

Care service inspection report

Riddrie Resource Centre

Support Service Without Care at Home

1 Riddrievalle Court

Riddrie

Glasgow

G33 2RN

Telephone: 0141 276 2100

Inspected by: Tony Valbonesi

Type of inspection: Unannounced

Inspection completed on: 20 July 2011



HAPPY TO TRANSLATE

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Service provided by:

Glasgow City Council

Service provider number:

SP2003003390

Care service number:

CS2003000999

Contact details for the inspector who inspected this service:

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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

Quality of Care and Support	4	Good
Quality of Environment	0	N/A
Quality of Staffing	0	N/A
Quality of Management and Leadership	4	Good

What the service does well

Staff and managers show a commitment to providing person centred support to clients who use the service.

The service has maintained its varied and interesting activity programme. We can see how aspects of this programme encourage people who used the service to be healthy and well.

The service is very good at listening to service users and carers and looking for ways to involve them meaningfully in developing the service.

What the service could do better

Managers have scope to improve how the quality of the service is assessed in some areas.

We have made a requirement that the staff receive training in the area of adult protection and support.

Some aspects of the way medication is managed within the service could be better.

What the service has done since the last inspection

The service has got better at turning the feedback it receives from people, including service users and carers, into action plans which drive forward improvements within the service.

Conclusion

The service has made good progress with previous recommendations.

This day service is highly valued by both service users and staff alike. We are impressed by the variety of activities on offer and the way the service is managed.

Who did this inspection

Tony Valbonesi

Lay assessor: N/A

1 About the service we inspected

Riddrie Resource Centre provides a day care service to a maximum of 120 adults with learning disabilities. Up to 100 people can attend in one day. The service is owned and managed by Glasgow City Council.

Situated in a residential area on the east side of Glasgow, the service is provided from a purpose built facility. Service users are provided with a range of opportunities for activities within the centre such as; baking, painting, drama, arts and crafts. In addition to this, service users are also supported to access educational and recreational opportunities in the local community. Transport to and from the centre is provided for those service users who require it and is also available during the day for community involvement.

Amongst the service aims, is to 'treat everyone that attends, with dignity and respect.'

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - N/A

Quality of Staffing - N/A

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.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

This report was written following an unannounced inspection. The inspection took place over two days, from 19 July to 20 July 2011, between 8.30am and 4.30pm on the first day and 12.30pm and 3.30pm on the second. It was carried out by one SCSWIS Inspector, Tony Valbonesi.

At the time of inspection, we understood that 107 service users were using the service. We met six people and sent out 30 questionnaires. We received two questionnaires back from service users and 18 back from carers.

During the inspection we spoke with:

- * Six people who used the service and observed others in the company of staff
- * Two staff
- * A nurse who worked with one service user
- * The head of the physiotherapy team who worked with staff to provide programmes of support for clients
- * The manager
- * Two deposes.

We also examined a number of policies, records and service documents, including:

- Service Users' Support Plans
- Minutes from Service User Meetings
- Minutes from the Modernising Steering Group Meetings
- Minutes from Staff Meetings
- Care Standard Questionnaires from service users and carers
- "You Said, We Did" improvement plans
- Report from staff, service user and carer satisfaction questionnaires
- Service User Involvement Policy
- The Annual Return
- Welcome brochure
- Staff training records
- Self assessment.

We observed how staff worked including their interactions with service users. We also had a walk round the environment.

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

We made three recommendation in the last inspection report. Progress with each is detailed below:

1. The Provider should upgrade the environment its furnishings and fittings to the same standard of modern decor and furnishings regarded a suitable standard in public service buildings used by the general public.

Action taken: We could see that the service had sought the views of service users and carers about the quality of the environment and from this consultation had put forward a request to the provider for redecoration of the main hall, which doubled as the dining area. At the time of this inspection, the service awaited the go ahead to start this work. Progress with this would greatly improve the environment. However, we noticed that as well as redecoration, dining tables were showing signs of wear and tear and the carpet in the alcoves and sitting room nearby was badly stained.

