Wheatlands
Care Home Service Children and Young People
Wheatlands House
Lee Brae
Galashiels
TD1 1QR

Inspected by: Howard Armstrong
Type of inspection: Unannounced
Inspection completed on: 22 August 2012
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Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Care service number:
CS2008175229

Contact details for the inspector who inspected this service:
Howard Armstrong
Telephone 01896 664400
Email enquiries@careinspectorate.com
Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<td>Quality of Environment</td>
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<td>Quality of Management and Leadership</td>
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What the service does well

Wheatlands provides very good standards of care and support to young people. The atmosphere in the home was relaxed and informal and we observed that relationships between young people and staff were very good.

What the service could do better

The service should improve the recording of informal suggestions from young people. It should amend its main complaints procedure to make it clear that complaints can be made to the Care Inspectorate at any time.

What the service has done since the last inspection

The service had put in place all of the requirements and recommendations that we made at the last inspection. Also, it had acted on most of the areas of development that we identified.

Conclusion

Wheatlands works very well with young people to help them establish stability in their lives. The team works collaboratively with social workers and other agencies to make sure that young people’s needs are met. Staff team members continue to work very well together and morale is high.
Who did this inspection
Howard Armstrong
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at: www.careinspectorate.com

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

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Wheatlands is registered to care for a maximum of five young people between the ages of 12 and 18 years. It is run by Scottish Borders Council, providing residential care for young people who are assessed as requiring medium to long term care. Its mission statement is: “Wheatlands will provide high quality childcare for all young people accommodated here. We aim to do this by providing a safe, caring, supportive environment which enables individuals to progress towards and reach their full potential”.

The home is run on a day to day basis by the manager and most shifts are led by one of the Senior Social Care Workers. Young people are cared for by a team of permanent Social Care Workers who are backed by a pool of bank staff. The bank staff were obtained from a consistent pool of people who had been specifically recruited for Wheatlands and who were said to know the home and young people.

The domestic staff also play an important role in the life of the home, comprising the cook and two domestic assistants. They were well known to the young people and were seen to relate well to them.

During the inspection visit, four young people were present at various times. Similarly, the manager, senior and several workers were present at various times, together with two domestic staff.
Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 5 - Very Good**
**Quality of Environment - Grade 5 - Very Good**
**Quality of Staffing - Grade 5 - Very Good**
**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This inspection was undertaken on an unannounced basis by Howie Armstrong, Inspector, Care Inspectorate from 10.50am - 4.00pm on 08 August 2012. The Inspector was ‘shadowed’ during the inspection by Denise Coia, a Care Inspectorate Board member. We returned briefly on 22 August to conduct a follow-up interview with a young person.

We sent six Care Service Questionnaires (CSQs) to the service for distribution to young people so that they could give us their views about the service. Two completed forms were returned to us.

The following activities were undertaken:

• Discussion with the manager and three members of staff
• Telephone discussion with the ‘Who Cares?’ advocacy workers
• Individual discussion with two of the four young people in residence at the time.

Inspection of common areas and bathrooms and review of the following documents:

• Service annual return and self assessment
• Two service user questionnaires that were returned to us
• Two questionnaires from referring social workers that were returned to us
• Care plan files for three young people
• Incident records
• Young people’s meeting minutes
• Young people’s information leaflet
• Staff meeting minutes
• Risk assessments
• Two case file audits
• One line manager audit
• Monthly performance management reports
Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
The provider must make sure that medicines are always stored in a locked cabinet. Scottish Statutory Instrument (SSI) 2011 No. 210 Social Care, Regulation 4(1)(a) - a requirement to ensure that providers make proper provision for the health, welfare and safety of service users. Timescale: Within one week of receipt of this inspection report.

What the service did to meet the requirement
The provider had replaced the faulty cabinet.

The requirement is: Met

The requirement
Given the very heavy use of the bathrooms the provider must make sure that fixtures and fittings are sufficiently robust and are maintained regularly. Scottish Statutory Instrument (SSI) 2011 No. 210 Social care, Regulation 10(2)(b) - a requirement to ensure that premises are of sound construction. Timescale for implementation: within one month of the publication date of this report.

