care inspectorate

Springboig Care Home
Care Home Service

150 Larchgrove Road
Springboig
Glasgow
G32 0AD

Telephone: 0141 766 0005

Type of inspection:
Unannounced

Completed on:
6 June 2018

Service provided by:
Care Homes (Scotland) Ltd

Service provider number:
SP2007008815

Service no:
CS2007142131

HAPPY TO TRANSLATE

About the service

Springboig Care Home provides care and support for 70 persons in a purpose built building located in the north-east of Glasgow. The provider is Care Homes (Scotland) Ltd and the service has been registered with the Care Inspectorate since April 2011.

The service has three floors due as the building is built on a slope. The first and second floor units have care groups for Nursing and Dementia. The ground floor Enhanced Residential Unit is presently closed.

People who use the service have individual bedrooms with full ensuite facilities. There are communal lounges and dining room within each of the units.

There is a garden area to the rear of the property for use by all persons who use the service. To the front of the property offers car parking facilities and a number of seating benches.

The care home has a published mission statement "Springboig Care Home strives to provide consistent high standards of care at all times".

At the time of the inspection the care service had twenty vacancies.

What people told us

Feedback from people who use the service and their relatives or advocates who took part in the inspection process, through questionnaires' or were interviewed, varied but in the majority of cases were positive regarding the service they receive.

"Staff are excellent with my relative, they look after him well and know how to make him laugh. He's happy there".

"I have spoke to staff, management and owner about these concerns and nothing has ever been done"

"My relative is unable to communicate her feelings or likes and dislikes and I am unsure as to their (staff) capacity to give the special attention for their needs"

"Staff have not asked me how I feel ... don't know my key worker or the Activities Co-ordinator ....they are good enough to take me to the toilet though. The food is lovely and plenty to eat with good choices. I would like to go out".

"I like it here ..... not a lot to keep busy - don't take part in activities quite happy to sit in my room with a cup of tea. They've brought two guys to sing to us but not sure about organised trips. My relatives will take me out".

Self assessment

Care services were not invited to submit a self-assessment during inspection period 2018-2019.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The residents told us they were fully involved when assessed by a qualified person, other people and professionals regarding their emotional, psychological, social and physical needs at an early stage, regularly and reviewed when their needs change. They told us that they were treated by the staff with dignity and respect, felt listened to and valued . People who experience care should have a full life through their placement in the care service who supports them providing an enabling attitude and realise the individuals potential and wishes which are recorded in their care plan.

Overall the care plans sampled were sufficiently detailed to inform staff on how they should provide support for an individual and their preferences, assessed needs with support plans and risk assessments. We found that the care plans could be more person centred with evaluations that reflect if the planned care had resulted in the desired outcome and how the resident had benefitted from this as a result or what further action was needed. (See recommendation 1).

The majority of people who experience care told us they have their medication administered by nursing staff. Some residents may need help with medication due to a lack mental capacity to make decisions about taking medications to keep them well but people who experience care should be able to have as much control as possible and make informed choices and decisions about risks. The service has had assessments carried out to establish individual's capacity and legal status which helps identify what medical interventions are necessary. We were not confident that the areas for improvement highlighted by the in house audit process had been followed in totality and the outcomes acted upon to protect the welfare of people who experience the care. Requirement 3 from previous inspection 9 August 2017 has been reworded to acknowledge the work carried out by the service since 9 August 2017. (See requirement 1)

Requirement 2 from previous inspection 9 August 2017 has been repeated which focussed on the facilitation and organisation of activities experienced by people who use the service and the creation of a stimulating environment.

People told us they were offered a choice of activities that met their spiritual needs, kept their brain active and informed of local and worldwide events through the daily newspapers and TV. Many people spoken to told us they chose to stay in their own rooms as the opportunities for activities did not interest them and no one sits and talks to them.

