

Meallmore Lodge Care Home Service

Daviot
Inverness
IV2 5XQ

Telephone: 01463 773118

Type of inspection: Unannounced
Inspection completed on: 4 June 2018

Service provided by:
Daviot Care Limited

Service provider number:
SP2010010915

Care service number:
CS2010249586

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Meallmore is registered to provide a care home service for a maximum of 94 adults or adults with mental health problems.

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

The provider is Daviot Care Limited.

The care home is situated in well maintained landscaped grounds approximately seven miles south of Inverness. The building comprises of a converted Victorian building with an adjoining two storey extension, three bedroom cottage and a separate single storey purpose-built unit.

There are 90 single bedrooms but three of these could accommodate double occupancy, for example a married couple or siblings. All bedrooms have en-suite toilet facilities and 69 of the rooms also have showers. There are a number of shared lounges, dining rooms, bathrooms and toilet facilities throughout the home. The care home is divided into four separate units which aim to meet the different types of care needs of people using the service.

There are 20 bedrooms in the Lodge, 24 in Heather, 20 in Moy, 23 in Drumboe plus three in the Cottage.

Meallmore Lodge's aims are to maximise the quality of life for clients by providing choice, safeguarding individual rights, giving fulfilment, independence and respecting dignity along with high quality care.

There were 87 people using the service at the time of the inspection.

What people told us

As part of the inspection process we gathered people's views in a variety of ways. People who used the service and their relatives or carers were invited to take part in the inspection by filling in a questionnaire or by talking with the inspectors or the inspection volunteer. Before the inspection we sent 45 care standards questionnaires to the service to pass on to people using the service and 45 for relatives or carers. We received 18 completed questionnaires back from people who were using the service and 18 from relatives and carers.

We spoke with 15 people experiencing care across the different units and with five visiting relatives or friends. People we spoke with told us it was a good home and that they were happy with the care and support they received. People spoke positively about the staff and the manager. They also spoke highly of the chef, the food and the choices that were available. Some people told us they would like to go outside more and some people would like to go into town more.

Comments we received from people who were experiencing care included:

'The quality of care is very good. I get very good support and get everything I ask for. The staff are very caring'

'It is well run and organised'

'They are brilliant in this home'

'The staff are very good and can't do enough for you. They are very patient with you'

'The staff do their best for you'

'The staff are all very good and they can't do enough for you. They are freindly and I have a laugh with them. I like them all.'

One person told us about the difference it had made to him having his own garden.

Comments we received from careres and relatives included:

'It's a good home. I'm very happy with the care here'

'I cannot commend staff highly enough for the palliative care they provided for my mum'

'They get activities most days and taken out in the garden. There are outings but only a few from each unit can get out at a time'

'The staff are friendly and caring'

'My relative has enjoyed being outdoors all her life in all seasons and is now couped up all day which I feel is detrimental to her health and wellbeing'

'[my relative] is looked after wonderfully well. Care is taken to cater for all aspects of his life. As a result he is calm and happy'

'Although very pleased with the overall care I feel that there appears to be a large turnover of staff and that there are many staff where English is not their first language and my relative has difficulty understanding what is said'

'Staff are always willing to listen and try to resolve any issues which may concern me on behalf of my mother.'

Self assessment

We are not requesting providers (except childminders) complete a self-assessment during 2018/19. We discussed the services systems for monitoring and how they planned for improvements.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Overall the outcomes for the people regarding their daily care and support were adequate. The service must make improvements by building on strengths and addressing the areas that are not contributing to positive experiences and outcomes for people.

People should experience care and support that is right for them. Staff seemed kind and caring towards the people they were supporting and people told us the care was good. Through our observations and conversations we found the outcomes for people and the quality of support they received was not consistent across the different units of the home. Some people benefited from a person centred approach which supported their needs

and wishes. For instance one person had his own garden which he had developed with support of the gardener. This had enabled him to maintain his previous interests and a sense of belonging, pride and purpose.

There were some good examples where people's health and well-being had improved through the right support from staff and the involvement of other professionals. Conversely, there were also people who received care and support in a task orientated way and were not being well supported. **(See recommendation 1)**

The importance of patient, emotional support, respect, choices and preferences was not evidenced in the way people with dementia were supported during periods of our observations. There were times during the inspection in some units where the staffing levels and the way staff were deployed was having a negative impact on people's well being. The management agreed to review the staffing arrangements and people's dependency levels. They should also take appropriate action to make sure that staff have time to support and care for people and to speak with them.

