Newbyres Village
Care Home Service Adults
20 Gore Avenue
Gorebridge
EH23 4TZ
Telephone: 0131 270 5657

Type of inspection: Unannounced
Inspection completed on: 20 January 2015
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Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

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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>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>3</td>
<td>Adequate</td>
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<tr>
<td>Quality of Environment</td>
<td>4</td>
<td>Good</td>
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<tr>
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<td>Quality of Management and Leadership</td>
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What the service does well

We watched staff working with residents and could see that they know the residents well. The staff approached residents in a calm and relaxed manner. The home is divided into small units that are called 'Streets' which all have access to large garden areas. The home was generally clean and well maintained.

What the service could do better

We noted that there had been high levels of sickness absence in the home and this had an impact on the smooth running of the home. The manager and staff from Midlothian Council were addressing this in a number of ways.

What the service has done since the last inspection

All the recommendations we made at the last inspection had been met. Three of the four requirements had also been met. The manager and staff had been developing different ways to involve residents and their families in making decisions in the home.

Conclusion

The management team were working well together and were actively involved in each unit to support staff. Relatives and visitors told us they thought the standard of care was good and residents told us that they liked living in the home.
1 About the service we inspected

Newbyres Village is a care home in Gorebridge, Midlothian. It is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite). The home is all on one level in five separate residential wings named "streets". There is also a wing that houses the kitchen and laundry. The home has been planned in a "village" layout with five streets, named First, Second, Third, Fourth and Fifth Street. Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. Each resident has a bedroom with en-suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

The aims and objectives of the service included:
* To identify and understand the social care needs of the residents
* To ensure that residents are central to the care planning process
* To continuously seek to improve service standards.

The Care Inspectorate regulates and checks care services in Scotland. Before 1 April 2011 this was carried out by the Care Commission. Information on care services is available on our website www.scswis.com. This care service was 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 or 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 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.

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

**Quality of Care and Support** - Grade 3 - Adequate
**Quality of Environment** - Grade 4 - Good
**Quality of Staffing** - Grade 3 - Adequate
**Quality of Management and Leadership** - Grade 4 - 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 0345 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written after an unannounced inspection which took place on 21 January 2015. Feedback about the findings from the inspection was given to the manager that day. The inspection was carried out by Care Inspectorate Inspector Jan McIntosh.

Each year we ask services to send us an annual return to give us information about the service. The provider sent us an annual return which gave us information about the service and the staff.

During the inspection we gathered evidence from a number of sources. We looked at a range of documents, including:

* Midlothian Council Policies and procedures
* a sample of residents’ care plans
* accident and incident records
* medication records
* care charts including food and fluid recording charts
* staff records
* the services self assessment

We spoke with residents and visitors and looked at how the home was cleaned and maintained.

We also spoke with the manager, care staff and cleaning 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 requirements we made at our last inspection

The requirement
The provider must ensure activities are offered to service users on a regular basis. Activities offered must reflect their hobbies and interests and enhance their lifestyle. In addition activities undertaken by service users must be recorded accurately.

What the service did to meet the requirement
The records of activities had improved and we could see that there was a varied programme of activities.

The requirement is: Met - Within Timescales
The requirement

The provider must ensure that medicines are given safely and correctly. In order to achieve this the provider must ensure that:
(i) medication is administered as currently instructed by the prescriber. Records should be kept of any instance where this is not the case and describe the reason
(ii) handwritten entries in the Medicine Administration Record (MAR) correspond to guidance contained within the Royal Pharmaceutical Society of Great Britain, Handling Medicines in Social Care and SCSWIS Health Guidance Maintenance of Medication Records, Publication code: HCR-0311-027
(iii) written guidance for staff about when 'as required' medication should be given must be recorded
(iv) when "as required" medication is administered, the time of administration must be recorded
(v) medicine stock must be managed to ensure that medicine prescribed for the service user is available for use and that there are no unnecessary delays in the supply of medicine
(vi) staff must be correctly advised on the procedure for recording information in the MAR, this includes but is not restricted to the correct use of abbreviated codes listed on the MAR.

What the service did to meet the requirement

There had been considerable improvements in the medication systems, however, some minor improvements were needed. We have written more about this under Quality Theme 1 Quality Statement 3

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that there is enough information in personal plans and any other associated documents, such as care summaries, to ensure that residents who are at risk of discomfort or developing pressure ulcers receive the correct help. In order to achieve this the provider must:
(i) ensure risk assessments are carried out regularly for all residents using a recognised tool such as the Waterlow score system.
(ii) ensure that all residents who are assessed as being at risk of developing pressure sores have a detailed care plan in place showing the action being taken to reduce this risk.