The use of the Short Observational Framework Inspection (SOFI2) and other observation of practice recorded and concurred with what people told us that they have choices to participate in activities. Activities should be appropriate and meaningful to the people who experience the care through personalised interactions with staff to improve their individual physical and mental health outcomes in opposition to a task focussed approach to care. (See recommendation 3)

People told us the food was good and they got hot and cold drinks when they wanted. We observed mealtimes which had a relaxed atmosphere which encouraged diners to have a good intake from a menu offering choices and varied diet. The food on offer was presented in an appropriate manner and our observations showed that residents had access to various snacks and drinks throughout the day ensuring that their nutrition and hydration needs were being met.

The residents of Springboig do not have access to their own transport which would provide for spontaneity of making trips and outings depending on weather and choices of the people who use the service. The people who use the service do visit local community facilities such as the local church or the numerous nearby shopping centres because the care home is located near public transport links and or local taxis are organised.

People who need help managing their monies and personal affairs are able to have as much control as possible and their interests are safeguarded by the implementation of the providers financial policy and procedure. At the time of the inspection the management team at the care home did not manage any residents' finances but did facilitate the secure keeping of pocket money for individuals to pay the hairdresser, daily newspapers or the occasional fish and chip supper.

Requirements

Number of requirements: 1

1. The provider must ensure that staff practice and recording ensures that resident's rights are upheld and wellbeing maintained when they are supported with medication, care of skin and wounds, legal status, and have an overview of the whole service.

This must include but is not restricted to:

- Health care audits such as medication, wounds, weights, food and fluid, falls and continence
- Action plans of all audits to be regularly reviewed to ensure issues are dealt with.
- Quality of care plan information

This is to comply with SSI 2011/210 4 Welfare of users 4.
(1) A provider must
(a) make proper provision for the health, welfare and safety of service users
Timescale: to commence on receipt of this report and to be fully implemented by 9 September 2018

This ensures that support is consistent with Health and Social Care Standards: My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and any treatment or intervention that I experience is safe and effective (HSCS 1.24)

Recommendations

Number of recommendations: 2

1. The service provider should ensure that assessments relating to the care needs of residents are accurately completed and link to clear strategies to address the identified need. Care reviews should reflect outcomes being achieved as a result of the support and care provided.

This ensures that support is consistent with Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12) and My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1:15)

2. The service provider should ensure that there are greater opportunities for all residents to participate in activities that are beneficial to them.

This ensures that support is consistent with Health and Social Care Standards: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning opportunities every day, both indoors and outdoors (HSCS1.25) and I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)

Grade: 4 - good

Quality of environment

Findings from the inspection

People who lived in the home told us that the 'place was clean and odour free' and they were able to personalise their bedroom and bring some items in from home. The resident's bedrooms provided ensuite facilities to ensure individuals independence of personal care. The bedroom space was such as to provide appropriate seating facilities for individuals to entertain visitors in comfort. People who use the service are unable to make use of their SMART TV, ipad and telephone systems to support skype and other communication methods with their friends or interests around the world because this care service does not have the necessary Wi-Fi technology. The organisation does not have a website but has a Facebook account but should ensure all permissions are provided by people who use the service are in place to protect their privacy. (See recommendation 1)

A number of people told us that they like to spend time by themselves in their own bedroom listening to the radio or watching TV but each unit offers alternative choices of where to spend the day. The communal areas provide large lounge-cum-dining rooms within each unit or smaller lounge offering a quiet space to read a book or hold a meeting. We noted that the quiet lounges were underutilised. There was a lack of evidence that the people who use the service had been asked for their views on why they do not access these areas, which can provide further physical space, and how to improve the environment. The communal bathing and shower room facilities offered specialised equipment to meet individuals assessed needs. These bathing facilities lacked a homely feel and appearance to relax in when carrying out intimate care.

The service has participation and consultation policy and procedure which people told us they and their relatives can have input through residents and relatives meetings in the decision making processes regarding the delivery of care and support, activities, and making it a more homely environment throughout the building.

The residents from the first floor were benefitting from the good weather and fresh air as they moved freely from the lounge areas into the rear garden where they had access to seating and the marque protected them from direct sun and wind. People who experience care in the other units of the care home are unable to independently access all parts of the premises where they live. These restrictions are created by the installation of security keypad systems including, the public lift, and they must ask or await staff or their visitors assistance to go outside and receive the health benefits sun on the skin, breathing in fresh air and admire the flowers.