We also noticed that the general state of the environment was not good. For instance we saw damaged worktops, tired furniture, redecoration needed in other parts of the centre and overgrown garden areas. The consequence was that service was not meeting the standards of comfort which would be expected of public service buildings used by the general public.

This recommendation is not met and will remain a focus for future inspections. We have repeated it under Quality theme 4, statement 4. Managers advised us that improving the environment would be one of their priorities for the future.

2. The Provider should develop a Participation Policy that explains how and why the Resource Centre Service will consult with its service users, carers and other stakeholders about improving the quality of the service.

Action taken: This recommendation is partially met and we have made further comment about the participation policy under Quality Theme 1, statement 1.

3. The Provider should develop and implement a quality assurance process that promotes continuous improvement in the quality of service delivery in social care.

Action taken: This recommendation is partially met and we have made further comment about the participation policy under Quality Theme 4, statement 4.

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.

Every year all care services must complete a self assessment form telling us how their service is performing. We sample elements of the self assessment as part of the inspection process.

The self assessment contained a lot of good information about the service's strengths and areas for improvement. This was similar to our findings. Future self assessments would do well to reflect the process of how grades are reached through participation processes.

Taking the views of people using the care service into account

We observed staff interacting with service users who were not able to express their views to us verbally. We found these interactions were relaxed and that staff were appropriately supportive to people's needs.

We received two completed questionnaires from people who used the service and spoke with another six. We could see that this feedback was positive and showed that they were happy or very happy with the service.

Comments included,

"Staff are brilliant"

"All got keyworkers"

"Lot of outings in the summer programme"

"Can ask staff anything"

"Staff listen to you"

"Deputes are very good and approachable"

"I am the chairperson of the service user meetings, we talk about everyday issues"

"Few people go to the Advocacy Group... we talk about issues in Riddrie Centre and outside"

"Everyone can join the Advocacy Group"

"We trained some of the support workers a year ago"

"We put on drama productions at the Bridge"

"They help you to go to college"

"Salads and baked potatoes at lunchtime"

"Enjoy my time at Riddrie Centre and the staff are very caring"

"No complaints".

Taking carers' views into account

We received 18 completed questionnaires from carers. Overall, we could see that these carers were satisfied or very satisfied with the service their family member received. We noticed that five out of the 18 carers did not know about the service's complaints procedure. This may limit the extent to which carers felt confident about raising concerns about the service.

Comments included:

"Riddrie Centre has continued to provide a wide range of opportunities and activities for our daughter covering lifeskills, education, leisure and most importantly the social interaction provided by the centre where service users meet in the mornings and again at lunch time and home time. Furthermore, the group activities provide a structure to nurture and encourage social interaction that many service users would find difficult if isolated in their own communities or working in a 1 to 1 situation with a support worker all of the time. This essential service must not be allowed to be reduced at a time of council budget cuts, since it will affect vulnerable adults detrimentally."

"I am happy with the support my daughter receives from staff and have no complaints"

"...more than happy with the staff at Riddrie centre."

"My daughter and I have been at the centre for a lot of years now and I strongly agree with everything they have done for my daughter"

"Riddrie resource is a great place. All the clients love it, the staff can't do enough for them. The variety of subjects they do is amazing. To interfere in anyway would be criminal".

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

Overall 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 care and support provided by the service.

Service strengths

We found this service was performing very well in the areas covered by this statement. We concluded this after we:

- spoke with the manager, two deputies, two staff and two health professionals
- talked to six people who used the service
- looked at questionnaire responses
- reviewed personal plans and other records.

Service users we spoke with gave us examples of how they felt involved in the running of the service and how their views led to changes, for instance, regarding activities and daily routines within the centre. They told us that they were happy coming to the centre. Staff also told us that they enjoyed their job and coming to their work. We observed this in practice.

We joined some people who used the service and staff who were having lunch together. We saw good interactions between staff and service users who were relaxed in each other's company.

Since the last inspection, the service had devised a local participation policy to meet a recommendation that we had made about this. We discussed with the manager the scope there was to further develop this participation policy as it focused mainly on the group meetings it held with service users and carers and missed out all the other good things which the service did to promote participation within the service. The policy was accompanied by a helpful diagram showing the different ways people could get involved and there was merit in describing each of these in the participation policy to help make this clear. We make further comment on this under "Areas for Improvement".

