

## Care service inspection report

# Hansel Community Support Services - East Ayrshire

## Support Service Care at Home

43 John Finnie Street

Kilmarnock

KA1 1BH

Telephone: 01563 572182

Inspected by: Sean McGeechan

Type of inspection: Unannounced

Inspection completed on: 30 October 2013



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## Service provided by:

Hansel Alliance

## Service provider number:

SP2003000261

## Care service number:

CS2004073922

## Contact details for the inspector who inspected this service:

Sean McGeechan

Telephone 01294 323920

Email [enquiries@careinspectorate.com](mailto: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

Quality of Care and Support	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	6	Excellent

### What the service does well

Hansel East Ayrshire Community Supports continues to involve and encourage people with learning difficulties to play an important part of the development of the support systems around them. The service recognises that people who use the service are integral in making decisions about their wishes and aspirations. This includes the choice to be part of the communities they live in.

The staff team consistently work hard to ensure people with learning disabilities can live, work and enjoy their lives as part of an inclusive social community. The service has developed considerable skills, knowledge and experience of working with complex and challenging cases.

The service has developed a well-trained and committed workforce, who are able to deliver a very high standard of care and support to adults with learning disabilities living within our communities.

### What the service could do better

The service has improved and developed the care planning documentation. The format we reviewed provided good examples of the application of person centred principles.

The service is developing larger packages of support which may be over a 24 hour period. This is part of the service's registration certificate.

### **What the service has done since the last inspection**

Hansel East Ayrshire Community Support has continued to implement positive changes in the way they work to develop and improve the quality of the service they deliver. The management of the service continue to be proactive in developing a very good quality of staff, who provide the direct care and support to people with learning disabilities in the community.

### **Conclusion**

Hansel East Ayrshire community support services have worked consistently in achieving excellent standards with regard to some of the quality statements we reviewed during this inspection process. The service continues to provide a very valued and appreciated community based support service.

### **Who did this inspection**

Sean McGeechan

# 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](http://www.careinspectorate.com)

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

## 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 Reform (Scotland) Act 2010 and Regulations and Orders made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

Hansel Community Support Services - East Ayrshire was registered on April 2011 to provide support services to adults with learning disabilities in their own homes. Staff support will be individualised and specified in the service users' support plans. Staff support will be available over a 24 hour period.

The service currently provide support to around 76 - 86 people with learning disabilities, per year within the East Ayrshire area. The service operates from an office base in the town centre of Kilmarnock, which provides a good contact point for service users and carers. The service's registration certificates states that:

1. The Support Service will be provided to adults with learning disabilities living in their own homes.
2. Staff support will be available to service users over a 24 hour period.
3. Staff support will be individualised and specified in the service users' support plans.

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 Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 6 - Excellent**

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](http://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 after unannounced inspection visits on the following days:  
Wednesday 23 October 2013, between 10:00 and 14:00 and  
Thursday 24 October 2013, between 10 and 14:00 and  
Wednesday 30 October between 10:00 and 16:00.

During this inspection process we met with the manager and the deputy manager who provided us with an update of how the service had progressed since their last inspection visit.

We received 25 returned Care Inspectorate questionnaires, the responses indicated a high level of satisfaction with the quality of the service provided and the staff team. When asked to comment on the question. "Overall, I am happy with the quality of care and support this service gives me." 22 people strongly agreed and three agreed with this statement.

- \* We met four service users
- \* We met one relative
- \* We spoke to two relatives by telephone
- \* We interviewed eight members of support staff

We reviewed the evidence and information provided including the following documentation:

- \* Registration certificate
- \* Insurance certificate
- \* Personal Record of Care
- \* My Life My Plan Assessment Framework East Ayrshire
- \* Team Forum Decision and Note Register
- \* Monitoring of Support Delivered
- \* Review Documentation
- \* Staff meetings
- \* Working group meetings
- \* Charter for Involvement 'Having a Say'

- \* 'Tell Someone' training and presentation materials
- \* Hansel Community Supports Road Map
- \* Hansel East Ayrshire Community Support questionnaires
- \* Hansel Team Strategy 2013 - 2014
- \* Induction Records
- \* Refresher Records
- \* Various policies and procedures including:
- \* Grievance, medication, whistleblowing and others.
- \* Keys to Life - Easy Read format

### **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](http://www.firelawscotland.org)



### **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 and detailed self assessment document from the service manager. The service had identified what they thought they did well, and some areas for development.

### **Taking the views of people using the care service into account**

The people we spoke to during this inspection visit were very happy with the quality of the service they received. Some were able to communicate verbally and told us they liked their support workers and enjoyed going out into the community with them. Others who were not able to verbally communicate appeared happy, relaxed and comfortable with their support staff.

