New Directions Community Support Services
Support Service Without Care at Home
10 Main Street
Livingston Village
Livingston
EH54 7AF
Telephone: 01506 464446

Inspected by: David Todd
Type of inspection: Announced (Short Notice)
Inspection completed on: 21 January 2013
Contents

Summary 3
1 About the service we inspected 5
2 How we inspected this service 7
3 The inspection 11
4 Other information 24
5 Summary of grades 25
6 Inspection and grading history 25

Service provided by:
New Directions West Lothian

Service provider number:
SP2003002582

Care service number:
CS2003011006

Contact details for the inspector who inspected this service:
David Todd
Telephone
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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>6</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>5</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>5</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>5</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

What the service does well

The service encourages and supports people to learn new skills and develop existing ones.

People using the service are respected and valued and are encouraged to make choices about all aspects of their support and the activities they take part in.

Staff are enthusiastic in their work and make good relationships with service users.

What the service could do better

The service could ensure staff fully complete the interview records for new staff.

What the service has done since the last inspection

The organisation has changed its name to New Directions West Lothian. This was because the service now works with a wider range of people and needs.

The service is now called New Directions Community Support Services. It includes Vision Community Support. A new service has also started called Access2Support.

More staff now work for the organisation.

The service has continued to ask the people using it how it can improve and involving them in its developments.
Conclusion

The service has continued to develop since the last inspection. It has changed to meet the needs of the people wanting to use it.

It is based on very good, consistent relationships between staff, people using the services and their families. Family members we spoke with said the service was excellent.

Who did this inspection

David Todd
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Before 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.scswis.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 needs to do more to improve, we may make a recommendation or a 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 based on best practice and the National Care Standards.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 (‘the Act’) and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

New Directions Community Support Services provides individual and group day support for adults aged over 16 years with epilepsy, learning disabilities, physical disabilities and other support needs. The service operates on weekdays. The service is made up of two teams, Vision Community Support and Access2Support.

At the time of the inspection the service was supporting about 70 people.

The service aims to support people to get involved in the community and live more independently. It does this by coaching people individually and in small groups to develop skills and confidence. This service is offered for a short or medium term (up to two years). Access2Support also provides an activity based 12 week programme at Bloom House in Livingston for people with learning disabilities. People can choose to continue to the next programme if they wish.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 6 - Excellent
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
We wrote this report following an announced (short notice) inspection. The inspection was carried out by Care Inspectorate Inspector David Todd. This took place on 17 January 2013, between 9.50am and 4.45pm and on 21 January 2013 between 9.30am and 5.00pm. We told the Manager and Director what we found on 21 January 2013.

As requested by us the care service sent us an annual return. The service also completed a self assessment form.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents including:

- Sampled support and care plans
- Reviews of support and care plans
- Risk assessments
- Support agreements
- Communication books and diaries
- Team meeting minutes
- Recruitment records
- Support and supervision records
- Staff training records
- Incident and accidents
- Complaint records
- Quality assurance information
- Restraint policy
- Complaints policy
- Whistleblowing policy
- Notes and records of meetings for people using the services and carers.

Discussions with the Service Manager.
Discussions with the Director.
Discussions with seven members of staff.
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 recommendations we made at our last inspection

There was one recommendation made at the last inspection.

1. It is recommended the service develop a Quality Assurance statement/policy.

National Care Standard, Support Services, Standard 2 - Management and staffing arrangements.

The service had developed a statement. This recommendation has been met.

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.

We 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 of the headings that we grade them under. The service should make it clear that information from previous years is still relevant and more clearly identify areas where it sees it can improve.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process. We agreed with some of the grades the service had given itself.

Taking the views of people using the care service into account

We sent out 20 Care Standards Questionnaires to people using the service and their relatives. Four were returned by people using the service.
Comments included:

'I find the staff very supportive and help to give me the confidence I need to carry out the targets I set myself'.

