

Cumbernauld Home Support Service Housing Support Service

Cumbernauld Social Work Locality
Bron Chambers, Bron Way
Cumbernauld
North Carbrain Road
Glasgow
G67 1DZ

Telephone: 01236 638821

Type of inspection: Unannounced
Inspection completed on: 16 November 2017

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Care service number:
CS2004071296

About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in Cumbernauld and the surrounding areas. The service aims to "provide a support service to older people and younger adults in their own homes". At the time of this inspection the service was being provided to seven hundred and seventy-nine service users and two hundred and forty-two support workers.

There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes. North Lanarkshire Council recognises the changing needs of individuals in their community and the need to adapt to these changing needs, by offering a flexible needs led service, which will enable people to remain in their own homes and prevent admission to hospital or 24 hour care environments. Their provider introduced a service redesign consisting of an intensive team, reablement team and a mainstream team. The intensive team are aimed at providing flexible, intensive home support for a limited period of time, rather than as a long-term support package. The reablement team provide a rehabilitation programme which focusses on maximizing people's independence following an illness or stay in hospital. The mainstream team offer support depending on the individual's needs. The service aims to improve health and wellbeing outcomes, experienced by service user's and their carers by providing the 'right support, right time, right place'.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We received seventy-six completed questionnaires from service users and carers. We also spoke with service users and carers during the inspection. The results from the Care Standard Questionnaires were as follows:

- 82% agreed or strongly agreed with the statement 'The service check with me regularly that they are meeting my needs'.
- 81% agreed or strongly agreed with the statement 'staff have enough time to carry out the agreed support and care'.
- 97% agreed or strongly agreed with the statement 'staff treat me with respect'.
- 67% agreed or strongly agreed with the statement 'the service asks for my opinions about how it can improve'.
- 63% agreed or strongly agreed with the statement 'Do you know the service's complaint procedure'.

Some of the comments received were as follows:

'Carers are more than helpful and will contact relatives if need be. They go out of their way to be constructive and conscious of her needs'.

'[relative] has dementia so can't remember the names of the care workers ... but she always tells us that they come in'.

'The service is absolutely great. The staff are superb'.

'Inconsistent notification of carers attending can be a nuisance. Carers first class. Managers very approachable'.

'My [relative] has been a service user for the past 2 years, the care he receives is brilliant, he's treated with the greatest respect by both of his carers and also relief carers I can't praise the service high enough'.

'There are times when the timing of visits can be off. Appears to be scheduling issue. Overall, my [relative] receives very good care. The carers who visit him treat him with respect and clearly have his best interests as a priority'.

'The service received is very good'.

'I have absolutely no complaints about my carers. They are helpful and obliging and are very observant of my emotions and daily moods. They never make me feel that I am a burden or difficult and also do their tasks in a friendly cheerful manner'.

'I have no complaints about the way my [relatives] needs are attended to. My only concern is I receive a schedule ... it is changed without me knowing ...if my [relatives] routine is changed at all it has a terrible effect ... Ends up with me having a much harder day'.

'My only concern is how often carers are sometimes moved around, it is very important for older people to have regular carers as it can be very embarrassing when you have new carers who are not aware of your needs.

'All the carers who come in are very kind and helpful'.

'The lack of staff should not be [relatives] concern'.

'The service providers do not contact my [relative] about changes of times and just decide to do this themselves and can't get through to the office phones at times, I don't think they should decide to make changes without contacting any person more so if a person has no one to talk for them. Twice now they have changed times just this week'.

'The service varies depending on what carer delivers it. When it is the regular carers they get to know their client and what their personal preferences are and try to deliver this. Unfortunately, when other staff have to cover ...they don't know the clients so don't always delivery. Would be nice if they all delivered some quality of service'.

'The staff who actually provided the service were excellent, it was in time management of the service which proved to be unsatisfactory'.

'Service works well, staff are friendly, courteous and competent. Sometimes due to holidays or staffing issues the timing of the visits can be compromised'.