### **Taking carers' views into account**

Relatives we spoke to during this inspection visit indicated a very high level of satisfaction and appreciation for the quality of the service provided. They gave particular praise for the standard of the support staff and commented on the professional standard of the management. There was a great deal of respect and trust evident for the management of the service.

## 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

The grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

We spoke to the service manager and deputy about how the service had developed and encouraged participation of service users, carers and relatives. We also reviewed the relevant documentation to support the strengths in this quality statement.

After we had reviewed the evidence and information gathered during this inspection process. We decided the service had improved in regards to the strengths of quality statement. We have therefore increased this grade to 6 - Excellent.

The service refer to their service users as 'customers' this indicates an ethos of encouraging people to view themselves in a position of consumer with the same associated rights. This also helps support staff to view people with choices and the ability to instigate changes dependent on their wishes, needs and level of consumer satisfaction.

We found that the service had a very good Participation Strategy and all staff knew about these principles and ensured that they applied them in their daily work practices. The service consulted people they supported about issues affecting them in a variety of ways including taking account of their individual abilities and communication needs. The service was able to evidence these principles in practice in supporting people to have a voice and choice in their lives.

The service management had conducted satisfaction survey questionnaires for service

users/customers, families and staff. We reviewed the returned statistics and saw a very high degree of satisfaction with the quality of the service delivered.

Service users/customers and relatives gave particular praise and appreciation to the support staff and management. The management used the returned information to identified areas for improvement and development.

We noted that the service organised customer's working group meetings, which were held regularly for people receiving support or wishing to access the service. This provided services users or customers with the opportunity and ability to 'Have Their Say' the name of the services participation strategy Charter for Involvement.

The service provided numerous examples of evidence and documentation to support their focus on ensuring that, a large part of their work was involved with inter agency communications. This included customer led meetings about social leisure and work related opportunities. This helped to keep people at the centre of their individual support packages. This also ensured service user's played an active and participative part in their communities whilst enjoying and benefiting from being involved.

Senior staff conducted monitoring visits to gain feedback and insight into the service users/customers levels of satisfaction with the quality of the service provide and the staff team. Customers got to read and agree the feedback information before signing the evaluation of supports provided. The service and support staff assisted people with communication issues or levels of learning difficulty that affected their cognitive abilities to understanding these documents.

Customers played an integral part of their regular review meetings regarding the progress of the support packages. There were opportunities for people to add items on the agendas for their reviews. This generated a good person centred focus. This ensured people felt in control of their lives, influence changes and provided an opportunity for them to express their wishes and opinions.

We reviewed several individual service user care profile folders and found them to be of a consistently high standard. Staff had completed them with a clear focus on the individual person. Support needs were well explained and easy to follow. This was of particular benefit when staff were dealing with complex behavioural and challenging needs. The plans ensured that support staff followed a consistent approach when addressing the needs of the service users.

### **Areas for improvement**

The service should continue to maintain the high standards they have achieved in the strengths of this quality statement.

**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

The grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

After we had spoken with the manager and reviewed the documentation provided to ensure that the health and well-being needs of service users were being met. We decided the service had maintained this grade at 5 - Very Good.

The service provides support mostly delivered during the day to people living in their own homes or with parents or relatives. Therefore, the service does not have full responsibility for addressing people's health needs. However, the feedback and information we reviewed indicated that despite the small number of support hours provided within packages, the benefits and improvements to people's health and well-being was considerable. We heard from service users, relatives support staff and read documentation which highlighted benefits of improved confidence, self-esteem, reduced challenging behaviours and overall improvements in general health.

The service and support teams have developed very good skills and knowledge of working with a variety of health related professionals in assessing and identifying health related issues. The various support teams also demonstrated very good working practices that ensured that they implemented consistent approaches in addressing any areas of concern.

The service had implemented and the staff completed very good risk assessment documentation. We reviewed several and found the format of the documentation was user-friendly and easy to follow and clearly explained and identified the issues. Any action plans clearly detailed and highlighted who was responsible for addressing issues raised. All interventions were with the customer's agreement and broken down into step by step guidelines for staff to follow.

Support plans focused on any important health related issues, staff were able to support the person and exchange knowledge and information and contact with various senior qualified and experienced health professional or practitioner. Staff sought to address immediately any concerns or worries they might have regarding a person's physical well-being

Care files we reviewed indicated detailed and extensive information regarding each

person's health and well-being needs and how staff could best address these issues. The service has built a considerable level of confidence, respect and trust from relatives in supporting the health needs of the people they supported.

