Lydiafield Care Home
Care Home Service

Standalane
Annan
DG12 5JR

Telephone: 01461 203261

Type of inspection: Unannounced
Inspection completed on: 11 May 2017

Service provided by: Mead Medical Services Limited
Service provider number: SP2003002327

Care service number: CS2004073594
About the service

Lydiafield Care Home is situated within a residential area of Annan and is registered to provide a care home service to 51 older people. Short stay breaks and respite are available.

Their statement of purpose aims and objectives recognises the principles of care identified within the National Care Standards and that they are working to ensure they are upheld at all times. The service provided should have a positive influence on the service users and ensure their rights are promoted at all times.

During the inspection, there were 50 residents living in the home. The accommodation at Lydiafield is provided in four separate living areas, each with its own sitting/dining room and kitchen. All the bedrooms have en suite facilities. Rooms are well furnished, and residents are encouraged and helped to personalize their bedrooms. The standard of decoration is very good in most areas.

There is a very pleasant enclosed garden area, which has been designed with some resident and relative input. This provided a comfortable and secure sitting area in good weather.

What people told us

During the inspection we received the views of 22 residents and 12 relatives who were all extremely complimentary of the quality of service they received.

They told us they received exceptional support which was person centred and totally focused on their needs.

We received lots of excellent examples of how residents quality of life had been enhanced as a result of receiving care and support from the care home staff and manager.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

| Quality of care and support | 6 - Excellent |
| Quality of environment     | 5 - Very Good |
| Quality of staffing        | not assessed  |
| Quality of management and leadership | not assessed |

Quality of care and support
Findings from the inspection

At the last inspection the service received a grade of 5 very good for this Quality theme. During this inspection they received a grade of 6 excellent.

We found Lydiafield to be providing an excellent level of care to residents, with a dedicated, supportive, respectful and skilled care and management team, who were actively involved in all aspects of the care home.

The home had a very strong ethos of person centred care where each resident was recognised, accepted and celebrated as an individual.

Feedback throughout the inspection from all residents and relatives was overwhelmingly positive, as they concluded that the quality of care and support provided was to an excellent standard.

We found strong relationships being formed among residents, relatives and care staff, enabling them to maintain their independence and receive an excellent quality of life.

Residents were encouraged and enabled to make their own choices when expressing their sexuality such as attending to their own personal hygiene and dressing. Careful attention was given to ensure that residents were consistently dressed in their own style and looked very well presented.

The care home continued to make great efforts to involve residents, relatives and friends in the continuing development of the service. Most recently making decisions about furniture, fixtures and fittings within a new communal sitting area within the home. Discussions were on going to ensure everyone was involved in the process.

Residents and relatives were continually provided with excellent consultation opportunities where all suggestions, comments, ideas and areas for improvement were considered and timeously acted upon.

Staff knew residents very well and had a genuine approach to ensuring those residents living with various communication problems, were involved in various decision-making processes.

Residents were supported and encouraged to maintain contact with friends and family living in various parts of the country, and maintain links within the local community. We saw that important relationships were being maintained and residents continued to feel a part of their previous lives.

Residents were consistently given meaningful choice in every aspect of daily living and were routinely consulted and involved in the various stages of the care planning process.

Each care plan accurately reflected the individual resident’s choices, aspirations and care needs, with comprehensive and thorough details on all aspects of daily living. We could see that residents changing needs and wishes were respected and supported as a result of this process.

Care plans continued to be reviewed and updated to record their legal status such as whether or not they had Power Of Attorney or a legal welfare Guardian, Adults with Incapacity (AWI), and Do Not Attempt Pulmonary Resuscitation (DNACPR) records in conjunction with General Practitioners (GPs). Individual concerns were being discussed and considered and recorded.

Staff continued to work closely with residents and their relatives and various local healthcare professionals to ensure any changes in resident’s health and wellbeing needs were continually assessed and reviewed. We saw that any changes to their care needs were timeously addressed.
Best practice guidance was being accessed to ensure that residents at risk of pressure areas developing would have clearly detailed care plans in place. This will include the continued use and review of food and fluid charts and individual incontinence care plans.

Medications were administered as prescribed and following best practice, at times most suitable to individuals, fitting around their daily routines and activities. As discussed at the last inspection, the service manager was satisfactorily addressing outstanding concerns regarding recording of various medications. See Recommendation 1.