Whilst there are positives in terms of how the internal and external environment enhances resident's day to day experiences we identified areas for improvements from completing a walk round of the home. We shared at feedback with the provider photographic evidence of the areas for improvement and that people who use this service should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. We found that the building, both internally and externally, was tired and in need of some refurbishment. (See recommendation 2)

A small number of residents were smokers and told us they had access to a designated smoke room. To protect the safety of all residents the service should ensure that the monitoring records and risk assessment audits for the designated smoke area are reviewed within the timescales specified by the organisation.

People who use the service can be reassured that the provider protects their health and welfare through the employment of suitably qualified persons and agencies for the completion of regular maintenance checks, repairs and servicing of equipment used within the home. The collection and disposal of broken items does not take place in a timely manner and the provider has placed these items in a place that is visible to all visitors to the care home which does not provide a positive impression.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should publicise and explain to all parties the opportunities within 24 hour care for the usage of or accessibility to varying formats of new technology to reduce the opportunity of individuals experiencing isolation and ensuring an ease of communication by people who use the service and their family and friends, community and wider world.

This ensures that support is consistent with Health and Social Care Standards: If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet (HSCS 5:10)

2. The provider is referred to the Mental Welfare Commissions publication Rights Risks and Limits to Freedom, the Human Rights Act and the Kings Fund Tool. The service should with the support of these publications create an action plan with timescales to improve the outcomes for people who experience care with regard to the safe movement between the interior and exterior of the home and probable reopening of the ten bedded Enhanced Residential Unit.

This list should not be seen as exhaustive:

(1) Programme for the upkeep of the ground and removal of overgrown foliage
(2) Assess the trip hazard created by direct access to a flight of steps for unsupervised residents
(3) Assess the insecurity of the gardens which have direct access to the car park and exit from the premises
(4) Review the capacity for people who use the service to potter in the gardens and access to the underutilised raised flower beds
(5) Review the capacity of the gardens and grounds to accommodate seating to cater for up to a maximum of seventy residents.
(6) Risk assess the underfoot conditions to ensure that the drying green can be accessed by individuals who wish to participate in the meaningful activity of washing and hanging out their clothing.
(7) The service should create a protocol for the storage of and prompt disposal of broken equipment

The provider should submit a copy of this action plan to the Care Inspectorate.

This ensures that support is consistent with Health and Social Care Standards: I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support (HSCS 5:1) and I can independently access the parts of the premises I use and the environment has been designed to promote this (HSCS 5:11)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The people told us that the staff were kind and supported them with their care and felt reassured that the provider had a recruitment policy and procedure and completed PVG and sought appropriate references to protect their welfare and safety. (See recommendation 1).

Staff who returned the questionnaires or were interviewed told us they had access to management and a framework of support through supervision, daily and team meetings to enable them to do their job effectively and deliver person centred care and support. The record keeping and minutes of the framework of meetings available to staff could be more robust and outcome focussed to assist with communication to meet the needs of the individuals who experience care and the delivery of a high standard of care.

The people who experience care were reassured that their safety is protected by the services use of best practice guidance "Safer recruitment through better recruitment". This meant that the necessary checks of nurses and care staff are fit to practice and registered with the Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC).

The quality and lack of depth of staff training for the workforce at Springboig was identified as a key area for improvement and failure to be equipped with most up to date practice could compromise the delivery of care and the outcomes for individuals. The manager was aware of the concerns and challenges to meet the timescales for staff with dated conditions of their registration with the SSSC but was constrained by external influences. (See recommendation 2)

Staff told us that they had little knowledge of such topics as Promoting Excellence - Dementia Standards and the new Health and Social Care Standards implemented April 2018. We believe these should be promoted with staff as these influence their day to day practice and outcomes for residents. (See recommendation 2).

We were told that staff training is classroom style because the care service lacks the Wi-Fi technology to support elearning training delivered online for staff. (See recommendation 2).

