

Preston House Care Home Service

Alburne Park
Glenrothes
KY7 5RB

Telephone: 01592 612418

Type of inspection:

Unannounced

Completed on:

28 June 2018

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2009228249

About the service

This service was registered with the Care Inspectorate on 20 October 2009.

Preston House care home is a purpose-built property centrally located in Glenrothes, Fife. The home is on four levels and offers rooms for up to 64 older people. The service is owned and managed by Kingdom Homes Limited.

The provider ethos is:

"that quality of life should never be a thing of the past".

There were 48 people at home during this inspection. The registered manager and regional manager were available to support the business of inspection.

What people told us

We received five completed Care Standards Questionnaires (CSQs) from residents, their relatives and staff before this inspection visit. Information provided within the questionnaires reflected a fair degree of satisfaction with the level of service experienced.

Areas for improvement identified included the number of staff available, meals, communication and the management of concerns.

Written comments included:

- "Quality of food, the amount and how it is served is a big issue. A lot of time cups of tea are missed out morning and afternoon if staff are too busy.....".
- "Staff have changed a bit recently - nurses are different daily at the moment which can upset my (relative)".
- "Very good single room which is very useful to fit in my (personal) equipment. Bright room; decorated with all my ornaments, TV etc.; feels homely; always clean and tidy - laundry excellent".
- "I am happy with my relative's care in Preston House and wish to thank them for their care towards (them)....".
- "Preston House is like a home from home. Polite cheerful staff. Visitors are always made welcome at any time.....".

The views of residents, relatives and staff were gathered throughout our time in the home. They again provided information about how satisfied they were with the service their loved one received and identified areas for improvement. This home continued to benefit from a good number of visiting relatives and we witnessed a warm welcome in reception and staff taking time to speak with visitors.

We also carried out SOFI 2* observations involving five people over a lunchtime. Our observations provided evidence of a good dining experience. Staff demonstrated warmth and took their time creating a relaxed atmosphere where the social element was not lost and supported an element of fun.

*SOFI 2 is a short observational framework for inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who are unable to tell us about their views and experience of the service.

Self assessment

The service was not asked to submit a self-assessment before this inspection.

The provider's own audit information, was helpful in determining how effective the home's quality control systems were in supporting standards in all aspects of the service.

As part of our inspection we discussed the way this service could further develop and present their improvement plan in light of the newly introduced Health and Social Care Standards.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We were reassured by our observations of meal times. We could be confident staff provided good assistance and supervision in a friendly, respectful manner. People enjoyed the social aspect of the meal and staff contributed to this while tendering assistance discreetly.

The chef was visible and responded positively to any and all feedback given directly, throughout our visit. It was evident that kitchen and housekeeping staff played a large part in the service experienced by residents and their families.

Time spent with people living here confirmed that they felt safe and secure without being overprotected. The atmosphere was relaxed with any distress being managed effectively. Our observations confirmed staff were respectful and that care was being delivered discreetly. As a result we could be confident that people could experience compassionate care. It was clear that care staff knew the people in their care, by the manner in which they approached them and established communication.

We were encouraged that care records sampled continued to show some improvement in terms of a more person centred approach to writing. Records could support staff practice and reflect the individual written about. Areas for improvement remain in regard to the completion of charts and, evaluating the effectiveness of care and support delivered **(see recommendation 1)**.

It was evident that many people using this service were increasingly frail and required nursing care. The dependence on agency nursing staff presented challenges in terms of the evaluation of care, oversight, communication and continuity **(see recommendation 2)**.

We were encouraged to see the management of medication was included in the home's audit system and that the audits highlighted that people had not received the right medication at the right time, with the potential to affect health outcomes. Our own sample of records and audits indicated that risks remain. **The Requirements (1) and (2) recorded under Management and Leadership, apply.**

We could be confident that some people here regularly enjoyed the group activities organised and that the activities coordinator was enthusiastic and had a good awareness of the value in supporting 1:1 opportunities. There was some concern that staffing levels did not consistently facilitate activities.