At the time of inspection, some staff and service users had recently moved to Riddrie Resource Centre from another day centre which was in the process of closing down. The closure was the a result of restructuring of the Local Authority's day service provision. Feedback from staff and service users was positive about how the impact of this change had been for the new and the existing service users at Riddrie Resource Centre. We could see from minutes of meetings that there had been a lot of consultation with service users and families affected by the closure and that their views were being listened to and discussed.

We found a range of ways which the service sought the views of service users and carers. This included annual care review meetings, Service User Committee meetings, Self Advocacy Groups, questionnaires and Carer meetings. Since the last inspection, the service had got better at how it identified the issues that people raised, developed action plans to address these issues and how it fed back to everyone what it had done. The service collated and analysed the information it received from the different participation methods using, "You Said, We Did" action plans. These action plans clearly showed people how it listened to them and how their views had led to improvements.

The services of Advocacy workers were used to help involve service users in assessing and improving the quality of the service. As a consequence, service users could give their views freely without fear of being led by the needs of the service, managers or staff.

Service users, carers and staff were given the opportunity to grade the service in different areas and we could see that most people graded the service highly. This showed that people were satisfied or very satisfied with the service provided.

For instance, feedback from service users had led to the service buying a large screen television and game console. At the last inspection we had made a recommendation about the environment. The direct involvement of service users and carers had led to plans being drawn up to improve the quality of the living space.

People we spoke with had good things to say about staff and were very pleased with the activities that were offered to them during the course of the week. During the inspection, a four week summer programme of activities was running with an emphasis on outings and trips. We could see that service users were encouraged to make their own choices regarding what they wanted to take part in. Our observations and feedback from those we spoke with indicated that service users looked forward to their activity programme and felt involved in its design.

Areas for improvement

The service held annual reviews of an individual service user's care and support. We advised the manager that with changes in legislation, in future six monthly review meetings would now be required to take place in all care services, including Riddrie Resource Centre.

Now that the service had extended with the introduction of service users and staff from another day centre, it was a good time to review methods of participation to make sure they were meaningful for everyone. For instance, we found that there was scope to better involve those service users who had difficulty communicating in the participation process.

With regards to earlier comments regarding the participation policy we would suggest that consideration is given to reviewing it so that it properly reflects the good work done in practice. This review ought to involve service users and carers in its future development and include the following elements:

- * the service's approach to involvement. This should acknowledge the rights of service users and carers to be involved.
- * involvement objectives.
- * A plan to demonstrate how people who use the service, and their carers, will be given opportunities to be involved in each of the Quality Themes.
- * The plan should identify inputs, outputs and outcomes.
- * The plan should establish clearly who is accountable for outcomes and when and how this will be monitored and reviewed.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we:

- spoke with the manager, two deputies, two staff and two health professionals
- talked to six people who used the service
- looked at questionnaire responses
- reviewed personal plans and other records.

The service had developed an activity programme which very much promoted the health and wellbeing of clients. This included opportunities for outings, fun and pleasure, physiotherapy, hydrotherapy programmes, exercise, opportunities to stimulate the mind and develop independence skills and the use of trampolines in providing therapeutic exercise and recreation known as rebound therapy.

The self assessment explained that a specialist health Support Policy was launched and implemented in 2010 through a series of training programmes led by health professionals to support staff in the administration of emergency medication, epilepsy care, PEG feeding and physiotherapy. Consequently, staff were trained in line with the health care needs of individual clients.

Staff received the benefit of having a physiotherapist around the service. We could see that detailed plans of care in this area and in other areas of need, for instance, specialised dietary needs and support with eating and drinking, were in place and followed by staff.

At lunchtime, service users could bring in their own packed lunch or choose from a range of options including healthy alternatives from the lunch menu. Special diets were accommodated and people who required support to eat and drink received this support.

The service was equipped in a way that suited the needs of service users with a range of physical care needs including, spa bath, specially designed chairs for those who needed them, overhead hoists and wheelchair accessible bathing and toilet facilities.