The service had developed skills and expertise in supporting people with issues of palliative care. The care files indicated a very good standard of communication and coordination between health professionals, service users and relatives to ensure that any treatment regimes were followed and implemented consistently.

The service had developed a very good standard of knowledge and skills in dealing with people with Asperger's syndromes and autistic spectrum behaviours. We saw the service had implemented very good systems and supports based round the input from specialists. Staff teams ensured they implemented any advice, guidelines and actions plans provided by these specialist's. We reviewed several complex care packages and found the service had consistently delivered a very good standard of support. This meant people who often struggled to maintain and develop within the community due to challenging behaviours, had been able to gain from positive interactions and develop their life experiences. Relatives valued and appreciated this.

We reviewed the accident and incident records and found staff had completed them to a very good standard with information to describe any incidents or accidents that had occurred. The information took into account near miss situations that in future could potential lead to accidents.

### **Areas for improvement**

The service should continue to develop the new care plan documentation relevant to the customers they are supporting. This will further enhance the quality of the support provided.

As part of the development of the service they are looking to take on board larger packages of support. These packages are within the scope of the service's registration requirements. The service should continue to implement the very good standards, practices and procedures they have developed.

**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

The grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

We spoke to the service manager and deputy about how the service had developed and encouraged participation of service users, carers and relatives. We also reviewed the relevant documentation to support the strengths in this quality statement.

After we had reviewed the evidence and information gathered during this inspection process. We decided the service improved in regards to the strengths of quality statement. We have therefore increased this grade to 6 - Excellent.

Please refer to the strengths detailed in quality statements 1.1 for additional information to support the grade we have awarded for this quality statement.

The organisation had set up a confidential advice line for all employees which provided staff with free access to discuss confidential related matters. This gave staff a degree of support and access to talk to someone about any issues and concerns of a private and personal nature.

The management and coordinators within the service ensured that service users and relatives were actively involved in the evaluation of the support staff. This included working closely with people and listening to their opinions through regular review meetings, initial introductions and feedback questionnaires. The management and coordinators worked hard to match individual staff to service users and we saw evidence to support this throughout the documentation the produced. Service users and relatives spoke positively about the very good quality and standard of the staff team and management.

Relatives commented on how they felt it was beneficial for support staff to be of a similar peer group, whilst supporting their relative in the community. Service users

also commented that they got on well with their support staff and enjoyed spending time with them.

### **Areas for improvement**

The service should continue to maintain the excellent standards they have achieved in this quality statement. They should continue to ensure that they involve people in the evaluation of the quality of the staffing.

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

**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 grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

After we had spoken to the service manager and deputy manager, interviewed staff and reviewed the relevant documentation the service had produced in relation to ensuring a professional, well-trained and motivated staff team.

We decided the service had maintained this grade at 5 - Very Good.

From the evidence and information we gathered during our inspection visits we found the service had ensured there was very good professional, well-trained and motivated staff team delivering a very good standard of care and support to people with learning disabilities in the community.

The service continues to provide all staff with regular support and supervision sessions which allowed people the opportunity raise issues and identify areas for personal development. Staff we spoke to commented on how happy they were with this level of support provided by the coordinators and management.

There was considerable respect and appreciation of the knowledge and expertise the senior staff and management had to offer. This gave the staff team confidence that there was suitable and appropriate back up and support for them in delivering a very good standard of service.

We reviewed the training records and found the service had provided very good induction and refresher updates in relevant topics such as: Adult support and protection, health and safety, equality, report writing, manual handling and other

client specific training. The manager audited and ensured all staff were kept up to date with their training requirements and this was incorporated into the personal development through their support and supervision sessions.

We interviewed several various members of the staff team and they confirmed their satisfaction with the level of support and supervision. We saw a high standard of training opportunities and induction support and shadowing arrangements in place and working well. There was a very good supportive team spirit and opportunities for development. Staff spoke highly of the quality of the induction and training the service provided to them. All staff were given a copy of the National Care Standards and SSSC Code of Conduct.

We reviewed the minutes of staff meetings and found the managers and coordinators kept staff up to date and informed of the progress of support packages and any developments within the service. Staff signed copies of the minutes once they had read them.

The service had provided some staff with training in the use of adaptations and electronic equipment to assist people to live as independently as possible within their own homes and community settings. Several people have benefited from this level of knowledge and expertise which resulted in improved personal outcomes and quality of life.

As part of ensuring that staff were safe working with people in a community, the service had implemented very good risk assessment procedures. Management and staff assessed the risks as: high, medium or low, with very clear descriptions of the potential problems and how these may be avoided or resolved.