Medication arrangements were good and there had been an improvement in staff administration and recording practices of people's prescribed topical creams and ointments. This was not consistent for people experiencing care across all the units of the home. The service should continue to improve the outcomes for all the people who are using the service

People's care plans should be right for them. The quality of people's care plans was not consistent. **(See recommendation 1)**

Some contained very good information about people's needs and how these would be met. For instance one care plan gave good information about how to support a person with their stress and distress. Another person had no plan of care in place for this or about the circumstances when the medication should be used. The care planning system might be a barrier for some people to be fully involved with developing and reviewing their personal plan and alternatives should be considered. Care plan review meetings records varied and the action plan and follow up information was not always completed. This made it difficult to see how people were fully involved in reviewing their personal care and whether the plan was right for them. We discussed the outcome star model would be more appropriate to support some people. Staff had received training on using the recovery approach and the use of the outcomes approach should be considered.

It is important that people achieve their potential and are supported in making lifestyle choices. Activities and events took place within the home on a regular basis. The service had involved people with deciding what activities and events took place. The opportunities and support for people to maintain and develop activities that mattered to them varied across the different units within the home as did people's needs and abilities. Staff actively encouraged people to take part in activities that were going on such as a sing along outside and to help with chores such as setting the table and dusting. These activities can give a sense of purpose and belonging. At times when people seemed bored and disengaged, it was felt that people would have been happy to be involved, had there been more activities offered. Experiences could be better for the people who staff find it more difficult to engage with and who need more support. It was good to see people getting the benefit from spending time outside. Unfortunately, although the door to the garden was open, people in one unit were not supported to use the outdoor space when we were there. Some staff felt they did not have the time that was needed to provide people with activities that they wanted and they would benefit from. The service should look at ways they can support people better and ensure that each person is supported in a way that is right for them.

It is important that people can choose suitably presented and healthy meals and snacks. The meals were nutritious, appetising and well presented. The food was a very high standard and this included textured modified diet and there was a good range of choices. Good use made of adapted crockery and cutlery. All the feedback we

got about the meals and the chefs was positive. People had been involved in choosing the spring menu through a 'come dine with me' activity which had been popular. Staff recognised the importance of people getting enough to drink and this was readily available. Staff offered people cold drinks and ice cream which people seemed to enjoy as it was a very warm day. The dining rooms were nicely set and mealtimes were a positive, social experience where people were generally well supported. The mealtime experiences for people were generally good. People in the Heather unit could be supported better and some environmental factors could be improved which would enhance people's mealtime experience.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. People should experience care in a planned and agreed way that meets their needs, wishes and preferences. Information should be regularly reviewed with their involvement to ensure the plan is up-to-date and that the person is experiencing the right care and support they need.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (Health and Care Standards 1.12) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (Health and Social Care Standards 1.23)

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found the quality of environment to be good. There were a number of important strengths which outweigh areas of improvements. Areas of improvement are needed to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. There was a high standard of accommodation across the home. One person told us, 'the quality of the environment is very good. Bedrooms very comfortable with a bed and a television.'

The Drumboe unit is undergoing refurbishment and we could see how this had already enhanced the environment for people living there. Plans for a new lifestyle kitchen in the Drumboe unit had been put on hold at this stage however the 'residents' kitchen' was still available for people to use. There were good maintenance arrangements in and health and safety audits took place. These contributed to providing a safe environment for people. We discussed the importance of risk assessments being carried out that linked to accidents within the home. Although we could see this took place in most instances, the service should be vigilant in looking at risks from all accidents and consider ways to reduce risks for where these have been identified.

The premises should be have been adapted, equipped and furnished to meet people's needs and wishes and people should be able to independently access the parts of the premises they use. There was good lighting and some signage, contrasting colours and pictures had been used in some areas of the home to support and help them to find their way. Personalised pictures had been used in the Heather unit to help people recognise their rooms. These were not in use in the Lodge although we met people in the lodge who are living with dementia and would benefit from these. Although the accommodation in the Lodge unit was of a high standard, generally use of signage cues and use of contrasting colours was poor. The positioning and amount of signage within the Heather unit, use of colour for example to distinguish between different corridors, reduction of noise and reassessing and improving the seating and dining areas could all be improved to enhance the environment for people. The provider should support the service to take a more considered and informed approach to enhance the environment for people using the service with dementia or cognitive or visual impairment. **(See recommendation 1)**

People should be have an appropriate mix of private and communal areas, including accessible space. There were several communal areas in each unit where people could choose to sit. These were nicely decorated and comfortable. There was a choice of a quiet communal area in each unit of the home in addition to the main lounges. People's bedrooms were nicely decorated and personalised with their own personal items, belongings, pictures and photographs which promoted a sense of wellbeing, belonging and identity.