We were encouraged by the enthusiasm of staff and their recognition of the importance of meaningful activity in supporting the quality of life experienced by the people in their care. On balance, the provision of activities remains an opportunity to evidence positive outcomes for people **(see recommendation 3)**.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. In order we can be confident that records reflect a high standard of care and support that is right for the individual, the provider should improve the way they are completed and maintained to evidence:

- effective assessment of need,
- delivery of planned care and
- evaluation of outcomes of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) 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) and "My care and support meets my needs and is right for me" (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

2. In order we can be confident that people experience high quality care and support the provider should review the way nursing care is provided and how effective their service user dependency measurement is in supporting people with increasing cognitive impairment and frailty.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "If I experience care and support in a group, the overall size and composition of that group is right for me" (HSCS 1.8) and "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "My care and support meets my needs and is right for me" (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23) and "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and speak with me" (HSCS 3.16) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

3. In order we can be confident meaningful activity has a sustainable positive impact on the wellbeing of people living in Preston House, the provider should review the way activities are facilitated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS 2.18) and "I am encouraged and supported to make and keep friendships, including with people my own age" (HSCS 2.19) and "I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" (HSCS 2.21) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22) and "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life" (HSCS 2.24) and "People have time to support and care for me and to speak with me" (HSCS 3.16).

Grade: 4 - good

Quality of environment

Findings from the inspection

Following discussion with residents and staff, a review of a sample of documentation and observation of practice, we were reassured that Preston House had maintained a good performance in relation to the quality of the environment. People could benefit from good facilities. Discussions with people living here confirmed that they felt safe and secure without being over-protected.

The atmosphere was very relaxed and feedback from people living here reflected a high level of satisfaction with their room and housekeeping. The home had been designed to provide a pleasant place for people to live. We could be confident that people could choose to use communal areas or enjoy the privacy of their own room and they could have personal belongings, including items of furniture.

The top floor presented a cosy atmosphere where people benefited from highly visible staff. The ground floor was light and airy, benefitting from good access to the garden. The middle floor did present more of a challenge in terms of creating a homely environment. We could accept staff monitored communal areas and observed people to promote safety while carrying out their duties but opportunities for meaningful engagement may be missed. **Our recommendation (3) recorded under care and support applies.**

We were encouraged by immediate action to manage unpleasant odours during our visit. We also observed inconsistencies in relation to the standard of room presentation in terms of decoration and how people nursed in bed were left in between episodes of care. We were encouraged by immediate action taken to initiate improvements. The provider could review the impact of resources, audit processes and staff training as part of their improvement planning. **Our recommendation (2) recorded under management and leadership applies.**

We could be confident that the home was run in a way that protects people. Any restraints in place were supported by risk assessments and subject to review. Records of risk management and safety checks were complete, up-to-date and reflected consultation with external agencies. Staff could report procedures in the event of emergencies. Sight of records held electronically verified mandatory and non-statutory staff training is ongoing.

The use of safety gates in residents' bedroom doors had been queried but was verified as being resident and family choice in response to people mistaking which room was theirs. This could indicate the need for the provider to review the way the home supports a mixed resident group with increasing frailty and cognitive impairment. **Our recommendation (2) recorded under care and support applies.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We were encouraged by feedback from people using the service and their visitors that continued to indicate staff were generally held in high regard. They were seen as very hard working, caring and friendly despite being busy with the demands of their job. However, they continued to experience some breakdown in communication; and were concerned that staff did not always have enough time to attend to people effectively, undermining their confidence and trust in the service being provided.

Staff spoken with recognised the benefits felt from the continuity that an experienced core care staff provided and the risks inherent in a reliance on agency staff who may be unfamiliar with the people in their care. We were encouraged by management recognition of the need to remain diligent in regard to ensuring staff had all the necessary resources to carry out their job. As recorded within our last inspection, we noted the role played by senior care staff in the management and delivery of care and could be confident they supported effective communication with everyone with an interest in the service. As recorded earlier within this report, the dependence on agency nursing staff presented challenges in terms of supporting the evaluation of care, maintaining oversight, communication and continuity. **The recommendation (2) recorded under management and leadership applies.**

We could be confident that staff had been recruited in a way that has been informed by safer recruitment guidance. The process was well organised and documented. We were encouraged to see there was good staff induction which was aimed at supporting a new programme of staff development.