'The home support service is run on too little staff and as soon as a few are off on sick leave and holidays they don't have enough staff and the system can be a bit chaotic with times running late etc... '

'They don't seem to have a system of letting the user know [if there is a change] which can be a bit frustrating if you are lying in bed waiting to be assisted up'.

'My two home support ladies give me excellent service much appreciated'.

'The support workers do not have enough time to spend with the user. If they are down for a 20min appointment they cannot stay the whole time due to travelling time to their next visit'.

'Myself and the rest of the family really appreciate the care given our elderly mother... the care givers who regularly attend are friendly, efficient, caring and very respectful'.

'I have faith in all of the staff that attend to me and have no complaints'.

'The service ... is fantastic and covers everything. Very pleased with everything'.

'Recently times are being changed (without consultation)'.

'North Lanarkshire are very good with the service they give'.

'I am very happy with the care provided allowing my mother live in her own home. Her carers are friendly and professional both to my mum and myself. Great Service'

'My father is happy with the service he receives from the carers that come in every day and enjoys their company when they visit. They are always pleasant and helpful towards him and looks forward to them coming in'.

'Too many different carers, not nearly enough time given for needs to be met. Council waste so much money sending out weekly sheets which differ from actual service. This totally confused my mum. Have asked for sheets to be not sent but still they come'.

Self assessment

A self-assessment was not requested for this inspection year.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

At this inspection we found that the service was performing at an adequate level for this theme.

It was our view that the reablement team and intensive team support, in partnership with community health teams, are providing good support to service users and carer's. There was evidence of some good multi-disciplinary working which is resulting in improving outcomes such as, achieving greater independence, increased levels of confidence and enabling individuals, to obtain the much needed support in end of life care in their homes. Service user's and carer's testified to this and to the dignified and respectful care they received from support workers and the managers.

Service users continue to express frustration regarding the lack of continuity and consistency in the support given. Service users and their carers/families explained that the service does not inform of changes and the schedules arrive late and are wrong (see previous recommendation 6 and 7). They explained that this often means they don't know who is coming into their home, which has a detrimental impact on their sense of safety and wellbeing.

We observed some improvements in the information contained in personal plans however, we continued to find some out of date information and errors particularly in relation to assessed medication needs and supplementary documentation. The service continues to wait for an updated Medication Policy and Procedure and this is essential, to enable support workers to safely support with medication needs in line with good practice. In addition, the service is not complying with legislative requirements to undertake regular reviews. The provider and management need to develop a strategy, to ensure that meaningful and holistic reviews are carried out at least every six months (see previous requirements 1,5,6,7 and 11 and recommendations 1 and 3).

The provider needs to work with the management team, to address the outstanding requirements and recommendations in order to raise the quality of the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Two Care Inspectors visited North Lanarkshire Council (NLC) Headquarters and checked NLC Recruitment and Selection Policy and Procedures as part of the Care Inspectorate Safer Recruitment exercise. We found that they had robust systems in place to ensure safe recruitment practices were followed. We suggested that they review their procedure for regular checks with Protecting Vulnerable Groups scheme (PVG's) in line with good practice of three years as outlined in 'Safer Recruitment Through Better Recruitment' (November 2016).

We observed an improvement in the frequency and quality of staff supervision however, there continues to be a lack of training opportunities facilitated by the provider. The service has developed links with other organisations in order to facilitate some specialist training for staff, such as Parkinson. Staff were very positive about this training opportunity and the impact that it has on their role as a support worker.

The service should continue to examine how best to facilitate for staff to access the Promoting Excellence Framework for Dementia. All workers should have achieved the 'Informed' level and be working towards the 'skilled' level and beyond.

Home Support Managers should continue to develop the patch meetings, to ensure that workers are able to access and be able to contribute to these meetings, as an opportunity to discuss and reflect on service delivery and staff practice. Where service failures were caused by poor staff practice, competency assessments should be carried out within reasonable time-frames.

The register for support workers with the Scottish Social Services Council (regulator for the workforce) opened in October 2017 and we would encourage the provider to develop a strategy, to ensure that workers are registered at the earliest opportunity.