Agreed protocols with the GP were in place with regards to the administration of emergency medicines and staff had received appropriate training in this area. This meant greater protection of service users' welfare where this medication was needed.

Areas for improvement

One of the management team outlined plans in the future for a sensory garden and for the service having its own hydrotherapy pool. We could see how these plans would lead to healthier outcomes for service users and would encourage the provider to take them forward.

We found that the service needed to improve how medication was managed within the service. While most medication was stored in a locked cabinet, we understood that there were no visual checks done or records kept for a few service users' rescue medications which they kept in a bag on the back of their wheelchair. Consequently, the service would not know if any of the medication concerned had gone missing during the course of the day and this could pose a potential danger to other service users. Generally, we discussed with managers the need to have an accountable system for noting what medication had come into the building and in what quantities.

We also found that medication administration charts were being used to monitor the handing out of medication by a manager to a member of staff, but not to record that the staff member had actually administered the medication to the service user. Consequently, there was not a proper check of the service user getting the correct medicine, at the correct time, in the correct way and in line with best practice such as, "The Handling of Medicines in Social Care"(<http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>). (See Requirement 1 under Quality Theme 1, statement 3)

We noted that Managers were keen to take immediate action to address these medication issues. We will also take advice on the provider's medication policy with a view to providing further guidance on these matters as required.

We noted from sampled risk assessments that staff needed to have a clearer understanding of how risk should be assessed and we have made a recommendation about this. (See Recommendation 2 under Quality Theme 1, statement 3)

The Adult Support and Protection (Scotland) Act 2007 was introduced to protect people at risk of being harmed. Support services for vulnerable adults have a duty to ensure the delivery of adult support and protection training to staff at a level appropriate to their role and responsibilities, covering all aspects of risk of harm or abuse. Not all staff at this service had received this training and consequently, we have made a requirement about this. (See Requirement 2 under Quality Theme 1, statement 3) Following the inspection, the service advised us that staff names had been put on a waiting list for in-service training on this subject.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The service provider must ensure that medication is managed in an accountable way. To do this the provider must review the way medication is managed in the centre using best practice guidance such as, "The Handling of Medicines in Social Care"(<http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>) and include the following within the policy and within staff practice:

- * The service must ensure that where a service user brings medication into the day service, there is an audit trail for this and, in the event that the service orders, collects or disposes of medication, there is an audit trail for these tasks as well

- * In addition to emergency medication, care plans must contain details of any medication taken by the service user, including what the medication is for and key side effects for monitoring

- * Where staff administer medication they must record the outcome of any such medication task on administration recording sheets

This is to comply with, SS12011/210 Regulation 4 (1)(a), Welfare of Users - this requires providers to make proper provision for the health and welfare of service users. In making this requirement we took into account the following best practice guidance:

National Care Standards (NCS) Support Service, Standard 16: Keeping Well and "The Handling of Medicines in Social Care"(<http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf>)

2. All staff who come into contact with service users must receive Adult Support and Protection training.

This is to comply with, SS12011/210 Regulation 4 (1)(a), Welfare of Users - this requires providers to make proper provision for the health and welfare of service users.

Timescale: Within three months from the publication date of this report

Recommendations

1. Staff should receive training on the purpose and use of risk assessments so that these assessments clearly explain the area and reason for the risk and what staff actions are needed to manage and minimise the risk.

NCS Support Service, Standard 2: Management and Staffing Arrangements

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing - NOT ASSESSED

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

We found this service was performing very well in the areas covered by this statement. We concluded this after we:

- spoke with the manager, two deputies, two staff and two health professionals
- talked to six people who used the service
- looked at questionnaire responses
- reviewed personal plans and other records.

Staff and service users told us that managers were supportive and approachable and described the service as well run.

The strengths for service user and carer involvement detailed under Quality Theme 1, statement 1, are the same for this statement.

Areas for improvement

Areas for improvement made under Quality theme 1, statement 1 also apply to this quality statement

Grade awarded for this statement: 5 – Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We found this service was performing well in the areas covered by this statement. We concluded this after we:

- spoke with the manager, two deputies, two staff and two health professionals
- talked to six people who used the service
- looked at questionnaire responses
- reviewed personal plans and other records.