Three people strongly agreed and one person agreed with the statement that 'overall I am happy with the quality of care this service gives me'.

Other comments can be found in the relevant quality statements.

**Taking carers' views into account**

We sent out 20 Care Standards Questionnaires to people using the service and their relatives. Four were returned by the relatives of people using the service.

Comments included:

'is happy to go to Bloom House, where he is learning how to cook. Confidence levels are rising in the kitchen at home'.

One person strongly agreed and three people agreed with the statement that 'overall I am happy with the quality of care this service gives me'.

Other comments can be found in the relevant quality statements.
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: 6 - Excellent

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

In its strategic plan for 2012-15 New Directions West Lothian said its vision was 'of a society that is accepting, non-discriminatory and offers opportunities for everyone wishing to participate'. We thought that the service put this into practice in the following ways.

People using the service met regularly with their key worker. They were able to comment on and influence the quality of their care and support. This information was used to make changes to the service provided.

Support plans were outcome based. This meant that the support provided was specific to what the person using the service wanted. It helped people see what they had achieved, what they no longer needed support with and what they would like to change. People were encouraged to contribute their own plans, goal updates and changes they wanted.

Reviews of support plans took place at least every three months. People took part in these reviews and were able to ask family and friends to come if they wanted other people there. This meant people using the service and their families had the opportunity to take part in discussions about the care they wanted and changes to it. Some reviews included people’s social worker or advocacy worker.

Information about local advocacy services was available. If people had difficulty making their views known staff encouraged them to make use of advocates. An advocate is independent of the service and helps a person make their wishes clear. The service had good links with a local advocacy service.
The organisation had a Participation Policy. This provided guidance to the service about how to involve the people they supported in developing and improving how they worked. People were encouraged to take part in assessing and improving the service in a variety of ways.

We asked staff how people using the service took part in assessing and improving it. As an example we were told the 12 week group activities were always being reviewed. People using the service were asked how they had enjoyed the programme. Their views were used to plan the next 12 weeks. This meant people had regular input into how this part of the service was provided and developed.

We sat with the group while some activities were taking place. We saw staff gave people choices about all aspects of each activity. People were able to decide if they wanted to take part or do something else. This meant people were engaged in what they were doing and able to control how they wanted their day to go.

We also spoke with family members. One person told us that they were ‘totally happy with the way the service is run. If there are any changes I am contacted verbally with a letter to follow-up. Very efficient and ...is happy to go there’. Another told us the service was ‘constantly asking for feedback’ to make sure ‘we are happy’. They went on to say ‘the service do such a great job - always keep us so well informed...just so good....changed our lives totally’.

The service had a complaints procedure. This was written in an easy to understand picture format. People were told how they could complain, how the complaint would be dealt with and the time it would take before they got a response from the service. The service tried to deal with complaints quickly. People were also told they could complain to the Care Inspectorate.

**Areas for improvement**

The service should continue to promote the excellent range and varied opportunities for participation in assessing the quality of care and support.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

**Statement 3**

We ensure that service users’ health and wellbeing needs are met.

**Service strengths**

People using the service had an up to date personal file, support plan and review records. We saw these were very clearly laid out and written, with precise instructions
about how to support each person in the agreed task. The Manager went out to speak with people who had been referred to the service to see what they wanted to gain from the support. This meant peoples’ views and outcomes were written into the plan from the start. A signed copy of the plan was kept in the person’s home. Many plans included pictures to make them easier to understand.

Once the service had started the Manager kept in contact with service users and their family regularly, in person or by phone, to check that staff were meeting peoples’ needs and wishes. This helped to ensure that excellent outcomes for people using the service were achieved.

Staff we spoke with said they were familiar with the health needs of people using the service. They said that having time to spend with people meant they knew them well and recognised changes in behaviours. They were able to discuss health problems that had affected people using the service, how they had dealt with these and how they had included the person (or their family) in the discussions about what to do, as appropriate. Whenever they were not sure about a concern they said they would contact the Manager.