There were dining rooms in each unit and people had a choice where they had their meals. The conservatory in the main building had coffee making facilities and could be used by people with their families when they visited. A new hairdressing salon had been incorporated into the Heather unit to give people the experience of 'going to the hairdressers' where it might not have been possible to go out to do this. The service was surrounded by very nice, well maintained grounds. There was unrestricted access to an enclosed garden from the Moy and Heather units although we could not see that the Heather unit garden was well used and it was not well signposted. The grounds could be freely accessed from the Drumboe unit and there was good use being made of the outdoor space to provide people with positive experiences and opportunities. One person had their own garden, people spent time siting outside in the fresh air and there was fruit, vegetables and herbs growing in the poly-tunnel where people could help the gardener. The Lodge unit had no dedicated garden space and people had no free access to go outside and relied on staff being free to support them, this limited people's opportunities and choice. Several people across the home told us how they enjoyed being out in the garden however one person told us, 'I can't go anywhere without someone taking me. It's bit like a prison in that respect, you are curtailed here.' Consideration should be given to ways the environment could be adapted to enable more people to have better opportunities to go outdoors and experience the positive benefits that this would bring them.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider and management should reassess the environment and develop and implement an action plan based on their findings to enhance the environment for people using the service with dementia or cognitive or visual impairment.

This is to ensure care and support is consistent with the Health and Social care standards which state 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (Health and

Social Care standards 5.16) and 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (Health and Social Care standards 5.11)

Grade: 4 – good

Quality of staffing

Findings from the inspection

Overall the quality of staffing was adequate. The service should address areas for improvement while building on strengths.

People should experience stability in their care and support from people who know their needs, choices and wishes, even when there are changes in the service and organisation. A new experienced manager has taken up the post in November 2018 and staff vacancies had been filled. The staffing in the home was more stable, staff morale had improved and consequently the atmosphere within the home had improved. The manager had re-organised staffing within the home to ensure there was a good skill mix in each team and was supporting staff to develop their roles within their teams. Staff told us things had improved over the last six months. Staff were generally kind and caring. They seemed to know the people using the service well and most of the interactions we saw between staff and people using the service were good.

People should have confidence in the people who support them because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff were recruited safely and supported by a thorough induction process. The organisations learning and development arrangements were well established and could be used to support staff to develop the skills needed for their role and to maintain their registration on the relevant register. Training was provided through a number of methods and new opportunities had been recently been introduced for staff to enhance their roles, knowledge and skills. Staff were supported to register and maintain their registration with the relevant professional body. The majority of staff had an appraisal. Staff felt they would benefit from more regular supervision and more opportunities to meet together as a team. Currently there is not a clear pathway for staff to identify additional training, especially as supervision had not been re-established yet. **(See recommendation 1)**

Champion roles were promoted by the organisation. This area had been slow to progress previously within the service due to staff turnover and changes in management. The new manager was making progress with staff to re-establish these within the home. Monthly clinical governance meetings had been introduced which should help to move the champion roles forward and to develop the staff.

The service should continue to support staff development and evaluate the effectiveness training has had in supporting staff to improve the experiences of people living at Meallmore.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Management arrangement should enable staff to have regular supervision to ensure they are well supported and their training needs are identified and taken account off when planning training.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their own practice and follow their professional and organisational codes.'(Health and Social Care Standards 3.14)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found the quality of management and leadership was good. There were important strengths which had a significant positive impact.

The service and organisation should be well led and managed and people using the service should benefit from a culture of continuous improvement. A new experienced manager had taken up post last November and this had been beneficial in stabilising the staff group. The manager was familiar with the organisation's structure policies and procedures. The organisation had good quality assurance systems, which involved people using the service, visitors and staff views. People's views were sought formally and informally. The manager had a good overview of what is going on in the service and had been working hard to re-establish and use the quality assurance systems within the service. Audits were being carried out and action plans were being developed and acted on. The manager was dealing with any issues of concern that were raised promptly and looking to see if lessons could be learned form these to improve the service. The manager had improved communication with staff and the way information was shared. Collectively these changes had resulted in the general atmosphere across the service being calmer and the service being more organised. The manager was visible within the service and people knew who she was and found her approachable. People said they felt listened to.

People using the service and relatives told us:

'The manager does call in to see me. I attend the resident's meetings and they do address any issues that come up'

'The manager is approachable. I attend any meetings for relatives'

'The manager is very good and runs the place well. I attend the meetings for updates and to put forward suggestions.'

Staff told us things had improved over the last six months.

