

# Care service inspection report

## St. Ninians

### Care Home Service Adults

126 Perth Road  
Blairgowrie  
PH10 6EQ

Inspected by: Marion Ash

Jane Blair

Type of inspection: Unannounced

Inspection completed on: 22 January 2014



HAPPY TO TRANSLATE

# Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	12
4 Other information	25
5 Summary of grades	26
6 Inspection and grading history	26

## Service provided by:

BDM Care a Partnership

## Service provider number:

SP2012011961

## Care service number:

CS2012312931

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

Marion Ash

Telephone 01382 207200

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	3	Adequate
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

### What the service does well

The care home provided a homely and welcoming atmosphere. The residents and relatives at St. Ninians told us they had a good relationship with the staff and manager of the home. They also confirmed they were asked to give their views about the care, staff and the environment, and that their suggestions had been listened to. Residents told us they were comfortable in the home and were very satisfied with the care and support they received. Relatives spoken with also expressed their satisfaction with the management and the care given by the staff to their relative.

### What the service could do better

As a result of this inspection we have made requirements about staff training, repairs and recruitment.

The service provider should expand upon the opportunities for people to give their views of the service to include visiting professionals.

The service is still in the process of improvement work to the interior of the building. We highlighted to the manager some areas where exposed wiring should receive immediate attention for the safety of the residents.

Staff training must continue to be carried out to ensure all staff are up to date with best practice.

The provider should be able to demonstrate PVG application and receipt by recording each of these dates.

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

Improvements continue to be made to the environment and an additional dining space is now available for use by residents and their families. A new carpet had been laid in the hallway and on the stairway. The provider had addressed the requirements made in the previous inspection report and this is reported within this report under Quality Theme 2, Statement 2.

The manager and staff demonstrated a commitment to the continuing improvement of the service provision.

### **Conclusion**

The quality of the care being provided at St. Ninians has continued to improve since the previous inspection. The service, its manager and staff were held in high regard by the residents and relatives, we had the opportunity to speak with during the inspection visit.

The staff team are friendly and there was a good team spirit. Staff told us they felt valued and supported by management to provide good quality person centred care.

### **Who did this inspection**

Marion Ash  
Jane Blair

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service registered with the Care Inspectorate on 1 March 2013.

## 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 that the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

St. Ninians Residential Home is a detached villa set in its own grounds, close to the centre of Blairgowrie.

The property has been extended and adapted to provide accommodation for a maximum of ten older people. The building and its grounds may be accessed by those with impaired mobility.

The aims and objectives of the service state "St. Ninians Care Home aims to provide whole person care by addressing its residents' physical and emotional needs. In doing so, we aim to create a secure, relaxed, happy and homely atmosphere for the residents to live in and for the staff to work in."

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 3 - Adequate**

**Quality of Staffing - Grade 3 - Adequate**

**Quality of Management and Leadership - Grade 3 - Adequate**

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 high 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

We wrote this report following an unannounced inspection visit made to the home on Wednesday 23 January 2014 by inspectors Marion Ash and Jane Blair. The inspection visit took place between the hours of 10:20am and 3.20 pm. We gave feedback of our inspection findings to the manager of the service at the end of the visit.

In this inspection we gathered evidence from a range of sources including the following records:

- evidence from the most recent self assessment
- personal plans
- medication records
- staff training records
- accidents and incidents
- records of complaints.

We also had discussions with various people including:

- the manager
- two staff
- four residents
- two relatives.

### 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)



## **What the service has done to meet any requirements we made at our last inspection**

### **The requirement**

The Provider must make proper provision for the health, welfare and safety of service users and have appropriate procedures for the prevention of accidents to service users.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 4 (1) (a) (d) - Welfare of Users.

Timescale for completion: To commence immediately upon receipt of this report and to be completed within one month.

### **What the service did to meet the requirement**

The service gave us an action plan which stated, 'The service will ensure that any subsequent building works are done so with minimal disruption to residents and their families'. Ongoing works shall be kept separate from communal areas and will be kept tidy, and clearly marked as DO NOT ENTER when work is incomplete.

We found in this inspection visit that residents only had access to areas that building work had been completed.

**The requirement is:** Met - Within Timescales

## **The requirement**

The Provider must ensure risk assessments are developed and safety measures introduced in relation to the upstairs fire escape door.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 4 (1) (a) - Welfare of Users and Regulation 5 - Personal plans.

Timescale for completion: To commence immediately upon receipt of this report and to be completed within three months.

## **What the service did to meet the requirement**

The provider tell us that all service users who choose a room upstairs will be risk assessed for the appropriateness of being near the fire exit which leads to steep steps and no potential service user with a history of wandering or confusion will be placed in an upstairs room. Risk assessments had been completed and the fire exit door had been alarmed to alert staff to it being opened.