During the inspection we shadowed and interviewed staff and concluded that staff were respectful and caring, whilst being mindful of infection control, promoting independence and highlighting safety issues in service users homes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection we found that the service was performing at an adequate level for this theme.

The service has introduced a number of audits as a means of analysing different aspects of service delivery and failures. Whilst these demonstrated analysis of individual cases there is a lack of overall analysis, which would be beneficial in identifying trends and patterns. The service should analyse this information, to identify areas for improvement. Where action is needed or a training need is identified, there should be a clear action plan showing the person responsible, agreed timescale, review of competency and sanctions of failure to rectify to ensure that areas for improvement are progressed.

We examined complaints to the service and found that these largely demonstrated compliance with the organisations policy. There were a few exceptions and the management demonstrated commitment to learn from these responses.

We are concerned about the lack of progress made in meeting requirements and recommendations, particularly statutory requirements. We would anticipate a marked improvement at the next inspection to prevent a further reduction in the grade awarded.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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 service users' personal plans set out how the health, welfare and safety needs of individuals are to be met, in order to do this the service must ensure that the personal plans:

- Accurately reflect the current health and care needs of the service user
- Include person-centred information outlining needs, abilities and preferences
- Demonstrate consultation with the service user/relative
- Include the use of appropriate risk assessment documentation which provides the outcomes of these and are

used to inform support planning

- Evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 5(1) Personal plans.

Timescale within six-months upon receipt of this report and on going thereafter.

This requirement was made on 29 November 2016.

Action taken on previous requirement

Whilst we recognise that improvements to personal plans have been observed, it is our conclusion that further efforts are required to ensure that all elements of the requirement above have been included. In particular, we continue to find missing or inaccurate information in relation to the assessment and recording of medication needs and the level of support required. Consent to share documents and risk assessments should be up-to-date and where necessary the information from risk assessments should be reflected in the care plan.

Not met

Requirement 2

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The service should review its current communication systems between administration and out of hours staff, to ensure they are effective and appropriate, and staff/managers are informed of calls coming in and what action is required to be taken.

National Care Standards, Care at Home, Standard 4.1: Management and Staffing.

This requirement was made on 4 April 2017.

Action taken on previous requirement

The service has systems designed to capture communication between administration and out of hours and also to captures incidents where there has been an error. We were satisfied that the service seeks to learn from these incidents and will continue to monitor this at future inspections.

Met - within timescales

Requirement 3

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The service should undertake a lessons learned investigation and identify why this situation was not effectively managed before it had reached a crisis situation and also potentially putting the service user at risk.

National Care Standards, Care at Home, Standard 4.1: Management and Staffing

This requirement was made on 4 April 2017.

Action taken on previous requirement

The service provided evidence to support that they had undertaken a lessons learned investigation to prevent the potential for this event reoccurring.

Met - within timescales

Requirement 4

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

1. The provider must ensure that the approach to managing falls is improved to keep service users safe. In order to do this the provider must:

- a. Ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals.
- b. Demonstrate that appropriate advice is sought promptly from health professionals.
- c. Ensure that managers are involved in the monitoring and audit of falls and falls prevention.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 5(1) - requirement for personal plans.

Timescale: to start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

This requirement was recently made following a complaint which was upheld therefore the service has an agreed timescale beyond the date of this inspection, to demonstrate compliance with the measures outlined above.

Not met

Requirement 5

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans:

- a. Accurately reflect all the current needs and capabilities of individuals include information about care and support interventions and are developed to fully reflect the care being provided.
- b. Include information about care and support that is up to date and regularly evaluated with any changes reflected in the relevant sections of the care plans.
- c. Have a full range of risk assessments in place and that the outcome of the assessments are used to their full potential to inform the care being provided.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 5(1).

Timescale: to start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

This requirement was recently made following a complaint which was upheld therefore the service has an agreed timescale beyond the date of this inspection, to demonstrate compliance with the measures outlined above.

Action to be completed by 12wks of posting which was 25 October 2017. Therefore to be completed by 10 January 2018.