All staff had completed food hygiene training and had a good understanding of healthy eating and healthy lifestyles. They spoke about how they discussed healthy eating and encouraged people to choose the right kinds of food. They also spoke about how they supported people to prepare their food safely.

Staff spoke about the positive effects their work had on peoples’ confidence and well-being. Some of the activities were goal focused. Others were designed to help improve how people got on with others and made friends and have fun. Some activities helped improve peoples’ fitness. The Health and Beauty group, for example, helped people take more interest in their own health and in looking after themselves. The group was popular and was now run twice weekly to meet demand.

We sat with a group of people using the service over lunch and through some activities. Just before this they had enjoyed taking part in a Zumba class. We saw that people enjoyed the activities. Staff were very attentive to the person they were supporting. They were patient, interested and encouraging and demonstrated very good understanding of the person they worked with.

We also spoke with family members. One person told us the service was ‘absolutely excellent’ and that they were ‘very happy, can’t fault what has been given....(person) is happy so we all are happy’.

**Areas for improvement**

Vision Community Support is transferring the paper copies of files onto the computer system. The service should ensure staff have enough time to carry out this task and while it is being completed, all reviews and other records are kept up to date.
The service told us a signed copy of the personal plan was kept in peoples' homes. However some of the office copies did not have signatures. The service should ensure that copies of all agreements are signed and one is kept securely by the organisation.

Grade awarded for this statement:  6 - Excellent

Number of requirements:  0
Number of recommendations:  0
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
undefined

Areas for improvement
The organisation had been considering selling the Bloom House and moving to another facility. These plans have not been realised and the organisation has now decided to stay where it is. As the services that use the building expand and develop the organisation should continue to expand the ways it involves service users in assessing and improving the facilities.

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
The service was providing a very good level of safety for people using it.

The information in this statement refers mainly to Bloom House in Livingston. This is where group sessions and some individual work take place and where the staff are based.

In the eight Care Standard Questionnaires that were sent back to us four people strongly agreed and four agreed with the statement ‘I feel safe when I am in this service’.
We saw the environment was clean and tidy, well decorated and maintained. People using the service used the ground floor of the building and all parts were accessible. There was a lift to the upper floor although this part of the building was used for staff offices and training.

There was a door entry system to Bloom House. People using the service also had to sign in. This helped staff know who was on the premises.

We saw evidence the service maintained the equipment and alarm systems in use. These included:

* Fire systems checks
* Gas heating systems
* Building maintenance
* Portable electrical equipment tests.

We visited the kitchen areas during the inspection. These were very clean and in good order. People using the service brought a packed lunch with them so meals were not prepared on site. However the Manager told us that staff were trained in food hygiene. This meant they were able to maintain a clean environment in the service. Staff were also able to discuss the importance of keeping meal preparation areas clean with service users.

The service had valid insurance and this was displayed at the entrance to the building along with the certificate of registration.

Staff have a Protection of Vulnerable Groups (PVG) check completed before they start work in the service. There is also a robust recruitment procedure that includes getting satisfactory references from previous employers. All staff had attended Adult Support and Protection training or would do so following their induction into the service. This meant they would know how to act if they had a concern.

**Areas for improvement**

When we looked at staff files we saw that it had not always been possible to get a reference from a previous employer. We suggested the service make a note of the difficulties to demonstrate how they had considered this in their decision to employ staff.

We also suggested that the record of interviews is completed. This should include the scoring sheet used to assess the suitability of the worker. Staff or other people involved in the interview should sign the record (see recommendation 1).
As we went around the building we saw that the decoration to parts of the building could be improved. While the service has plans to change some of the ways some of the rooms are used, it should ensure that damage to the walls, for example, in the kitchen area in the activities room are repaired and toilet facilities are well decorated (see recommendation 2).

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

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. The service should ensure that all records of interviews are fully completed. This should include a note to explain the reasons if a reference is not provided.