The provider was signposted to sources of training material and topics for learning to create a knowledgeable workforce.

Discussion took place with the provider regarding the risk that if suitable training was not made available to meet the SSSC timescales for registration purposes of care staff and validation purposes for nurses that the outcome could lead to staff being unable to practice or impact on the levels of staff turnover.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider and service should engage with people who experience care and their relatives to identify those who would be keen to participate in and assist with the recruitment and interview process for persons who have applied for nursing and care vacancies.

This ensures that support is consistent with Health and Social Care Standards: I can take part in recruiting and training people if possible (HSCS 4:9)

2. The provider and service should audit the training requirements of the whole workforce and generate an outcome focussed action plan identifying priorities and timescales as to how they will meet all targets set by the appropriate agencies, SSSC and NMC, and create a well-trained and motivated workforce to meet the assessed needs of people who use the care service.

This ensures that support is consistent with Health and Social Care Standards: I experience high quality care and support because people have the necessary information and resources (HSCS 4:27)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Staff spoken to during the inspection shared that the current period was more stable than previously and described the retention of the manager was seen as a positive by the majority of the staff and professional visitors. The majority of people used the service and their relatives told us that they knew who the manager was and how to make a complaint if necessary.

People who experience care and their relatives told us they have choices of seeing the manager at her drop-in times and are invited to attend meetings to share their views and get access to the minutes. Springboig has a participation policy and procedure for engagement with all stakeholders, to aid communication and the gathering of feedback and create an outcome action plan. The service has a yearly planner for these meetings but records show they are not well attended therefore the service should consider developing a suite of communication methods to capture the reflective view of people who come in contact with Springboig Care Home.

The service was underpinned by the provider's aims and objectives and quality assurance systems to enable their employees to carry out their job effectively and efficiently and meet the individual's goals. The completion of the quality assurance systems by the service could be more robust as the records showed a lack accuracy to detail regarding follow-up action and did not cover all relevant areas within the service to protect the welfare of people who experience care.

The people who use the service and their relatives are the most knowledgeable about the delivery and receipt of care, the environment, the staff, management and organisation and presently are not actively encouraged to be involved in improving the service they use in a spirit of genuine partnership. People who experience care and their relatives should be supported to give regular feedback on how they experience care and support and the organisation uses learning from this to improve the service.

There are vacancies within the senior management team. The provider and management told us that they viewed the completion of the recruitment process should provide an expertise that will support the manager to have capacity to carry out managerial duties through the delegation of tasks. The provider and manager's expectation is that filling vacancies and creating a stable workforce will overtime drive up standards and improve outcomes for people who use the service and their relatives. The service has reduced the use of agency staff so that people who experience care have a stability in their care and support from people who know their needs, choices and wishes, even if there are changes in the service or organisation.

The organisations in house development and improvement plan should be regularly reviewed to reflect and record the capacity for improvement of the care service through a proactive not reactive response to the findings of the inspection process and to increase the level of positive outcomes for people who use the service. (Please refer to Environment: recommendation 2)

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 have person centred outcome focused care plans that detail how residents prefer their support to be carried out.

This must include but is not restricted to:
- all daily charts used to monitor resident's health care to be fully completed
- fully completed care plans for wound assessment and dressing changes
- ensure care plans have clear guidance on risk assessments for staff to offer support in a person centred way
- care plans to have individual person centred outcomes that identify the benefits of the support residents receive
- ensure staff have the information to support residents to maintain their skills and help them remain as independent as possible
- a fully completed and up to date inventory of each residents' belongings.

This is to comply with SSI 2011/210 Welfare of users 4. (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 30 November 2017.

This requirement was made on 9 August 2017.

Action taken on previous requirement

The care service submitted an action plan to the Care Inspectorate after the previous inspection where they committed to put in place:

A yearly planner for residents and relatives meetings.

Manager will continue with these meetings "until all who live and visit Springboig are confident that they know who the manager is".

Manager will continue with monthly "drop in" surgeries and monthly planner.

Allocation of key workers will be reviewed and key workers will introduce themselves to people who use the service and their relatives. A picture of the residents key worker will be found on the back of the bedroom door.