The management team were committed to working and supporting staff to establish a culture of continuous improvement and enhance the experience for people using the service.

The management team also took onboard the information we raised with them during the inspection visit and took steps to address these promptly or had begun to look at was these could be addressed.

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 provider must ensure staffing levels, staff skills and abilities are at all times appropriate to meet the health and welfare of people who use the service.

In order to achieve this provider must:

- a) Review staff deployment for service users in relation to the lay out of the building over a 24 hour basis, ensuring that supervision of service users is provided in sitting rooms and that service users can retire to bed when they wish.
- b) Undertake a full analysis of service user's dependency level of needs to determine the level of staffing required and identify where possible that if a service users' needs fluctuate this is taken into consideration.
- c) Ensure service user dependency levels are regularly updated and regular audits completed to monitor compliance of staffing levels and staff deployment in the home.

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 15(a)(b) - to make proper provision of sufficient staff.

Timescale: On receipt of report

This requirement was made on 14 August 2017.

Action taken on previous requirement

The service had continued to recruit staff and the staff group was more stable. The dependency levels of people using the service had been reviewed and looked at the way staff were deployed across the home. Although this requirement had been met, there were times during the inspection in some units where the staffing levels and staff deployment was having a negative impact on people's well being.

.See Quality of care and support section of this report.

Met - outwith timescales

Requirement 2

The provider must make proper provision for the management, recording and reporting of accidents and incidents. In order to do this the provider must:

- a) Review the current arrangements for reporting accidents and incidents in this service.
- b) Ensure all relevant accidents and incidents are reported without delay to the relevant authorities and that accurate records are maintained.
- c) Carry out risk assessments and take appropriate preventative action with regard to individual needs relating to accidents and incidents.
- d) Ensure there is a consistent approach to monitoring and analysing accidents and incidents, ensuring appropriate action is taken.
- e) Where appropriate, a review of care is arranged with relevant parties and interim arrangements are put in place where necessary to ensure the health and well-being of people using the service and staff.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011, SSI 2011/210 regulation 4(1) (a) - requirement for the health and welfare of service users.

Timescale to be met: 31 August 2017

This requirement was made on 14 August 2017.

Action taken on previous requirement

The service had a good system in place for recording and reviewing accident, incidents and falls. Some changes had been made to the forms and staff had received information about how to use them which had brought about some improvement. The way management reviewed accidents and incidents had improved although there were still times when this needed to be better. The Management had a better overview of accidents and incidents happening with in the home. Consequently the were able to look at the information to see if there were trends or areas where risks could be reduced to improve people's outcomes.

Met - outwith timescales

Requirement 3

The provider must review their management of skin integrity of service users. This is to ensure that the skin care needs of service users are assessed on an ongoing basis and suitable care is provided. In order to do this you must:

- a) Provide training for all staff on skin care integrity and monitor this in practice.

- b) Be able to demonstrate that skin care assessment, planning, risk assessments and interventions are in place to care and support those service users at risk of developing skin care conditions. This should also take account of other conditions such as diabetes where skin integrity can be at risk and healing compromised.
- c) Where wound care plans are in place, these should adhere to dressing changes as per instructed.
- d) Where concerns are raised regarding skin care conditions, appropriate medical advice is sought without delay.
- e) Undertake audits of skin integrity care plans and wound care plans to monitor compliance.

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 5 – requirement about personal plans; And regulation 15(b) (i) – requirement about training.

Timescale to be met: 31 August 2017

This requirement was made on 14 August 2017.

Action taken on previous requirement

Nursing and senior care regularly assessed people's skin care needs and staff contacted relevant health professionals when they had concerns about people's skin integrity. There had been some improvement people's care plans and record keeping relating to pressure ulcer prevention and management although the information was sometimes difficult to find. Staff should continue to improve the way they plan care and record information to ensure that people's skin care needs are fully met.

Met - outwith timescales

Requirement 4

This requirement was made as a result of an upheld complaint investigation.

The provider must improve the approach to skin care and tissue viability.
In order to do this the provider must:

Provide training for staff in skin and tissue viability to ensure they have the relevant skills and knowledge to undertake best practice in this area.

Where residents are identified as requiring support to manage skin care and tissue viability, staff must fully assess and manage this in line with best practice.

A skin and tissue viability care plan should then be fully developed and implemented and accurate records kept.

This should include the use of any prescribed creams to assist in maintaining a resident's skin integrity and tissue viability.

A full risk assessment should be in place with clear guidance for staff of what action should be taken if there is

any deterioration in a resident's skin and tissue viability.
Regular audits of skin and tissue viability plans should be undertaken to monitor compliance.