   National Care Standards, Support Services - Standard 2 - Management and staffing arrangements.

2. The service should ensure that minor repairs and redecoration are carried.

   National Care Standards, Support Services - Standard 2 - Management and staffing arrangements.
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
Please also see Statement 1.1.

In the Care Standard questionnaires four people strongly agreed and four people agreed with the statement 'I am confident staff have the skills to support me'.

The services’ Managers took part in the reviews of the support and care given to people using the service and their families. They were able to gather feedback and comments about the staff and their work. This meant they were able to deal with any problems and plan for training that was required.

Whenever possible, people using the service would take part in the interviews for new staff. The service told us people who did this were coached to help them manage.

We spoke with family members during the inspection. They told us that staff were friendly, nice, couldn’t be faulted, were committed and very approachable. They also said the service contacted them if there had to be a change in staff to make sure they agreed.

Areas for improvement
The service should continue to develop ways in which people using the service and their families are able to take part in assessing and improving the quality of staff. This could include for example more consistent user involvement in recruitment and in staff training and development.

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**

The service had a comprehensive range of policies and procedures in place to support staff and practice. These included recruitment, protection of vulnerable adults, whistle-blowing and confidentiality. The service told us how they had improved confidentiality and security of the paperwork they used.

We asked staff about their induction into the organisation. Overall they said the induction was good and they were welcomed by the other staff.

The staff we spoke with were familiar with the policies of the organisation. They were able to describe what they would do if they had concerns about a service user to ensure the person was safe.

Staff we spoke to said they could request training relevant to their work and the particular needs of the people they worked with at any time. The Manager told us there was a strong commitment to staff training and development. They had developed a training plan for the next year to ensure staff had the necessary training to carry out the work. All staff were trained in Adult Support and Protection, Food Hygiene, emergency first aid, working with people with challenging behaviours and epilepsy awareness.

The service recognised its role in helping workers develop. They supported staff to undertake the Scottish Vocational Qualification (SVQ) award at level 3. This meant staff would be able to register with the Scottish Social Services Council (SSSC) when required to do so.

Staff we met and spoke with were very motivated in their work. They demonstrated good knowledge of the needs of the people they worked with. They said they would feel able to report poor practice. They told us that team meetings were helpful and that they could raise issues they had.

We looked at a sample of support and supervision notes. Support and supervision is where staff meet with their manager or a more senior worker in a one to one session to discuss work, performance and training needs. We were told that these sessions were held every three weeks and were recorded. Staff said they found support and supervision very helpful and that they were able to manage their work better.

**Areas for improvement**

The introduction of the new service Access2Support had meant changes had taken place to the existing service, Vision Community Support. This had caused some disruption to the support staff received and the cancellation of some meetings. We discussed this at feedback. Managers showed us they were aware of the problems...
and had planned how to manage these to ensure that staff felt supported adequately to carry out their work and take decisions appropriate to their role. The Manager said they would keep us informed about the progress they make. We will follow this up at the next inspection.

**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
Please see statements 1.1 and 3.1 for strengths that are relevant here.

The organisation held the Annual Service User and Carer Review earlier in 2012. The meeting was facilitated by an Advocacy service to help ensure people could comment freely about the service. The themes for the feedback included ‘what difference has receiving support made to you?’ and ‘What could we do to improve support?’ Carers were asked ‘How has the service benefited you?’ We saw the facilitators used a range of ways, written and pictorial, to ask for comments and feedback. Overall we saw that comments were very positive. People said their confidence had improved, especially in using public transport and in cooking. Some people said they really enjoyed the Health and Beauty groups. Carers said they thought the service had increased opportunities, that service users gained in confidence and that their own anxieties were reduced.

Peoples’ views were asked for as part of the Annual Review. We were told the service had still to write up a report from this year’s meeting. This would be sent to all service users when completed.