Monthly audit of selected care plans will continue with a minimum of four per month being audited initially with this increasing as staff become competent and confident in the Quality Assurance process and can assist senior management. The service should calculate how long it will take them to complete all 70 care plans and if there are other methods of completing an effective and efficient method of auditing care plans.

Feedback regarding all quality assurance and audit processes, including fluid charts, will become an agenda item for staff supervision will be given to staff on an individual basis. Staff training will take place regarding using MUST nutrition and hydration documents will be put in place.

We fed back to the service that we could see the work they have put into improving the care plans and they seem to be easier to follow. The recording in daily charts, wound assessments and health requirements were well recorded. Reviews are taking place.

Although the care plans are outcome focussed the care service has room for further development.

Met - outwith timescales

Requirement 2

The provider must ensure a stimulating environment for all residents.

This must include but is not restricted to:
- evidence of residents being consulted about what activities they want to do
- a person centred activity plan developed from this consultation
- evidence of activities taking place
- activities being evaluated to ask residents if they were enjoyed or they had any suggestions to make them better
- all staff to have training in delivering meaningful activities
- the manager to continue to recruit an activity co-ordinator.

This is to comply with SSI 2011/210 Welfare of users 4. (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 30 November 2017.

This requirement was made on 9 August 2017.

Action taken on previous requirement
The care service submitted an action plan to the Care Inspectorate after the previous inspection where they committed to put in place:

The care service has very recently appointed a new Activities Co-ordinator who has previous experience in the role but it is too early to quantify the impact of this appointment.

Induction programme was inclusive of attendance at the last meeting of the CAPA activities project and provided with all the information publications to aid her new role. Will also take the opportunity to liaise with the person in post at the sister care home.

Due to the size of Springboig with 70 persons experiencing care this role of Activities Co-rodinator is a facilitator for all staff to lead activities within their own units.

The style of delivery of care to persons using the service, task orientated, could constrain and limit opportunities for meaningful activities due to working practices.

We acknowledge the care service and staff over the last six months have worked hard to embed day to day practice to be inclusive of meaningful activities and use of the facilities available but there is still capacity for improvement to create positive outcomes for all residents.

Not met

Requirement 3

The provider must fully complete accident and incident paperwork after any accident or incident to clearly show any actions taken.

This must include but is not restricted to:
- any actions taken after an accident or incident including details of any investigation
- if any additional support needs are required after an accident or incident it should be clear from the form where the record of this can be found
- a monthly audit and analysis of accidents and incidents to identify risks
- measures put in place to try to prevent further accidents or incidents
- all staff should be trained in the reporting of accident and incidents.

At feedback the provider agreed to start work on this immediately.

This is to comply with SS1 2011/210 Welfare of users 4. (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To start on receipt of this report and to be completed by 31 August 2017

This requirement was made on 9 August 2017.

Action taken on previous requirement
The evidence provided reflected that the service has and will continue to develop action plans following analysis of accidents/incidents .

Staff have and will continue to receive training on the appropriate completion of accident reporting and documentation.

The service has decided to develop an expertise through the creation of an in house falls team.

The sampled accident and incident records indicated that all appropriate parties were contacted and notified appropriately.

Met - outwith timescales

Requirement 4

The provider must have an overview of the whole service.

This must include but is not restricted to:
- health care audits such as wounds, weights, food and fluid, falls and continence
- audits to include prevention measures and any aids put in place

- quality of care plan information
- staff training
- participation opportunities such as resident and relative meetings and surveys and six monthly reviews
- action plans with staff identified to deal with any actions within agreed timescales
- action plans of all audits to be regularly reviewed to ensure issues are dealt with.

This is to comply with SSI 2011/210 4 Welfare of users 4.
(1) A provider must
(a) make proper provision for the health, welfare and safety of service users

Timescale: to commence on receipt of this report and to be fully implemented by 30 November 2017

This requirement was made on 9 August 2017.

Action taken on previous requirement

The evidence provided reflects that the service has completed parts of this requirement but not met in full. We have reworded the requirement in this inspection report to acknowledge the areas still outstanding and refer to Environment to read the new requirement.

