their representative. Where this is not possible this should also be recorded.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been incorporated into a requirement about personal plans under Care and Support in this report.

Recommendation 2

The service should ensure that risk assessments contain enough information to help each person and staff manage the risk effectively. The risk assessment should show the date when it was reviewed and date by which it will be reviewed. Any changes to the risk assessment should be clearly identified. Where possible people using the service should sign their assessment.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 4 - Housing support planning.

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been incorporated into a requirement about risk assessments under Care and Support in this report.

Recommendation 3

The service should include details of each individual service user's capacity, risks and restraints within support planning information. This information should inform the review process in consultation with Guardians/family and other professionals to ensure these are the least restrictive and continue to be of benefit to the service user.

National care standards; Care at home, Standard 3 - Your personal plan

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been repeated under Care and Support in this report.

Recommendation 4

The service should ensure that support and supervision meetings take place as planned and that the record of the meeting has adequate detail, reflecting the discussions that take place.

National Care Standards, Housing Support Services, Standard 3 - Management and Staffing arrangements.

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been incorporated into a requirement about supervision under Staffing in this report.

Recommendation 5

The Provider should evaluate and review how the current management structure supports the needs of all service users, families, geographical locations, and support all care staff within their role, to maintain the quality of the service provided.

National care standards, Care at home - Standard 4, Management and staffing.

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been repeated under Management and Leadership in this report.

Recommendation 6

The provider should ensure information gathered from all satisfaction surveys is collated, analysed and reported on with an appropriate action plan and outcomes reviewed to ensure the continual development of the service.

National Care Standards, Care at Home, Standard 4 - Management and staffing, Standard 11 - Expressing your views and Housing Support Services, Standard 3 - Management and staffing and Standard 8 - Expressing your views.

This recommendation was made on 25 April 2016.

Action taken on previous recommendation

This recommendation has not been met and has been incorporated into a requirement about quality assurance under Management and Leadership in this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	
10 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
26 Feb 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
17 Mar 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
4 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
18 Jan 2011	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
9 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
19 Jan 2009	Announced	Care and support Environment	4 - Good Not assessed

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good

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