Although we concluded that appropriate action had been taken to consider this requirement as being met, the alarm was not working on the day of the inspection. This has been addressed under a new requirement made within this report under Quality Theme 2 Statement 2.

**The requirement is:** Met - Within Timescales

## **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:** No

## **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 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 spoke informally with four of the six residents in the home during our inspection visit. Comments made were all extremely positive and included;

"It's not the same as being in your own house but I am happy with the care and support I get. The manager is very nice and always takes time out to talk to us and the girls are lovely. They are more than able and do the best for us."

"Everyone is so kind they are very good to me."

"The meals are good, I've got no reason to complain but I would if I needed to."

"The thing I like the best is how clean the place is kept. It always smells fresh."

"I like having the dog on my knee, he is just a wee thing and loves getting cuddles and I like giving them."

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

During the inspection visit we had the opportunity to speak with two relatives, both comments were positive. Comments made included;

"We chose this home because it was small welcoming and staff were very friendly. The manager is always around for an informal chat if we need to discuss anything and nothing is ever too much trouble. The manager has two little dogs who come into the home with her and my relative loves this as their own dogs played a very important part of their lives. I am kept informed of any changes to my relatives health and am invited to meetings to discuss the care. The home is always clean and fresh smelling which is really important to me. I have no reason to complain but would be confident that any concerns I may take to the manager would be addressed quickly."

"The environment here is good and the manager is very good at keeping me fully informed. I was asked for my views about changes to the environment which I think is all very good and I am asked to come to care meetings. Overall, my relative and I are very happy with the care here."

## 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

Quality Statements 2.1, 3.1 and 4.1 have also been reported within this Quality Statement. The same systems were in use to gather views of people involved with the service for each of the areas covered by these statements. We found the service to demonstrate a good performance in respect of this quality statement. Evidence to support our findings included:

- regular relative meetings
- regular service users' meetings
- annual survey's and questionnaires
- involvement in care planning and care reviews
- complaint's procedure.

Minutes of meetings were fully recorded and any actions required were addressed by the manager and reported back at the next meeting. Since the previous inspection the service had developed and implemented a questionnaire for relatives and conducted a residents' survey. Questionnaires had been issued to relatives and residents of the home and responses were still coming in at the time of the inspection visit. We had the opportunity to view the returned questionnaires, all of which were extremely positive with respondents indicating they were either satisfied or very satisfied with all aspects of the care home service.

Notice boards within the main entrance to the home detailed the questions asked at the recent survey, the responses given and the action taken by the home to address

suggestions for improvement made. Information was also displayed about local advocacy services and how these could be accessed.

Residents and their relatives told us they had been involved in developing residents' personal plans. This ensured that the residents' views on how they wished to be cared for was fully documented. These plans were seen to be reviewed six monthly and the care plan was updated to reflect the new information. The manager of the service reported that the care plans were re written every month to ensure they always held the most current and up to date information. This did however mean that the rewritten care plans did not record the signatures of all those who had been involved in their completion. (**See Areas for Improvement**)

Since the previous inspection a newsletter had been produced to keep people up to date with what was happening in the home and ask for their views.

The service had an appropriate complaint's procedure which was clearly displayed at the main entrance to the home.

Residents were given a welcome pack which detailed the philosophy of the home , the services covered in the costs and the services available which would have additional costs such as hairdressing and their rights and responsibilities.

Residents and relatives spoken with said they were kept informed of what was happening in the home with regard to the refurbishment, events, staffing, and the health care of their relatives. They strongly believed their views were listened to and the manager was responsive to any requests they had.

### **Areas for improvement**

The service provider should continue to gain the views of residents and relatives and extend this to include visiting professionals including all health care professionals.

Care plans should be signed by residents and /or their representative to evidence their involvement in their completion.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

### **Service strengths**

The home was seen to demonstrate an adequate performance in respect of this quality statement. We came to this conclusion following sampling four care plans, observing staff interactions with residents and speaking with residents and their relatives.

The four care plans we sampled were found to be of a good standard. The care plans gave an accurate and detailed account of the care needs of individual residents. Recorded care needs and desired outcomes were seen to be regularly evaluated to assess if desired outcomes were being achieved. Review meetings with residents and their relatives were fully recorded and minutes were signed and dated recording the names of those involved in the meeting. The care plans were held by each resident in their rooms so they could be accessed by the residents or their relatives at their leisure.

The care service was also putting together comprehensive life stories for each of the residents in their care. This helped staff support residents in a way that was consistent with their preferred lifestyle choices. The care plans evidence that residents had access to a range of health care professionals to support the home staff in ensuring their health care needs were met.