During our inspection we had the opportunity to spend time with residents informally and make general observations of staff practice and interactions. It was evident that staff knew the people in their care and understood their individual care and support needs and how to approach the business of delivering care. We could be confident that they had good awareness and understanding of the individual health needs of the people in their care. There was a genuine desire to improve the quality of life for people and they were aware of the risk of reverting to task orientation in order to support routine, sequential care. There was a warm, friendly atmosphere, despite some very busy times during the day.

Staffing levels and the system for deploying staff across the company's various homes had been queried. From examination of duty rosters and a view of the provider's dependency measurement tool, we could see that the provider had a system in place to measure one against the other. As recorded within our last report, the provider could consider the design and layout of the building and support for activities, within this calculation.

In order to build confidence and trust in everyone with an interest in the home, the provider could develop service user information around the management of staff absence and how the dependency measurement tool informs staffing. **Recommendation (2) recorded under care and support applies.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order for everyone experiencing the service at Preston House to enjoy good quality care and support, the provider should demonstrate staff have the knowledge and skills needed. This will involve delivering a planned training programme and should include the care and support for people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The provider had clearly set out their vision, values, aims and objectives within the mission statement recorded within service user information and which can be used to measure how well the home is performing and by anyone with an interest in the home. In recognition of the increasing nursing needs of people living in Preston, the provider should review their aims and objectives and service user information to ensure they accurately reflect the service provision. **Recommendation (2) applies.**

We could evidence improvements in record keeping and in terms of supporting a person-centred style of writing. We recognise record keeping as a work in progress where staff have to work hard to maintain current, complete and relevant notes that can support communication, guide and support practice as well as, evidence and evaluate care given. **Our recommendation (1) recorded under care and support, applies.**

During the inspection, we were aware of the provider's own auditors presence and ongoing scrutiny, however, we still picked up many areas for improvement which when reported back were reported as known but initiated immediate action from senior management. We observed inconsistencies in relation to the standard of room presentation in terms of decoration and how people nursed in bed were left in between episodes of care. We were encouraged by immediate action taken to initiate improvements. The provider could examine the effect systems in place to monitor and improve services has had to date. **Recommendation (1) carried forward from our last inspection, applies.**

The development of the home's improvement plan should detail what is to be done, how it will be done and by whom. This should also be supported by a plan, which should include timescales and demonstrate a clear regular measurement.

The process of audit could also provide a good opportunity to involve everyone with an interest in the home and measure how well the review processes supported and demonstrated an evaluation of the effectiveness of care planned and delivered. **Recommendation (1) carried forward from our last inspection, applies.**

An area for improvement remains medication administration records. We have carried forward Requirements (1) and (2) to allow time for the service to evidence of effective management of the risks associated with the management and administration of medication. Action taken should include the service delivered by agency staff.

We were reassured by the capacity of senior members of the care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrated a commitment to ensuring standards are maintained and improving the quality of life for people living here.

Feedback from residents identified areas for improvement including the quality of the meals. In discussion it was evident that concerns could be raised and had resulted in staff consulting with residents, and efforts had been made to increase satisfaction by making changes with varying results. "... (the chef) has tried to please making other food as alternative, sometimes it is better".

Feedback from residents, relatives, staff and other stakeholders continued to highlight the inconsistency they had experienced when approaching management with concerns. The risks associated with dissatisfaction with the way concerns are managed continued to be mitigated by the performance of staff on the floor and at reception.

As part of any review of service user information, the provider could look at different ways to engage with relatives and carers. This would help develop relationships with relatives and carers, and could be used to gather ideas for improving the quality of the service. **Our recommendation (1) recorded under staffing, applies.**

We would also expect the management of concerns to provide an indication of performance. We would suggest outcomes from complaint investigation could contribute to a lessons learned approach to managing risk and supporting improvements as well as a measurement of performance to inform self-evaluation. **Our recommendation (1) carried forward from our last inspection, applies.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11) and "I can be meaningfully involved in how organisations that support and care for me work and develop" (HSCS 4.6) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. In recognition of the changing needs of people living in Preston House and the opportunity the introduction of the new Health and Social Care standards offers, the provider should review their aims and objectives, service user information and policy and procedure to:

- take into account the new Health and Social Care Standards
- support self evaluation and improvement planning
- provide more detail about the day to day service at Preston House
- inform resources, staff training, roles and responsibilities
- ensure information accurately reflects service provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I receive and understand information and advice in a format or language that is right for me" (HSCS 2.9) and "I have agreed clear expectations with people about how we behave towards each other, and these are respected" (HSCS 3.3) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).