The manager has started and some work is in progress regarding the completion of quality assurance and audit processes to improve outcomes for people who experience care.

We observed that there appears to be a barrier to those identifying issues and taking immediate action to resolve. For example the temperature in the medication room recorded in excess of best guidance on numerous occasions and failure to resolve the matter to protect the integrity of the stored medication.

The manager expressed that when a full compliment of staff is available then tasks could be delegated to enable her to review data and have an overview for the service.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

Recording of discussions in six monthly care reviews should be improved. This should include identified actions for the next six months and changes needed to ensure the care plan continues to meet residents' care needs. The views and comments of families who have been consulted should also be included.

This is to comply with National Care Standards, Care Homes for Older People, Standard 6, Supporting Arrangements.

This recommendation was made on 9 August 2017.

Action taken on previous recommendation
This recommendation is met.

The evidence provided by the service confirmed that the reviews for people who use the service were taking place at least every six months and the content of review discussions with family members/representatives were recorded. It was clear that relatives/representatives were being invited to participate in and contribute to reviews along with their relative. The personal plans sampled contained a useful six month care review protocol which directed staff how to arrange and hold an efficient and effective care review with full records.

To assist the usefulness of the review meeting, consideration that the agenda could be available to all stakeholders in advance for their contributions and the areas for inclusion and discussion such as existing arrangements for supporting people to manage money and legal requirements such as Power of Attorney (POA), Adults With Incapacity (AWI), Guardianship arrangements and identified actions for the next six months as these were not consistently recorded in personal plans.

There are areas for further development regarding the six month review process and outcome minutes and action plan but the evidence shows that the service has worked hard to progess this recommendation and we will follow this up at future inspections.

Recommendation 2

The dining experience should be improved. This should include:

- opportunities for residents to wash their hands before or after their meal
- a varied nutritionally balanced choice of foods
- residents given visual aids to assist them to choose their meal.

This is to comply with National Care Standards, Care Homes for Older People, Standard 13, Eating Well.

This recommendation was made on 9 August 2017.

Action taken on previous recommendation
This recommendation is met.

Feedback was provided to the senior management by the Inspection Volunteer who dined with residents, regarding the experience of the people who use the service. The tables were well presented but there were a lack of serviettes for individuals to wipe their hands.

People who use the service were provided with pictorial menus to aid decision making. Overall the quality of the food was good and the chef sought feedback from the diners.
One diner said the food was "plentiful".

All staff have a responsiblity to ensure that people who use the service experience a well presented and pleasant dining experience and were observed to be visible throughout the meal offering plenty of fluids and assistance to those who required it.

We observed that preparation for dining may or may not be a regular occurence, such as hand washing, and the provision of something to wipe hands on during the meal was ad hoc.

We informed the service that a number of people who use the service were noticeably sleepy throughout the lunchtime experience and what impact that has on their nutritional and fluid intake and impact on their overall health and wellbeing.

Recommendation 3

The curtains in the kitchen/dining areas should be removed and replaced with appropriate cupboards.

This is to comply with National Care Standards, Care Homes for Older People, Standard 4, Your environment.

This recommendation was made on 9 August 2017.

Action taken on previous recommendation

This recommendation is met.

The provider has installed appropriate cupboard doors in the units located in the pantry areas within the communal lounge-cum-dining room areas.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
11 Dec 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jun 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	1 - Unsatisfactory

Date	Type	Gradings	
29 Mar 2017	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 1 - Unsatisfactory Not assessed
13 Jul 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
12 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
4 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
14 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
15 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
21 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
6 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good

Date	Type	Gradings	
12 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
5 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
24 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 5 - Very good
15 Dec 2010	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed Not assessed
29 Sep 2010	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
29 Apr 2010	Announced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 2 - Weak 2 - Weak 2 - Weak
12 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 1 - Unsatisfactory 2 - Weak 2 - Weak
11 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 3 - Adequate 2 - Weak

Date	Type	Gradings	
19 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
4 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
21 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

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