Our observations of staff practice demonstrated that staff were aware of the individual health care needs of each of the residents in their care and the level of support that each required. The provider had introduced a system where staff had to demonstrate that they had read and were familiar with the content of each person's care plan.

Staff spoke with each of the residents in the morning to inform them of the choices of meals available and recorded their preferred choice. Residents were seen to be encouraged to remain independent in eating their meals where possible. Aids such as plate guards were used to promote independence with eating meals.

Residents and relatives spoken with during the inspection visit reported being very happy with the care and support offered by the home.

Staff spoken with told us they felt there were enough staff to achieve the best outcomes for the people in their care. There was a total of six residents in the home at the time of this inspection.

The medication storage arrangements in the home had been changed since the previous inspection to meet current legislation. The new arrangements were seen to be appropriate.

We had no concerns over moving and handling techniques used by staff on duty during the inspection visit. We spoke with both members of staff and both confirmed they had received training in this areas. Records in staff files confirmed this. We were aware however, that new staff had not yet received this training and we spoke with the manager about how this was being addressed. **(We have reported upon this under Quality Theme 3, Statement 3)**

### **Areas for improvement**

From personal care plans, records of daily fluid intake had not always been totalled at the end of each day. Charts should record the desired daily intake for individual residents and the actual amount taken . Any deficit shown should then be addressed. **(See Recommendation 1)**

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The provider should ensure that all staff are aware of the daily target amount of fluid for residents whose fluid levels are required to be monitored. Amounts taken should be totalled at the end of each day.

National Care Standards - Care homes for Older People - Standard 4 - Support Arrangements.

## Quality Theme 2: Quality of Environment

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 environment within the service.

#### Service strengths

This Quality Statement has been reported under Quality Statement 1.1. Please refer to Quality Statement 1.1 for further detail.

#### Areas for improvement

Please see Quality Theme 1, Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

During our inspection of the environment we found the service to demonstrate an adequate performance in respect of this Quality Statement. We concluded this from:

- our observations of the environment
- repair and maintenance records
- accident and incident records
- systems in place for safe storage and administration of medications
- staffing and recruitment process.

The home had a range of policies and procedures in place for the safety of the residents, for example:

- recruitment of staff
- infection control



- complaints
- whistle blowing
- evacuation in the event of an emergency
- protection of vulnerable adults.

All residents had a welcome pack and a contract in place. Personal care plans contained an emergency evacuation plan that had taken into consideration the level of support individual residents would require.

Accidents and incidents were seen to have been recorded appropriately and audited by the manager to implement measures to prevent re-occurrence. Risk assessments were held within the personal care plans.

The home was seen to staff the home in accordance with the agreed staffing schedule which was clearly displayed alongside the homes registration certificate at the main entrance of the home.

We sampled the recruitment files for staff who had commenced employment at the home since the previous inspection. The records held confirmed implementation of the home's safe recruitment policy which included; completion of an application form, 2 references being sought and an interview being held. Although PVG application had been sought, evidenced through certificate numbers being retained in staff files, the manager was unable to evidence when the PVG requests had been made as dates were not recorded. **(See Areas for Improvement)**

We found the home to be clean and fresh on arrival. Access to the care home was secure and there was an enclosed patio area to the rear of the property, providing a safe outdoor space for residents to enjoy.

Two requirements had been made in the previous inspection report to ensure the environment remained safe for residents. The first requirement was made to make sure residents remained safe during continued building works. The provider assured us that residents had no access to areas still undergoing renovation and signs were in place to notify residents and visitors of restricted access to these areas.

The second requirement was for the completion of a risk assessment and the implementation of safety measures to reduce the risks to residents should they enter the fire exit area on the first floor. Risk assessments had been completed and an alarm system had been fitted, however, the alarm was not working on the day of the inspection and we have made a requirement about this in this report.

A number of improvements had been made to the building since the previous inspection and this work was ongoing at the time of this inspection.

---

## Areas for improvement

Although the home kept for reference the application reference number for PVG number dates had been recorded for either when the application was made or when disclosure received. We were therefore unable to determine if safe recruitment procedures had been fully implemented prior to prospective employees working in the home. **(See Requirement 1)**

We did not see any reference in recruitment policies of what action is to be taken on receipt of an unsatisfactory disclosure. **(See Recommendation 1)**

While we acknowledge the refurbishment of the care home is ongoing we highlighted to the manager our concerns about some areas where wires were exposed and a smoke alarm was left suspended from the ceiling. **(See Requirement 2)**

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

**Number of requirements:** 2

**Number of recommendations:** 1

## Requirements

1. The provider must be able to evidence when PVG application is made and received to ensure safe recruitment checks have been carried out prior to employment.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 9(1) Fitness of Employees and National Care Standards - Care Homes for Older People - Standard 5 - Management and Staffing arrangements. In making this requirement the SSSC Code of Practice 1.2 - Checking criminal records and relevant registers, has been taken into consideration.