Grade: 3 - adequate

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

Previous requirements

Requirement 1

Medication must be managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- Ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.
- Develop and implement a procedure to communicate verbal orders when there is a change to a prescription.
- Ensure that all handwritten entries are signed by two members of staff and reference is made to the prescriber.
- Ensure that staff have the skills and knowledge to ensure safe and effective medication administration in accordance with protocols.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

This requirement was made on 30 May 2018.

Action taken on previous requirement

We recognise the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. We were encouraged by a reduction in missed signatures and incidents around the management and administration of medication that was verified at this inspection.

It was agreed to carry forward this requirement to allow time for evidence of sustained improvements to be made available and in order we can have confidence in the systems and practice in place to ensure safe and effective treatment.

Timescale: 28 September 2018

Not met

Requirement 2

The provider had, through their own audit systems, identified missing signatures as a persistent issue. Medication must be managed in a way that protects the health and wellbeing of service users. In order to achieve this, the provider must demonstrate that staff follow policy and best practice in regard to medication administration records.

This is in order to comply with SCSWIS (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI/210 Regulation 4(1)(a) - requirement for health and welfare of service users and regulation 15(b)(l) - requirement about training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "Any treatment or intervention that I experience is safe and effective" (HSCS 2.24) and "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 20 February 2018.

Action taken on previous requirement

As recorded under requirement (1), we recognise the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. We were encouraged by a reduction in missed signatures and incidents around the management and administration of medication that was verified at this inspection.

It was agreed to carry forward this requirement to allow time for evidence of sustained improvements to be made available and in order we can have confidence in the systems and practice in place to ensure safe and effective treatment.

Timescale: 28 September 2018.

Not met

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

Previous recommendations

Recommendation 1

It is recommended that the service improves communication systems with representatives/relatives and visitors when an outbreak of infectious disease occurs within the service.

National Care Standards care homes for older people. Standard 5: Management and staffing arrangements.

This recommendation was made on 30 May 2018.

Action taken on previous recommendation

Although made in reference to a specific situation, the provider could consider a review of procedures and service user information to include a detailed section around standard operational procedures for staff in regard to all communication.

Please see recommendation (3) recorded under management and leadership.

Recommendation 2

For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This recommendation was made on 20 February 2018.

Action taken on previous recommendation

Improvement planning was seen to be at an early stage. **We have carried forward this recommendation (1) under management and leadership.**

Recommendation 3

In order for everyone experiencing the service at Preston House to enjoy good quality care and support, the provider should demonstrate staff have the knowledge and skills needed. This will involve delivering a planned training programme and should include the care and support for people living with dementia.

This is to ensure that 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, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This recommendation was made on 20 February 2018.

Action taken on previous recommendation

We recognise the provider's commitment to improving staff training through the introduction of a new planned programme to support SVQ qualifications. This was verified as at an early stage and the impact on outcomes for people living in Preston, has yet to be evaluated.

With this in mind, we have carried forward this recommendation under staffing.

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
27 Sep 2017	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
24 Nov 2016	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
6 May 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
6 Oct 2015	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
7 Oct 2015	Re-grade	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed

Date	Type	Gradings	
30 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
12 Jan 2015	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
25 Aug 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
19 Nov 2013	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 5 - Very good
30 Apr 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
5 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate Not assessed
14 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 3 - Adequate
14 Sep 2012	Re-grade	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 2 - Weak Not assessed

Date	Type	Gradings
29 Jun 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
19 Jan 2012	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
6 Sep 2011	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
8 Dec 2010	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
27 Apr 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 4 - Good

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