What the service did to meet the requirement
The provider had replaced the shower and cabinet with a much more robust unit.

The requirement is: Met

What the service has done to meet any recommendations we made at our last inspection
We made four recommendations at the last inspection:

1. The service should commit its participation strategy to writing. National Care Standards, Care Homes for Children and Young People, Standard 7.1 - Management and staffing. This had been done.
2. The young people’s handbook and the complaints procedure should be revised to make it clear that complaints can be made directly to the Care Inspectorate at any time.
National Care Standards, Care Homes for Children and Young People, Standard 18.4 - Concerns, comments and complaints.
The service had produced a new complaints leaflet for young people that made this clear.

3. The service should devise an infection control policy and share it with young people.
National Care Standards, Care Homes for Children and Young People, Standard 11 - Keeping well - lifestyle.
The service had devised a 'young person friendly' infection control policy.

4. The service should review hot water arrangements to make sure that adequate hot water was available for young people at all times.
National Care Standards, Care Homes for Children and Young People, Standard 5.2 - Your environment.
The manager told us that this was no longer an issue and that the hot water system seemed to be adequate.

The annual return
Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.
The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.
Taking the views of people using the care service into account

We sent six Care Service Questionnaires to the service for distribution to young people so that they could give us their views about the service. Two completed questionnaires were returned to us before the inspection visit. These indicated general dissatisfaction with the service.

We managed to interview both young people who had returned questionnaires. One told us that they were in fact happy living at Wheatlands and with the way that the staff treated them. The other young person told us about a number of concerns and said that while they were not unhappy staying at Wheatlands they would prefer to be living elsewhere.

We discussed the concerns raised with the manager. He was aware of most of them and felt that staff had tried hard to resolve them. He agreed to encourage young people to make formal complaints to the service if they had substantial concerns. In this way the issues would be documented and the young person would receive a formal, written response. He was also making arrangements for the new independent advocacy worker to visit the home informally to spend time with the young people and build up trusting relationships.

As some of the concerns related to food choices, the manager said that he would review this area with the new cook to make sure that adequate choices were always available. He confirmed that young people were involved in suggesting menu items and said that he would make sure that these consultations were always recorded by the cook.

Taking carers' views into account

We did not contact any parents or carers as part of this inspection.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
This section includes evidence from Quality Theme 1, Quality Statements 1.1 and 1.3.

We found that the service was operating very well in the areas covered by this statement.

We found that since the last inspection, staff had involved young people in personalising the lounge and other common areas by framing and displaying photographs of themselves and their activities. This gave the house a much more homely feel. It also encouraged young people to take more ownership of the building and look after it well. Young people were also involved in choosing colour schemes for their own bedrooms as well as common areas. They had helped to paint some of the common areas.

We talked by telephone with the independent advocacy workers who visited Wheatlands regularly. They told us that there had been no major issues raised by the young people over the past few months. Generally, they found that staff were committed to involving the young people in developing the service but were still trying to find the most effective ways of doing this. They told us that they found the young people to be quite ‘up front’ in raising any issues they had directly with staff. They told us that they thought relationships between staff and young people were generally very good. This agreed with what we observed and with the positive atmosphere in the house from young people and staff.
The service had committed its participation strategy to writing since the last inspection. We thought that the strategy was useful and educative for staff and would help them to understand the central importance of participation and involvement.

Young people benefited from a very good and attractive information leaflet that they were given when they came into residence. There was also a clear and useful guide to making complaints.

Staff had involved young people in a working group looking at participation issues in the home. We saw a paper that the group had prepared on involving young people in recruitment and selection of new staff. We thought that this was very good and would give young people significant responsibilities.

The manager was able to give us very good examples of ways in which young people had raised issues that had then been progressed by staff. It would be useful to keep a record of these examples (see below).

The manager had arranged for a former resident to act as Chairperson of the young people’s meetings. It was hoped that this would give the meetings more independence and encourage young people to get involved.

**Areas for improvement**

We thought that the participation strategy could benefit from clearer suggestions of the kind of participation activities that staff should regularly undertake.