We could see that reviews were being arranged at times convenient for residents and relatives to attend. There were opportunities for relatives to contribute to agendas and minutes where attendance was missed.

Considerable improvements continued to be made within the homes internal and external environment where Dementia Care best practice was accessed and implemented. We acknowledged this was maximizing residents’ independence, choice and wellbeing.

The homes complaints procedure continued to follow best practice guidance. We could see that any complaints were successfully identified and timeously resolved. The service manager planned to routinely review and evaluate all complaints to ensure they continued to be satisfactorily met.

All care and ancillary staff were undergoing best practice informed dementia training focusing on understanding the rights of people living with dementia. We were impressed that daily interactions between residents and staff had highly improved as a result of this.

We constantly observed staff ‘entering the world’ of each resident as they were presenting at various times throughout the day. They were providing residents with: warmth, celebration, validation, acknowledgement and recognition as they relaxed more during times of anxiety, with a sense of belonging and inclusion.

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 1

1. The service manager should ensure that best practice is followed when recording and reviewing residents discretionary and topical medication

National Care Standards for Care Homes for Older People
Standard 5: Management and staffing arrangements
Standard 5: Keeping well—medication

**Grade:** 6 - excellent

**Quality of environment**
Findings from the inspection

At the last inspection the service received a grade of 5 very good for this Quality Theme. This was maintained during this inspection.

The homes internal and external environment continued to enhance resident’s quality of life and provide a pleasant safe place to live.

We observed residents being supported and encouraged to move around the home freely and independently.

Continued improvements were being made focusing on individual’s needs and preferences as well as following best practice guidance for people living with dementia.

A new extension had recently been completed in one of the areas of the home. Residents and relatives had been made aware of the plans and continued to be fully involved in discussions about the use and decor of the new room.

Lydiafiled had maintained their very good standard of cleanliness and maintenance both within the house and gardens. We confirmed that cleaning and maintenance checks and audits were routinely taking place.

Regular checks on equipment and procedures were carried out to maintain resident safety and wellbeing.

The garden and grounds remained easily accessible to residents where doors remained easy to open at all times. Various areas had been identified providing seating, flower beds and well maintained walking areas.

We observed residents and visitors making use of the various garden areas provided during the notable good weather during the inspection.

Residents and relatives were confident that at all times the number of staff who were trained and had the necessary skills to sufficiently meet their support and care needs were available at all times.

We were however aware that some residents needed to wait until staff were available to support them to bed during a busier period in the early evening. The service manager had reviewed staffing levels within this time and had used some flexible hours to address this. She told us this would continue to be routinely reviewed.

We found the homes care call system to be loud and intrusive, disturbing some residents sleep patterns through the night. We were aware that a new system was being considered which would provide care staff with individual pagers and decrease the noise levels throughout the home. See Recommendation 1.

Staff recruitment continued to take place following best practice. We advised the service manager to ensure they completed a record of discussions held and decisions made to accept different references to those provided by applicants. This should include those candidates applying for internal promoted posts.

Staff continued to undergo the Protection of Vulnerable Groups (PVG) checks. This meant previous records were checked to ensure they were competent and safe to work within the homes environment.

All care staff continued to be registered or applying to be registered with the appropriate professional bodies such as; Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC).

Staff learning and development plans were not yet fully implemented throughout the home. The service manager was addressing this with her management team. See Recommendation 2.
Some information obtained as part of the homes routine quality assurance checks had not been fully recorded, addressed and reviewed. These included areas within accidents incidents, protection concerns and risk assessments in care plans. See Recommendation 3.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service manager should review the current care call system throughout the home. She should consider how residents can summons assistance easily and quickly, using a reliable, efficient and quiet alarm system.

National Care Standards, care homes for older people
Standard 4: Your environment
Standard 9: feeling safe and secure.

2. The service manager should ensure that all staff have an individual learning and development plan which identifies any further learning needs of staff. The plans should be discussed and agreed, including specific time scaled action plans which are reviewed and evaluated routinely with each staff member, including maintenance, domestic and kitchen staff as part of their supervision.

National Care Standards, care homes for older people
Standard 5: management and staffing arrangements

3. The service manager should ensure she continues to review and evaluate all quality assurance processes in place. Where areas have been identified as needing improvements, appropriate records should be updated to reflect these. These should include areas discussed within this report such as: accident and incidents, Possible Adult Support and Protection concerns and risk assessments within care plans.