Since the last inspection, managers had focused more of their attention on assuring the quality of the service. A recommendation about this, which was made following the last inspection, was partially met. Information was now produced from the analysis of questionnaires, meeting discussions, health and safety audits, inspections and so on, to identify plans of actions for where the service should improve. Consequently, this approach promoted continuous improvement in the quality of aspects of service delivery. See further comment about this recommendation under Areas for Improvement.

Regular team meetings and individual staff supervision sessions were in place to help managers assess the quality of staff performance.

At the time of our inspection visit, Riddrie Resource Centre was part of a wider Glasgow change to day services for adults with learning disabilities. The change hoped to give people greater control over the quality of their life through personalisation. By this we mean that the service user is given choice and control to design support packages for themselves, which may or may not mean receiving a centre based support service.

Staff and people who used the service told us that managers were approachable and listened to any concerns they had. They felt the service was run in an organised fashion and that staff and managers worked hard to provide a service of quality.

Areas for improvement

The service needed time to settle down following the recent coming together of two groups of staff and service users under the one roof, following the plans to close another day centre base. It would need attention by managers to ensure staff worked as a team and service users got the best out of their day care experience. The manager recognised that there was work to be done in this area and assured us that this was a high priority on the management agenda.

Regarding the previous recommendation for the introduction of a quality assurance process that promotes ongoing improvement in the service, we could see that there were many areas in which this happened as noted above. However, the process of quality assurance within this service missed key areas such as observational monitoring of staff practice, including when they were out and about with service users in the community, and carrying out audits of the environment or key records such as care plans, risk assessments, continuation sheets, monthly summaries and medication records. The manager had devised a way of overseeing the frequency of some areas of practice on a monthly basis, for instance, reviews and accidents, but this had not been kept up to date and did not cover some key areas such as staff supervision. Consequently, there remained scope for the the process of quality assurance to review performance across all elements of the service. (See Recommendation 1 under Quality Theme 4, statement 4)

Whilst staff, people who used the service and carers were involved in assessing the quality of the service, external agencies were not given this opportunity. Consequently, this limited the extent to which all stakeholders could be involved in assessing the quality of the service provided. (See Recommendation 2 under Quality theme 4, statement 4)

The self assessment noted that the manager intended to use the Scottish Government's "How Good is our Team" self evaluation tool with the staff team. We will review progress with this during future inspections and its impact on quality assurance.

We have made a recommendation about the quality of the environment under this statement. See the section in this report headed, "What the service has done to meet any recommendations we made at our last inspection", for the reason why. (See Recommendation 3 under Quality theme 4, statement 4)

We noticed that five out of the 18 carers who responded to our questionnaire did not know about the service's complaints procedure. This may limit the extent to which carers felt confident about raising concerns about the service and needed attention.

Under new regulations, premise based support services such as Riddrie Resource Centre will now require to carry out 4 weekly assessments of staffing to demonstrate that service users needs are being assessed and appropriate staffing levels are put in place. We will review this during future visits.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. A comprehensive system of quality assurance, underpinned by a written quality assurance policy, should be developed. As well as existing quality assurance measures, this should include observational monitoring of staff practice and audits of key areas such as records and the environment, so that continuous improvement and monitoring covers all aspects of the service provided.

NCS Support Services, Standard 2: Management and Staffing Arrangements

2. External agencies and other interested parties should be involved in assessing the quality of the service provided.

NCS Support Services, Standard 2: Management and Staffing Arrangements and Standard 8: Making Choices

3. The Provider should upgrade the environment including the decor, furnishings and fittings where it is needed, to the same standards regarded as suitable in public service buildings used by the general public.

NCS Support Services, Standard 5: Your Environment

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

None.

Action Plan

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

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
3 Nov 2010	Announced	Care and support Not Assessed Environment 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
26 Feb 2010	Announced	Care and support 5 - Very Good Environment 2 - Weak Staffing 4 - Good Management and Leadership 3 - Adequate
10 Dec 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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