Not met

Requirement 6

The provider must ensure that personal plans are reviewed at least once in every six month period, to ensure that the service is able to meet individual care and support needs. The support plans must be updated to reflect any changes and inform current planning of care and support.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - Personal Plans.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing every six months thereafter.

This requirement was made on 6 November 2014.

Action taken on previous requirement

The service continues to fail to meet statutory requirements, to review personal plans within six months, or earlier if necessary.

Not met

Requirement 7

Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this, you must ensure that a care plan is in place which clearly states the details of the medicine, to be given and that all staff involved in supporting service users to take medicines have been trained and assessed as competent to do so.

This is to comply with: SSI 2011/210 Regulation 4 - Welfare of Users

This requirement was made on 6 November 2014.

Action taken on previous requirement

We found that the service had embraced some recommendations made at the last inspection in relation to documenting medication needs and monitoring staff competency. However, the medication policy has still to be agreed and issued and we continued to find contradictions and errors in the assessing, recording and monitoring of medication needs.

Not met

Requirement 8

Management must provide staff supervision and appraisals in-line with the provider's policies and procedures. This is to ensure that staff employed in the service are skilful, knowledgeable and clear about their roles. It is important that staff have access to regular supervision sessions to support them, to discuss concerns, reflect on their practice and discuss training and development needs. It also gives the management the opportunity to evaluate the training and the impact it has had in improving staff practice. We directed the service to good practice in supervision namely the Continuous Learning Framework and Step into Leadership (SSSC).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) Staffing.

Timescale for implementation: to commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 6 November 2014.

Action taken on previous requirement

The service was able to demonstrate that staff are receiving regular supervision with line managers and that key areas of service delivery and staff practices are discussed.

Met - outwith timescales

Requirement 9

The provider must review the way in which staff training is managed within this service, as part of this they must:

- Carry out a training needs analysis which enables them to identify what training staff need.
- Develop an action plan with timescales indicating when training will take place.
- Through supervision, evidence the outcome of training and that ongoing learning is being addressed.
- Assess staff competency.

This is to comply with SSI 2011/210 Regulation 15 - Staffing.

This requirement was made on 6 November 2014.

Action taken on previous requirement

The service was able to demonstrate improvements in this requirement. We would encourage management and the learning and development department, to continue to examine how best to offer ample training opportunities and also to facilitate for the workforce to progress through the Promoting Excellence in Dementia agenda as outlined by the Scottish Government. We will continue to monitor this at future inspections.

Met - outwith timescales**Requirement 10**

The provider must give notice to Care Inspectorate in line with Notification Guidelines and stipulated timescales.

This is to comply with SSI 2002/114 Regulation 21 - Notification of death, illness and other events.

This requirement was made on 10 December 2015.

Action taken on previous requirement

Notifications to the Care Inspectorate have improved and we would encourage the management to ensure that notifications are sent within the stipulated timescales.

Met - outwith timescales**Requirement 11**

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider must, after consultation with the person who uses the service and where it is appropriate, their representative, provide them with a copy of their personal plan.

The plan must:

- Be developed within 28 days of the date on which the person first received the service.
- Set out how the person's health, welfare and safety needs are met.
- Be reviewed at least every six months following receipt of the service with the involvement of the person who uses the service.
- Be reviewed when there is a significant change in the person's assessed needs.

This is order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(2)(a),(b)(ii) and (iii) Personal plans.

Timescale for completion: Within 28 days of receipt of this report.

This requirement was made on 17 June 2016.

Action taken on previous requirement

During the inspection we spoke to service users and their families and established that not all service users receive a careplan within the 28days. We examined a number of care plans and found that improvements should be made in the quality of recordings of how service users health, welfare and safety needs are met and reviews are not being undertaken, in line with legislative requirements (see requirement 1, 5 and 6).

Not met

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

Previous recommendations

Recommendation 1

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should ensure that moving and handling care plans have sufficient details recorded, that inform carers about the use of equipment required to support service users.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation

During the inspection process we established that moving and handling assessments are being carried out and on occasions being stored in care plans. However, this was not the practice across the service and these assessments need to be reviewed along with the personal plans and supplementary documents at six monthly reviews (a requirement that remains outstanding).