National Care Standards, care homes for older people
Standard 5: management and staffing arrangements
Standard 9: feeling safe and secure.

Grade: 5 - very good

Quality of staffing

This quality theme was not assessed.
Quality of management and leadership

This quality theme was not assessed.

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 they make proper provision for the health and welfare of service users. In order to do this they must:

A) Ensure they have a safe storage and returns system for medication in accordance with best practice and current legislation, avoiding storage of excess stock and storing of medications in a communal area.

B) Ensure that staff understands how to record accurate information which allows them to monitor resident’s discretionary medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed.

C) Topical medications must be recorded, stored and administered in accordance with up-to-date best practice guidelines.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale: to be addressed immediately after inspection feedback.

This requirement was made on 7 June 2016.

Action taken on previous requirement

The service manager had satisfactorily addressed this requirement as a matter of priority with some outstanding best practice issues remaining.

Medications were no longer stored and administered from the main cupboard in the communal thoroughfare. Excess stock was timeously returned to the local pharmacy. Topical medications charts were in place for each individual cream being administered which included a body map detailing where these should be applied.

The depute manager was carrying out routine detailed medication audits which were highlighting some of the outstanding best practice issues which were being addressed.

Some discretionary medication was not always clearly recorded as part of the care planning process. Although
information sheets were in place to record detailed information for discretionary medication and when it should be taken, they were not always completed and reviewed for all residents.

Topical medication recording sheets (TMAR) were not always signed when administered. See Recommendation 1

**Met - within timescales**

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

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**Previous recommendations**

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**Recommendation 1**

The service manager should consider how residents with communication difficulties and relatives who do not attend the home regularly can be encouraged to express their views on any aspect of the home. She should consider how residents and relatives meeting agendas and minutes are distributed and understood as part of this process.

National Care Standards, care homes for older people - standard 8: making choices and standard 11: expressing your views

**This recommendation was made on 7 June 2016.**

**Action taken on previous recommendation**

Residents living with various communication problems were encouraged and supported to be involved in expressing their views on any aspects of the home using various communication techniques and aids. Staff continued to consult with relatives and legal guardians where communication with individuals was difficult. This Recommendation has been met

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**Recommendation 2**

The service manager should ensure to review the process of storing all residents’ money and valuables in a general safe within the home. All money and valuables should be added to a personal inventory which is routinely checked and audited and all items within the homes’ safe should be recorded and routinely audited. Residents should be encouraged to hold their own valuables within their lockable private areas within their rooms unless their individual circumstances means that they are unable to do so.

National Care Standards, care homes for older people - standard 8: making choices, standard 9: feeling safe and secure and standard 10: exercising your rights.

**This recommendation was made on 7 June 2016.**
**Action taken on previous recommendation**

Contents of the safe were being stored and recorded following best practice, offering easy access to residents and relatives when they requested. Residents were encouraged to hold their own valuables within lockable private areas which were being provided in all rooms. The service manager had devised a detailed safe and contents book logging all items entering and leaving the safe. She planned to carry out routine safe checks to ensure records remained up to date and accurate. This recommendation has been met.

**Recommendation 3**

The service manager should ensure that care plans contain clearly detailed information about individuals’ healthcare needs, including detailed risk assessments which link into relevant plans of care, in particular the recording of medications, bed rail and pressure mat assessments, and the monitoring of food and fluid intake charts.


**This recommendation was made on 7 June 2016.**

**Action taken on previous recommendation**

Care plans contained more detailed risk assessments recording individual actions to be taken to prevent issues arising. These assessments were being routinely reviewed and evaluated. Although we were confident that changes were being made to residents healthcare needs as a result of this process, various paperwork had not been fully completed within the evaluation tool and care plans reflecting this.

See Recommendations Quality Theme 2.

**Recommendation 4**

The service manager should ensure that all accidents and incidents are recorded, investigated, reviewed and evaluated routinely to ascertain good prevention and management in order to maintain resident’s individual quality of life and independence.

The manager should ensure that the introduction of the best practice ‘Managing Falls and Fractures in Care Homes for Older People’ is incorporated into residents’ personal planning process.

National Care Standards, care homes for older people - standard 4: your environment, standard 5: management and staffing and standard 6: support arrangements.