We thought that staff were possibly over-reliant on the house meetings (which had not taken place for some time) as the major way of involving young people in developing the service. However, in group living situations, informal feedback could be very important. We thought that staff could do much more in recording informal ideas from young people, as well as comments relayed by the Who Cares? workers. See recommendation 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service should continue to develop a range of ways of involving young people in improving the service, and should avoid over reliance on any single method. National Care Standards, Care Homes for Children and Young People, Standard 18 - Concerns, comments and complaints.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
We found that the service was operating very well in the areas covered by this statement.

The care plans that we examined were well organised and helped staff support young people through access to relevant information. Each care plan had a very useful checklist at the front. The service also used a Scottish Borders Council electronic recording system called Framework to record health and other information, including casenotes.

The ‘looked after children’ nurse (LAC) visited the home each week, and young people could have confidential sessions with her. Staff were also able to use the LAC nurse as a resource to discuss young people’s health issues in general. The home had established links with a range of other healthcare professionals and called on them as necessary.

The two referring social workers who returned questionnaires to us told us that they were happy with the way that the service was meeting the needs of the young people they had referred.

As recommended at the last inspection the service had produced an infection control policy and shared it with young people. They had devised a separate guide for young people on infection control. We thought that this had been very well done as it was young-person friendly and had an educational emphasis.

Young people’s safety in relation to medication was supported by an appropriate recording system for the administration of medicines. We checked that two staff witnessed and signed off the administration in all cases, and that the reasons for medication being prescribed were recorded.

Young people’s nutrition was promoted through a very good healthy eating policy. This was very clear and gave staff good advice and strategies to use with young people. Young people were involved in planning menus, and in shopping for ingredients. This was also used as a way of helping them to develop budgeting skills.

Staff had put in place a ‘leaving care’ project to offer support to young people who had left the home. This had made sure that young people knew they could contact staff for any advice they needed, or just to chat. Among the other support offered was a monthly invitation to join staff and residents for dinner.
Areas for improvement

The service told us in its self assessment that the development to become a Health Promoting Establishment had not been taken forward as hoped. This was partly due to staff changes in the NHS. The service still hoped to pursue this development with a view to having it in place by September 2012.

The main complaints procedure did not make it clear that complaints could be made to the Care Inspectorate at any time.
See recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should revise the main complaints procedure to make it clear that complaints could be made directly to the Care Inspectorate at any time.
   National Care Standards, Care Homes for Children and Young People, Standard 18 - Concerns, comments and complaints.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
This section includes evidence from Quality Theme 2, Quality Statements 2.1 and 2.2.

See Quality Theme 1, Quality Statement 1.1 for information about participation and involvement that also applies to this statement. We have given this statement the same grade as Quality Statement 1.1.

Areas for improvement
The areas for improvement noted in Quality Statement 1.1 also apply to this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
**Statement 2**

We make sure that the environment is safe and service users are protected.

**Service strengths**

We found that the service was operating very well in the areas covered by this statement.

Security of the building was very good with a closed circuit television system covering the front door.

The Council carried out a Health and Safety audit in April 2012 and the results were generally very good. We checked that appropriate risk assessments of the building were in place and completed regularly. There was a Business Continuity Plan in place to cover any threats to the continued operation of the service. The service was registered as a food business with the Environmental Health department, and had received a pass certificate. Emergency evacuation procedures were practiced every week.

Following a notification that the service made to us earlier this year about an incident involving the Police, we suggested informally to the manager that it would be good practice to have a Police involvement policy. This would give staff clear direction and support young people’s safety. The service had devised such a policy and we found that this covered all the relevant main issues, and made it clear that Police involvement was very much a last resort.

A keyworker system was in place to make sure that young people felt safe in raising issues with at least one member of staff. Young people had access to an independent advocacy service. Staff from this service visited the home regularly to offer informal support to young people, and to take up issues more formally on their behalf if they wished.

There was a system and policy in place to support young people’s safety when they were using the Internet.

The manager told us that relationships with neighbours were good and that he took responsibility for regular contact with them.

The manager’s monthly Performance Review audit included health and safety checks of the building. This supported young people’s safety, as did the manager’s regular review of accident and incident reports to detect any patterns.