THIS IS NOT MET

Recommendation 2

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD

The provider should ensure that operational systems are effectively used, to ensure that staffing resources are in place to meet service users needs, in accordance with their support plan.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation

The provider is currently reviewing all operational systems to improve service delivery and general communications. We were able to observe audits which documented where service failures had impacted negatively on service users and where necessary investigations and further actions were taken.

MET

Recommendation 3

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The management team should ensure that changes in the delivery of scheduled care are communicated to the service user and families where necessary.

National Care Standards 4 Care at Home - Management and Staffing

This recommendation was made on 8 August 2016.

Action taken on previous recommendation

We were able to determine from a variety of sources that this continues to be a problem and that changes occur without any prior notice. Service users and families spoke of a range of experienced emotions which they experience as a result of this including fear, embarrassment, frustration and confusion.

NOT MET

Recommendation 4

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The manager needs to ensure that any missed visits are known about and acted on appropriately. The service should ensure that audit of missed visits includes action to be taken to reduce potential for future missed visits.

National Care standard: Care at Home: Standard 4: Management and staffing.

This recommendation was made on 8 August 2016.

Action taken on previous recommendation

The service monitors missed visits and evaluates the reasons for these errors. It is clear that the majority of these missed visits are due to human error in programming information or in the use of handheld equipment. The service should continue to monitor missed visits and seek preventative interventions to reduce them.

MET

Recommendation 5

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should review systems in place and ensure that these enable staff to have clear up to date information available to them about the needs of service users including:

- Essential information about service users care needs, for example, detail about any previous falls history or risk from falls.
- The opportunity to read and be up to date with any changes to the service user's care and support needs.

National Care Standards: Care at Home, Standard 3.1: Your personal plan and Standard 4.1: Management and staffing.

This recommendation was made on 25 October 2017.

Action taken on previous recommendation

Support workers rely on receiving accurate and up-to-date information, obtained from a clear assessment and review process. However, it is clear from previous outstanding requirements that the service is failing to meet the statutory requirements in relation to regular reviews and amending personal plans as required. Therefore, this recommendation has not been met.

NOT MET

Recommendation 6

The service provider should fully involve the service user and/or their family in all aspects of the support being provided. Their views and preferences into how and when this support is provided should be sought and taken into account at all times. This should be clearly recorded.

This recommendation was made on 17 May 2016.

Action taken on previous recommendation

It is our conclusion that the service endeavours to include service users and/or their family in aspects of the support being provided. However, it is clear that key areas of service delivery which are aimed at improving communication between the service and service users and their carers/families are not effective. Firstly, schedules arrive late, are often wrong and changes are not always communicated to the service user or carer/family. Secondly, six monthly reviews are not in line with legislative requirements, therefore this opportunity to feedback to the service is not being captured. Service user and carer involvement and participation in all aspects of service delivery is underlined in legislation and the National Care Standards. We will continue to monitor participation in future inspections.

NOT MET

Recommendation 7

The service should ensure that they agree the times of service provision with the service user / representatives. They should ensure that they provide the service consistently to meet the needs of service users. Where the times of visits are changed, this should be agreed and recorded within the personal plan or added to the service user agreement.

National Care Standards; Care at Home; Standard 2; The Written Agreement and Standard 4 Management and Staffing.

This recommendation was made on 27 June 2016.

Action taken on previous recommendation

It is clear that information sent to service users is often received days after the service has started or the information that is contained in schedules can be incorrect. We also established that the visiting times do differ beyond a reasonable period of time therefore we would encourage the provider examine the processes and resources available to comply with this recommendation.

NOT MET

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings
11 Oct 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
21 Oct 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
6 Nov 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
12 Jul 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
12 Nov 2012	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
20 Apr 2012	Re-grade	Care and support 2 - Weak Environment Not assessed Staffing Not assessed Management and leadership 1 - Unsatisfactory
16 Jun 2011	Unannounced	Care and support 4 - Good Environment Not assessed

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Jan 2011	Announced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	4 - Good
6 Apr 2010	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
25 Nov 2009	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Dec 2008	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.