What the service did to meet the requirement

Care plans had the required information. We have written more about this under Quality Them 1, Quality Statement 3.

The requirement is: Met - Within Timescales
The requirement

The provider must ensure the assessed needs of the service user as identified in the support plan are delivered by staff.

In order to achieve this; the service must demonstrate
* The monitoring and auditing of all care and support records.
* That all staff are aware of the need to evidence the care and support as directed by the service user’s support plan.
* All assessments carried out are used to influence and update the service users’ support plans and reflect the actual care and support delivered.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4(1)and takes account of National Care Standards. Care homes for older people Standards 5,6,8 and 9

What the service did to meet the requirement

We could see that care staff were aware of the information in the assessments in the care plans.

The requirement is: Met - Within Timescales

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

We made three recommendations after the last inspection. All of these were about informing residents and visitors about the staffing arrangements and the keyworker and these had 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.

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 of the headings 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.

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

We spent time with residents in the lounges in each Street during our visits. Some residents were not able to tell us what they thought about the home but we were able to watch how they responded to the staff. Residents seemed comfortable with staff and were happy to accept the care offered. We saw that staff were caring and respectful when they approached the residents.

We spoke with nine residents individually. They told us they were generally happy with their care. Comments included:

* I like it here but it’s not the same as your own house.
* The girls are really nice and help me when I need it.
* Sometimes I feel a bit bored.

**Taking carers’ views into account**

We spoke with two people who were visiting residents in the home. They told us that they were happy with the care their relative or friend was receiving. The visitors we talked to said they felt welcomed by staff when they visited and were given enough information about what was going on.
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: 3 - Adequate

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

As at previous inspections, the service showed the following strengths in this quality statement.

The service provider, Midlothian Council, had policies in place that described how the staff would involve residents and their families in assessing and improving the quality of the service. This was called the Service User Participation Strategy.

The Manager continued to hold meetings for relatives to discuss what was going on in the home. The meetings took place on different days to allow more people to attend. We saw the minutes of the meetings and action plans that showed what the service was planning to do. A resident and relatives forum, hosted by activity staff had been created to allow discussions about activities and fundraising. Minutes of the meetings were sent out to people who were unable to come to the meetings to let them know what was being talked about.

There were noticeboards in each Street which had information about activities that were going on and the names of the staff working in that Street. There were also details of local advocacy groups. These are independent services that can help people to voice their opinions about care services. The Manager told us in the self-assessment that was sent to us in September 2014 that staff had contacted one of the advocacy services to ask if they could help residents in the home who were unable to express their opinions or who did not have support from family or friends.

There was information in the entrance hall about community events and about how people could make suggestions or complaints about the home.
During the visits to the home we saw that staff were offering residents choices about various daily activities including meals and social events.

Many residents had dementia or other health issues that meant they were unable to tell us what they thought about the home. However we observed that they appeared to have relaxed and comfortable relationships with the staff who were caring for them.

We talked with two visitors who were in the home during the visits. They told us that they were happy with the care that was being given to their relatives.

Areas for improvement
A new Quality Assurance questionnaire had been developed and had recently been sent out to residents, relatives and staff. We will look at the feedback from this at the next inspection.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0

Statement 2
We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths
All residents had a care plan that had detailed information about the care they needed and what they liked or did not like. We examined a sample of the care plans and found that most of the plans we looked at were well completed and had personalised information that gave staff guidance about how to help the person with their daily activities. Each resident also had a 'mini care-plan' in their bedroom which gave a summary of the information to staff who were providing the support. We watched staff working with residents during the visits to the home and found that they offered choices about daily activities, meals and other daily activities. The staff we talked to clearly knew the residents well and understood their likes and dislikes.

We made a requirement after the last inspection about ensuring activities were offered on a regular basis. We spoke to the activity staff and examined the records they kept. We were satisfied that there was a varied number of activities that were offered by the activity staff and they spoke with residents about their preferences. We noted that there was some time allocated each week for activity staff to spend with individual residents who were unable or chose not to take part in the formal activities.
We made three recommendations after the last inspection about the information that was available to residents and visitors to the home about the staffing structure and keyworker system. We found that there was much more information on display. The recommendations were met.