**Timescale: To commence on 31 January 2014.**

2. The provider must protect the health and safety of the service users. In order to do this the provider must;
  - (a) develop and implement a system to records all repairs required. This should be signed and dated when entered and on completion.
  - (b) ensure renovations are fully completed before these areas are accessible to service users. This is with particular reference to ensuring that wiring is not exposed.
  - (c) ensure the alarm system fitted to the upstairs fire exit door is fully functional.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

**Timescale: To commence on 31 January 2014 and for completion by 13 February 2014.**

### **Recommendations**

1. A written procedure should be developed to evidence the evaluation and decision making processes when assessing unsatisfactory Disclosure checks.

National Care Standards - Care Homes for Older People - Standard 5 - Management and Staffing Arrangements.

## 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

This Quality Statement has been reported under Quality Statement 1.1. Please refer to Quality Statement 1.1 for further detail.

#### Areas for improvement

As recorded under Quality Statement 1.1.

**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

We found the service to demonstrate an adequate performance in relation to this Quality Statement. Evidence to support the grade awarded was gathered from various sources including;

- examination of the training matrix
- interviews with staff
- discussion with the manager
- observation of staff practice.

The members of staff we had the opportunity to speak with appeared motivated, expressing satisfaction with their work and the support they received from the manager of the care home. Staff confirmed they had accessed a range of training and were supported to obtain the qualifications required for registration with the Scottish

---

Social Services Council (SSSC). Staff were aware of the SSSC codes of practice and of the relevant National Care Standards.

The training matrix covered core training such as moving and handling, first aid, food hygiene, fire safety, protection of vulnerable adults, palliative care and dementia awareness. The home made use of distance learning packs and an e-learning system and met regularly with staff to discuss the effectiveness of the training.

Staff were further supported through regular supervision meetings with the manager and annual appraisal. We discussed with staff their responsibilities of caring for the residents and laundry and kitchen duties. They acknowledged that they can be busy in the morning, especially on the cooks day off, however, it did not present them with any problems with the current occupancy levels. The manager may need to reconsider the deployment of staff at such time when occupancy levels increase. Relatives and residents we spoke with believed staff were present in sufficient numbers to meet their needs. Our observations on the day of the inspection confirmed this.

### **Areas for improvement**

The training matrix evidenced that some staff had not received training in essential training such as moving and handling and fire safety. This was not only for newly appointed staff but also for staff who had been in post three and six months respectively. (**See Requirement 1**)

The service should further develop the training evaluation information to make sure it provides evidence to confirm staff learning and understanding from the training. (**See Recommendation 1**)

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

**Number of requirements:** 1

**Number of recommendations:** 1

### **Requirements**

1. The provider must ensure that all staff complete training essential to their work.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 15(b) - Staffing.

**Timescale for implementation - Sourcing of suitable training should commence by 31 January 2014 and training in essential areas should be planned by 10 February 2014.**

## **Recommendations**

1. The service should further develop the training evaluation information to make sure it provides evidence to confirm staff learning and understanding from the training.

National Care Standards- Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

#### Service strengths

This Quality Statement has been reported under Quality Statement 1.1. Please refer to Quality Statement 1.1 for further detail.

#### Areas for improvement

As recorded under Quality Statement 1.1.

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

From sampling evidence from the providers self assessment, speaking with the manager of the service, staff, relatives and residents and from sampling documentation, we found that the service evidenced an adequate standard in relation to the areas of this statement.

The Care Homes comprehensive welcome pack set out the rights of people using the service and how they and their families could be involved in the service.

The manager carried out a number of quality assurance audits for medication, accidents and incidents and staff practice and development through supervision and appraisal. These were fully recorded and actioned.

The manager had built very good relationships with relatives and was flexible and accomodating in making herself available for them to chat or discuss any issues.

Relatives we spoke with were very positive about the manager, staff and the care provided by the home.

Quality assurance systems used in the home are also recorded under Quality Theme 1 Statement 1 and have been taken into consideration when awarding the grade for this Quality Statement.

### **Areas for improvement**

The manager should expand on the range of audits undertaken to include:

- the environment
- care documentation
- health and safety
- cleaning schedules
- training.

The manager should document the observations she makes of staff practice, which would provide evidence of staff learning from training.

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

**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 - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
<b>Quality of Environment - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	3 - Adequate
<b>Quality of Staffing - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
3 Jun 2013	Unannounced	Care and support      3 - Adequate Environment            3 - Adequate Staffing                    3 - Adequate Management and Leadership    Not Assessed

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

## To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

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

## Translations and alternative formats

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

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 بایتسرد می ونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم ا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)