People using the service and carers were members of the organisation because they used the service. This meant service users were able to be on the Board of Management. This gave service users opportunities to influence and direct the ways in which the services developed. It also meant peoples’ experiences, such as the effect of welfare benefit changes, were discussed by the Board.

Areas for improvement
Before the inspection the service completes a self assessment for the care Inspectorate. The service could make it clear how people using the service were able to add their views to the self assessment. It could for example show how people were involved in grading the service.

At the last inspection we were told the service had recorded the Annual Review
meeting and a DVD has been produced. It had not been able to do this again but hoped to find funding so that the event could be used to demonstrate what the service offered.

The service should consider how Board members who were also its users can represent the views of all people using New Directions.

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
The strengths identified in statements 1.1, 3.1 and 4.1 are also relevant in this statement.

We found the service had a number of systems in place to help it assess the work being done. These included:

* support and supervision meetings
* checks that reviews and key worker meetings had taken place
* discussions about the progress of each person using the service
* evaluations of the activities and plans

We saw that support plans and activity notes were reviewed by the Manager. This meant the care and support provided was checked for its effectiveness and could be changed quickly to meet peoples’ needs. Managers took an active role in ensuring all parts of the plans were up to date.

The Manager told us how they were involved in meeting people applying to use the service, agreeing support plans, introducing workers and participating in three monthly reviews. This meant they knew service users and families well. It also meant they were able to get feedback about staff and the service regularly. This meant they could ensure that the quality of the service was maintained.

New Directions West Lothian had written a set of objectives for each of its services for 2012-15. This was called the Strategic Plan. We saw this had identified what each service hoped to achieve and the parts of the work where the services thought they could improve performance.
In the past the service had completed Best Value Reviews with West Lothian Council. The Council had now agreed that the service introduced the Practical Quality Assurance System for Small Organisations (PQASSO). This would help the service assess its performance and develop an action plan for improvements. The service had already taken steps to introduce this system and would ensure that it was fully implemented during 2013.

Following the recommendation made at the last inspection the service produced a Quality Assurance Statement. This outlined the steps the organisation would take for ‘ensuring the highest possible quality for all the work that we undertake’.

**Areas for improvement**

The service had identified it needed to ensure that it was aware of the work staff carried out in the community. The Manager told us how they planned to do this. We will look at the progress made at the next inspection.

The service had identified it would use PQASSO to assess and evaluate its performance. It said it would ensure that all its stakeholders were involved in the review.

When something goes wrong in a service, for example, if staff behave improperly, the Manager has to tell the Care Inspectorate. This is called a notification. We saw there was an outcome from a complaint that should have been notified to the Care Inspectorate. We saw however that the complaint had been dealt with appropriately. We spoke with the Manager and Director about this.

**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

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 SCWIS 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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 6 - Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Environment - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Staffing - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Management and Leadership - 5 - Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 4</td>
</tr>
</tbody>
</table>

## 6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sep 2010</td>
<td>Announced</td>
<td>Care and support 6 - Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
</tr>
</tbody>
</table>

| 3 Jun 2009  | Announced    | Care and support 6 - Excellent|
|             |              | Environment                   |
|             |              | 5 - Very Good                 |
|             |              | Staffing                      |
|             |              | 5 - Very Good                 |
|             |              | Management and Leadership 5 - Very Good |

| 3 Jun 2009  | Announced    | Care and support 6 - Excellent|
|             |              | Environment                   |
|             |              | 5 - Very Good                 |
|             |              | Staffing                      |
|             |              | 5 - Very Good                 |
|             |              | Management and Leadership 5 - Very Good |
7 May 2008 | Announced | Care and support | 5 - Very Good  
| | | Environment | 4 - Good  
| | | Staffing | 4 - Good  
| | | Management and Leadership | 4 - Good  

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
To find out more about our inspections and inspection reports
Read our leaflet ‘How we inspect’. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

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

Telephone: 0845 600 9527
Email: enquiries@careinspectorate.com
Web: www.careinspectorate.com