**Areas for improvement**

We saw that some care staff were arranging activities in the streets. Although the records of activities had improved, we found that they were often only completed by the activity staff. This meant that any activities that care staff arranged were not recorded. For some residents who were unable to, or chose not to, attend the formal activities this meant it appeared as though they had not had any social interaction for lengthy periods of time. We have made a recommendation about this.

We also spoke with the manager and staff about the involvement of all staff in planned as well as informal activities. We found that some care staff we spoke with thought that activities were only the responsibility of activity staff. We also found that they were unaware of the importance of social activities and exercise in the overall wellbeing of residents and the management of falls in care homes. We have made a recommendation about this.

**Grade awarded for this statement:** 4 - Good  
**Number of requirements:** 0  
**Number of recommendations:** 2  

**Recommendations**  
1. It is a recommendation that staff are reminded about the importance of keeping full and individual records of all activities that residents are offered and take part in. This should include any social activities that care staff take part in the Streets. This takes account of the National Care Standards - Care Homes for Older People, Standard 17 - Daily Life  
2. It is a recommendation that staff receive training about the importance of social activities and exercise for the well being of residents and the management of falls in the care service. This takes account of the National Care Standards - Care Homes for Older People, Standard 17 - Daily Life

**Statement 3**

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

As at the last inspection, the service showed the following strengths in this quality statement.

We found that the care plans continued to improve with some very good and detailed information about the residents’ healthcare needs. These included regular nutrition assessments and assessments of the residents’ skin. Assessments for the risk of residents falling had been carried out for most residents. The information in the care plans showed that the home had good support from the continence advisor.

The staff we spoke with demonstrated a good understanding of what care each resident needed and we observed staff responding to individual residents in a caring and respectful way. The atmosphere in each of the Streets was generally calm and relaxed.

We saw that staff offered the residents drinks on a regular basis and a choice of drinks was available during mealtimes. The menu offered choices and we saw that residents with specific nutrition needs such as a soft textured diet were catered for. Residents who needed it had been seen by the Speech and Language Therapist (SALT). A SALT can offer advice to residents who have problems swallowing or are unable to chew certain foods.

We found that residents also had access to community healthcare support from the GP, District Nurses and other healthcare professionals such as dieticians and the speech and language therapist.

**Areas for improvement**

We made a requirement about medication administration after the last inspection. We noted that there had been a recent audit of medication systems by the home’s pharmacist. This had shown an improvement in the general systems in the home. However, internal audits by managers showed that minor mistakes, such as forgetting to sign the administration sheet, were continuing to happen. We have made a recommendation about this (recommendation 1)

The manager told us that there was a new system in place for recording ‘as required’ medications. This was kept in the care plans. However we did not find these in two of the care plans that we looked at. We would also recommend that this information is kept close to the medication administration recording sheets. While this requirement is met, we have made a recommendation about continuing to improve the recording of ‘as required’ medications. (recommendation 2)

We made two requirements about care and care plans after the last inspection. From observation of staff working with residents and examining care records, we were satisfied that these had been met.
However, while the care being provided was good and most of the care plans we examined had clear and up to date information, there were examples where the plans had not been updated. These included a falls risk assessment which had not been updated since October 2014 and wound charts not completed although the resident had broken skin. The same resident had no information about how their pain was being controlled when the District Nurse was due to visit to review their dressings.

We also found a nutrition plan which did not show that the resident was diabetic and a nutrition plan which did not include detailed information about how a resident’s weight loss was being managed.

In addition we found that a few care plans had the wrong name at the top of the sheet.

While we acknowledge that recent sickness absences had led to difficulties in managers monitoring the care plans, we have made a recommendation about this. (recommendation 3)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. It is a recommendation that staff receive further training about the importance of clear and accurate recording of medications. This takes account of the National Care Standards - Care Homes for Older People, Standard 15.6 Keeping Well - Medication

2. It is a recommendation that the systems for ensuring staff have detailed information about medications that are prescribed to be taken ‘as required’ are reviewed. The information should be easily accessible at the point medications are administered. This takes account of the National Care Standards - Care Homes for Older People, Standard 15.9 Keeping Well - Medication

3. It is a recommendation that all care plans are audited regularly to ensure the information is accurate and up to date. This takes account of the National Care Standards - Care Homes for Older People, Standard 6.1 Support arrangements
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 4 - Good

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

Service strengths
See Quality Theme 1, Quality Statement 1 for methods used by Newbyres Village to
involve residents and relatives in assessing and improving all aspects of the service,
including the environment.

Areas for improvement
Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this
Quality Statement.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0

Statement 4
The accommodation we provide ensures that the privacy of service users is respected.