**This recommendation was made on 7 June 2016.**

**Action taken on previous recommendation**

Accidents and incidents recorded investigations carried out highlighting where changes to care needs would be made to prevent any further identified risks to individuals. The service manager had accessed best practice guidance suggested at the last inspection and was using various tools provided to review various issues arising.

Although we were confident that changes were being made to residents healthcare needs as a result of this process, various paperwork had not been fully completed within the evaluation tool and care plans reflecting this. The service manager agreed to complete these as part of her quality assurance checks. See Recommendations Quality Theme 2. This recommendation has been met.
Recommendation 5

The service manager should review the current system for marking individual resident’s personal clothing to ensure all clothes are labelled using a system which promotes dignity and privacy.

National Care Standards, care homes for older people - standard 4: your environment, standard 6: support arrangements and standard 17: private life.

This recommendation was made on 7 June 2016.

Action taken on previous recommendation
The service manager continued to review and evaluate various systems for marking individuals clothing with input from residents and relatives who continued to highlight this as a problem.

This recommendation was being satisfactorily met through the homes quality assurance processes.

Recommendation 6

The service manager should ensure that adequate water heating and water pressure is maintained and remains within safe limits throughout the home within communal and private bathrooms. Care and maintenance staff should have a good understanding of the heating system used within the home and ensure any concerns are reported and addressed. The maintenance man should ensure routine checks of all taps are carried out and recorded.

National Care Standards, care homes for older people - standard 4: your environment and standard 5: management and staffing arrangements

This recommendation was made on 7 June 2016.

Action taken on previous recommendation
We found the water heating and pressure to be within safe limits within communal and private bathrooms throughout the home. Routine checks were being carried out and satisfactorily recorded, ensuring safe limits were maintained. This recommendation has been met

Recommendation 7

The service manager should ensure domestic cupboards and the laundry area are regularly cleaned and tidied and any broken items are repaired or replaced. All clean items of clothing should be placed within the clean area of the laundry.

National Care Standards, care homes for older people - standard 4: your environment and standard 5: management and staffing arrangements

This recommendation was made on 7 June 2016.

Action taken on previous recommendation
These areas had been added to routine domestic duties and we found domestic cupboards and the laundry area were clean and tidy. This recommendation has been met

Recommendation 8

In order to ensure that the home is run in a way that protects resident’s from any avoidable risk or harm, the service manager should ensure that risk assessments regarding use of window restrictors are routinely reviewed
and evaluated, attending to any outstanding concerns as a matter of priority.

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

We sign-posted the service manager to the following guidance:
‘Falls from windows or balconies in health and social care’
www.hse.gov.uk/pubns/hsis5.htm

This recommendation was made on 7 June 2016.

Action taken on previous recommendation
Window restrictors continued to be installed in various areas throughout the home assessed as a risk following best practice guidance suggested. Window restrictor risk assessments were routinely reviewed with the service manager and maintenance man as part of the homes quality assurance procedures. This recommendation has been met.

Recommendation 9

The service manager should ensure that all staff have an individual learning and development plan which identifies any further learning needs of staff. The plans should be discussed and agreed, including specific time scaled action plans which are reviewed and evaluated routinely with each staff member, including maintenance, domestic and kitchen staff as part of their supervision.

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

This recommendation was made on 21 April 2015.

Action taken on previous recommendation
The service manager was reviewing learning and development plans as part of the organisation service improvement plan. Tight time scales had been given to attend to this which was preventing her from carrying this out in a meaningful way.

She hoped to review this during her next managers meeting where she will suggest a longer time frame for completion. We agreed this would be more beneficial and would attract better outcomes for staff and residents if addressed this way. This Recommendation has not been met. See Recommendations Quality Theme 2

Recommendation 10

The service manager should ensure she has good quality assurance systems and processes in place reviewing and evaluating all aspects of service delivery to ensure satisfactory outcomes are achieved. Where areas are identified as needing improvement, appropriate action plans should be put in place and progress towards meeting the actions required should be recorded.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements and standard 9: feeling safe and secure.

This recommendation was made on 7 June 2016.
Action taken on previous recommendation
The service manager had very good quality assurance systems in place ensuring that service delivery was providing very good outcomes for residents. We were however aware that where some areas had been identified as needing improvements, appropriate records had not always been updated to reflect these. This recommendation has not been met. See Recommendations Quality Theme 2

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

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Tha am foilseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nìthear iarrtas.

অনুরূপ নাশপাতকের এই প্রকাশনাটি অন্য ফর্মাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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