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 5(1) - requirement for personal plans; And regulation 15(b)(i) requirement about training.

Timescale: To be met by 30 November 2017

This requirement was made on 9 September 2018.

Action taken on previous requirement

See requirement 3 above.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The provider should explore and develop ways to support people to access and take part in activity they find meaningful to them as individuals and to maintain links with the wider community.

National Care Standards Care Homes for Older People. Standard 6: Support arrangements and National Care Standards Care Homes for Older People. Standard 17: Daily life

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

The service was recruiting for a new part-time activities assistant post for the Drumboe to support people in the Drumboe unit. This was an addition to the activity co-coordinator and two part-time assistants who were employed in the home. Although activities and events took place within the home on a regular basis, the opportunities and support for people to maintain and develop activities that mattered to them varied across the different units within the home. The service needs to look at ways they can support people better in a way that is right for them regardless of which part of the home they are living in.

Recommendation 2

The provider should ensure that there is an up to date personal plan in place for each person using the service. This plan should detail the person's assessed health, welfare and safety needs and set out how staff will deliver the support to meet these needs.

National Care Standards Care Homes for Older People. Standard 6: Support arrangements.

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

See Quality of care and support.

Recommendation 3

Staff should review the personal plan with the person using the service and their representative at a minimum of once every six months and more frequently when indicated or requested. This is to ensure that the information in the care plan is current, agreed and reflects the persons choices, preferences and care needs.

National Care Standards Care Homes for Older People. Standard 6: Support arrangements.

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

Care plans had been reviewed at least six monthly although review records were not always easy to find and one instance was not available. The content of care plan review meetings varied and the action plan and follow up information was not always completed. This made it difficult to see how people were fully involved in reviewing their personal care and whether the plan was right for them. See Quality of care and support.

Recommendation 4

Staff should ensure that when people are prescribed emollients and creams as part of their planned care, that they administer them as prescribed and record on the correct documentation that they have been administered by them.

National Care Standards Care Homes for Older People. Standard 14: Keeping Well - Health care.

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

There had been an improvement in the administration and recording practices however this was not consistent for people experiencing care across all the units of the home. The service should continue to improve the outcomes for all the people who are using the service.

Recommendation 5

Where staff administer medication prescribed on a when required basis, the reason for administering the medication and effectiveness should be assessed and recorded.

National Care Standards Care Homes for Older People. Standard 15: Keeping well - Medication

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

There had been a general improvement in this area and the effectiveness of medication was been monitored better. Medication audits had also been undertaken to monitor areas of practice.

Recommendation 6

The provider and management should reassess the environment and develop an action plan to enhance the environment for people using the service with dementia or cognitive or visual impairment.

National Care Standards, Care Homes for Older People: Standard 4 – Your environment

Is Your Care Home dementia friendly? Enhancing Healing Environments (EHE) Environmental Assessment Tool

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

The re-assessment of the environment had not taken place at the time of the inspection. See Quality of Environment.

Recommendation 7

The provider should ensure suitable plans and arrangements are in place for staff to undertake the necessary training and develop their champion roles within the service.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

The organisation promoted champion roles and had training systems in place to support staff within these roles. This area had been slow to progress previously within the service due to staff turnover and changes in management. The new manager was now progressing the development of champion roles within the home. A new list of staff who were undertaking champion roles was being drawn up. Some staff held champion roles and some staff had been identified to take on the champion roles that were vacant. Monthly clinical governance meetings had been introduced which should help to move the champion roles forward and to develop the staff. The service should continue to develop these roles and to support staff development.

Recommendation 8

The management should implement and establish quality assurance systems at this service that effectively assess the quality of the service they provide. The provider and management should take appropriate action to improve the quality of care and experience for people using this care service.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

The organisation had good quality assurance systems in place however at the last inspection these were not followed or being used effectively. A new manager had taken up post since the last inspection and had re-introduced the quality assurance arrangements at service level. The management had been working hard to re-establish the quality assurance arrangements and to generally improve communication and to improve outcomes for people using the service.

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
19 Jun 2017	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
19 Jan 2017	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
7 Jul 2016	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
15 Mar 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
15 Jun 2015	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate

Date	Type	Gradings
16 Feb 2015	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 3 - Adequate Management and leadership 2 - Weak
18 Jul 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
25 Feb 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
11 Oct 2013	Re-grade	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership Not assessed
25 Jun 2013	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
26 Nov 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
23 May 2012	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
5 Dec 2011	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate

Date	Type	Gradings	
16 May 2011	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
16 Dec 2010	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed

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