After any accident or incident had occurred, support staff completed the appropriate forms. The information gathered from accident/incident forms and any remedial action plans, provided additional information and insight into the incident. The service had developed very good feedback systems to ensure they used this information when planning and making changes to people's support plans.

The organisation had provided workshop style training for their managers around their new risk assessment policy and reviewed and updated their accident and incident documentation to improve the level of information gathered.

### **Areas for improvement**

The service should continue to ensure that they maintain the very good systems they have developed in ensuring a professional, well-trained and motivated staff team.



**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: 6 - Excellent

### 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

The grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

We spoke to the service manager and deputy about how the service had developed and encouraged participation of service users, carers and relatives. We also reviewed the relevant documentation to support the strengths in this quality statement.

After we had reviewed the evidence and information gathered during this inspection process. We decided the service had developed and improved in regards to the strengths of quality statement. We therefore increased this grade to 6 - Excellent.

Please refer to the strengths detailed in quality statements 1.1, and 3.1 for additional information to support the grade we have awarded for this quality statement.

The organisation ensured that people using the service were able to participate in reviewing the various policies and procedures implemented by the service. They had established a People Policies Forum which gave people an opportunity to have their say on the content and scope of the various policies in place. This gave people a sense of involvement and ownership within the organisation. Policies were available to all members of staff either through the various offices or via an intranet web-based site, which allowed instant access for employees.

We saw an excellent standard of involvement within the service and wider organisation. This ensured service users and relatives could participate at all levels throughout the organisation. The service was responsive and proactive in the development and implementation of any changes to supports, this gave people a sense of being listened to and valued.

We heard from staff and relatives about the respect and trust they had in the management and how they were always willing to listen and provide an open contact

policy which encouraged people to talk to them about any issues or concerns.

The service continues to communicate information through newsletters and service user's meetings, including the involvement of the "Heartfelt" organisation which helps to guide people and give them the skills and confidence to voice their opinions and express themselves in identifying how they want services to support them.

### **Areas for improvement**

The service should continue to maintain the excellent standards they have achieved in the participation elements of this quality statement.

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

**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 grade awarded in the last inspection report on 18 January 2012 was 5 - Very Good.

After we had spoken to the service manager and deputy manager, we spoke to service users and relatives and reviewed the relevant documentation the service had produced. After we reviewed the evidence and information gathered during this inspection process in relation to ensuring the involvement of service users, carers and stakeholders in assessing the quality of the service. We decided the service had continued to improve and develop the leadership and management elements of this quality statement.

We therefore increased this grade to 6 - Excellent.

The feedback we received from service users and relatives about the management of the service was very positive. There was a great deal of trust and respect towards the managers and people spoke highly of the professional and responsive service provided.

The management had demonstrated their competence in maintaining and delivering very good standards of service and were always looking to evaluate and review the quality of the service they provided. They ensured systems were in place to gain feedback from service users, relatives and stakeholders through regular reviews, questionnaires and daily contact with other professionals. This information helped to inform the management who then implemented changes which helped to improve

the quality of the service provided.

The Hansel organisation had developed People Policies Forum for people who use the service to be involved in the discussions, changes implementation of various policies that operate within the service. This has the full support from the managing director and human resources department.

The service manager completed monthly management reports for the organisation which covered areas such as: reviewing accidents/incidents, staff absence, total hours provided by the service. This demonstrated the service had very good auditing procedures in place to assist in reviewing and assessing the quality of the service provided. This helped to give an overview of how the service was progressing and developing. The information from these reports were used to make changes, inform and influence the manner in which the service delivered support and ensured that the staff team were constantly being monitored.

The senior managers within the organisation attended regular Health and Safety meetings with representatives from each layer of the staff team. This helped to ensure an overview of any problems or issues throughout all levels of the organisation and how best to address issues or concerns. This also meant that there was better communication and ownership of activities and actions implemented to address areas of concern.

The manager had initiated a colour coded system for monitoring and reviewing accident/incident records which gave a quick glance view of any major recurring themes. This helped to track incidents and respond to them promptly. This gave reassurances to service users and relatives about any safety issues whilst being supported in the community.

The service manager attended regular quarterly meetings with the local authority contract compliance team to ensure that the service was operating within the terms and conditions of their contracts.

The service manager had undertaken training workshop in welfare reforms to discuss and appreciate the effect to people the new changes to the welfare system would have on people receiving benefits.

### **Areas for improvement**

The service should continue to maintain the excellent standards they have achieved in the leadership and management elements of this quality statement.

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

**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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings
18 Jan 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
26 Oct 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
23 Feb 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
26 Feb 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very 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.

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### Translations and alternative formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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