We noted that the service had replaced the shower with a more robust, quality unit following a requirement we made at the last inspection. The heating system in the lounge had also been upgraded.
Areas for improvement
The service should continue to make sure that the building is a safe yet homely environment for young people.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
This section includes evidence from Quality Theme 1, Quality Statements 3.1 and 3.3.

See Quality Theme 1, Quality Statement 1.1 for information about participation and involvement that also applies to this statement. We have given this statement the same grade as Quality Statement 1.1.

Areas for improvement
The areas for improvement noted in Quality Statement 1.1 also apply to this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0
Number of recommendations: 0
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
We found that the service was operating very well in the areas covered by this statement.

All staff were qualified or working towards relevant qualifications. All staff were registered with the Scottish Social Services Council (SSSC). Some registrations were conditional on reaching the relevant professional qualification within a particular timescale. This system made sure that young people were supported by staff who had relevant qualifications and who were subject to regular offence checks. Staff also had to adhere to the SSSC codes of practice which promoted high standards of professional behaviour.

We checked staff files and confirmed that staff were supervised regularly and that notes were taken of these meetings. This enabled staff to raise relevant issues and to discuss their own professional and personal development. The manager told us in the self assessment that he had removed all supervisors from the rota for two days per month, to make sure that they had sufficient time to provide supervision and deal with issues arising.

We spoke with three members of staff. They all told us that their induction into the job had been comprehensive and that they had been able to phase into the job by shadowing other staff on several shifts. They all felt well-supported in their work and found the manager and senior staff to be open and approachable. Staff mentioned that team meetings were very useful in planning in detail how to meet the changing needs of young people. Staff told us that training opportunities were good, and that they were encouraged to identify ways of improving the service. Partly as a result of all this staff team was stable and morale was good. All of this supported our own observations that the atmosphere in the service was very positive and that relationships between staff and young people were friendly and productive. This was also supported by comments made by referring social workers in their questionnaires.

Team meetings were held every two weeks and discussed young people’s issues in depth. This helped staff adopt a child-centred perspective and to act consistently when presented with specific behaviours.

The service told us in the self assessment that developmental tasks and responsibilities were delegated across the staff team.
Areas for improvement

The recruitment and selection procedure was out of date as it did not take account of the Equality Act 2010. The manager told us that it was being revised by the Council’s human resources department.

The manager should make sure that developmental discussions at team meetings were recorded properly, for example to provide evidence of staff involvement in determining the direction and future objectives of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
This section includes evidence from Quality Theme 4, Quality Statements 4.1 and 4.4.

See Quality Theme 1, Quality Statement 1.1 for information about participation and involvement that also applies to this statement. We have given this statement the same grade as Quality Statement 1.1.

Areas for improvement
The areas for improvement noted in Quality Statement 1.1 also apply to this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0
Number of recommendations: 0
Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

We found that the service was operating very well in the areas covered by this statement.

See Quality Statement 2.2 for details of a Health and Safety audit that the Council carried out in April 2012. The results of the audit were generally very good.

The night shift staff used a monthly performance management system to assess and report on the quality of the service across a range of areas. Any action needed was noted and progressed by the manager. The external manager had an overview of this system. Also, the external manager completed a thorough case file and unit audit every six months that assessed key quality areas. This was carried out in the unit on an unannounced basis.

Senior social workers in the locality teams were able to audit young people’s case files through the electronic ‘Framework’ recording system.

The service had developed a new complaints leaflet for young people to make the system easier to understand.

Referring social workers who completed questionnaires for us told us that they were happy with the way the service was managed.

Areas for improvement

The self assessment noted that the service needed to develop the involvement of stakeholders in quality assurance systems.

A new annual appraisal system is about to be rolled out across the staff team.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
The service gave us an appropriate action plan.
We noted that a certificate of public liability insurance was not displayed.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
5 Summary of grades

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<th>Quality of Care and Support - 5 - Very Good</th>
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6 Inspection and grading history

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<td>Management and Leadership</td>
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Telephone: 0845 600 9527
Email: enquiries@careinspectorate.com
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