Service strengths
All residents had their own room with en-suite facilities. Residents could lock their
door if they wished and we saw that staff knocked before entering.

We also saw staff working with residents and that they protected residents' privacy
and dignity as much as possible. Personal information was stored securely and we
saw that staff were careful to make sure records were kept private.

There were lockable facilities in bedrooms to allow safe storage of personal items.

Residents could have a telephone installed in their rooms, at their own expense, but if
they did not have a phone, staff could support them to use one of the office phones
privately.

Residents were able to entertain visitors in private in their rooms. At the last
inspection, the manager told us about plans for making changes to the small lounges in each Street and to the way the link corridor between the Streets is used. We saw that there had been work carried out to allow the rooms to be used as quiet areas and for reminiscence. We thought this had been carried out in an imaginative way and we saw that residents were already using the rooms. There had been changes to the link corridor and this was now more comfortable for residents to use as a quiet seating area.

**Areas for improvement**

Staff, including kitchen and domestic staff, were continuing to receive ongoing training and supervision to ensure they promoted privacy and dignity.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 3 - Adequate

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

Service Strengths
See Quality Theme 1, Quality Statement 1 for methods used by Newbyres Village to involve residents and relatives in assessing and improving all aspects of the service, including the staffing.

Areas for improvement
Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this Quality Statement.

Grade awarded for this statement: 4 - 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
As at previous inspections, the service showed the following strengths in this quality statement.

Midlothian Council had policies and procedures in place to support the safe recruitment and ongoing training of staff. All new staff were given an introduction and training about the work they would be doing (induction).

Staff we talked to told us that they had received supervision, although the frequency of this varied due to sickness absences in recent months which had disrupted the normal patterns. Staff also told us that they had opportunities to meet with their supervisor regularly. There was an individual Performance Plan in place for each member of staff and these meetings were recorded. We were told that there was a programme of training in place and this included regular training about moving and
handling, infection control and dementia. We confirmed this from the records we examined.

The Manager had a training plan in place. All staff had access to the Scottish Social Services Council codes of practice for staff who work in care services. They also had access to the National Care Standards. The staff we talked to knew about these.

There had been regular staff meetings and these were recorded along with details of what would be done to address any problems.

The manager acknowledged that there had been challenges in recent months in Newbyres, including an increase in sickness absences. The home was being supported by staff from Midlothian Council to address this and to encourage staff to express their views about the home.

**Areas for improvement**

Work was still ongoing to record training in more detail in the home as many of the records were held centrally by Midlothian Council. This will allow her to monitor the training needs of the staff group more closely.

Although we were satisfied that mandatory training was taking place and we could see that the individual Performance Plans were being developed, it was unclear how any additional training fitted in with the overall training plan for the home. We will continue to monitor this system as it develops.

We were concerned about the increased staff sickness and the challenges this had presented in making sure residents received continuity in the care they needed. We noted that this had improved in recent weeks and the number of agency staff that needed to be used had decreased. We will continue to monitor this at future inspections.

We also had concerns about the way some staff saw activities as the sole responsibility of the activity staff. We have written more about this under Quality Theme 1, Quality Statement 3 and made 2 recommendations.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 4 - 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
See Quality Theme 1, Quality Statement 1 for methods used by Newbyres Village to involve residents and relatives in assessing and improving all aspects of the service, including the management and leadership.

Areas for improvement
Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this Quality Statement.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0

Statement 3
To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths
There were clear lines of responsibility within the service and within Midlothian Council. Policies and procedures were updated regularly.
The management team in the home was stable and each member of the team had designated areas of responsibility including training, supervision of a group of staff and particular management responsibility for one of the Streets.

The ongoing staff supervision included recognising good practice and identifying staff who had leadership or other skills. These staff were encouraged to develop their skills by taking on different areas of responsibility.

The Manager told us that they were considering a plan for care home staff to become more involved in care planning and assisting with the keyworker role.
There were also plans to appoint a ‘Falls Champion’ who would take particular responsibility for monitoring the falls in the home and looking at ways to reduce the risks.

**Areas for improvement**

The high levels of sickness absence in the home in the past few months had impacted on the smooth running of the home. This included disrupting the regular supervision of staff. The manager, with assistance of staff from Midlothian Council, was looking at this to try to understand why sickness had been such a problem.

The manager was continuing to encourage staff to attend meetings and to be more involved in decision making.

**Grade awarded for this statement:** 4 - 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 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

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<th>Quality of Care and Support - 3 - Adequate</th>
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### 6 Inspection and grading history

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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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