

# Care service inspection report

## Thorn tree Mews

### Care Home Service Adults

17 Arnothill Mews

Falkirk

FK1 5RZ

Type of inspection: Unannounced

Inspection completed on: 27 August 2014



HAPPY TO TRANSLATE

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## **Service provided by:**

Countrywide Care Homes (3) Limited

## **Service provider number:**

SP2013012124

## **Care service number:**

CS2013319184

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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	5	Very Good
Quality of Environment	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service provides a very good level of care and support to the residents and offers a wide range of activities throughout the year.

### What the service could do better

The service could provide their care staff with further training on how to care for residents displaying stress and distressed reactions.

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

Since the last inspection the service had looked at ways of including residents and relatives in the home and consulted with people in aspects of the home.

### Conclusion

Thorntree Mews is a very welcoming and homely environment where residents enjoy good home cooking and where care is delivered in a dignified manner.

# 1 About the service we inspected

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

This service registered with the Care Inspectorate on the 30 January 2014.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services 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 Inspectorate.

Thorntree Mews is a care home registered for 40 older people, some of whom may have dementia and/or physical disability. The provider is Countrywide Care Home (3) Limited.

The home is close to the town centre of Falkirk and is near to local amenities, including shops and train and bus routes.

The care home is a converted house, with accommodation on two levels.

It is divided into two self-contained units; each with a lounge and dining room and other quite areas. The home has an enclosed garden at the rear and a seated area at the front for people using the service.

The values of the provider are 'We treat every resident with the dignity and respect they deserve and always provide quality care at affordable prices. We treat people as individuals, tailoring the care they receive to meet individual needs, and we place a focus on creating an environment which is warm, friendly, and secure. We're confident our dedication to service sets us apart from other care home providers.'

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://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

We wrote this report following an unannounced inspection. This was carried out by Inspectors Eleanor Higney, Gerry Tonner and Inspection Volunteer Fiona Mitchell. The inspection took place on Tuesday 26 August 2014 between 9.30am and 4.15pm. It continued the following day, Wednesday 27 August 2014 from 9.15am until 4.45m. We gave feedback to the home manager, deputy manager and quality assurance manager on 27 August 2014.

We sent 40 care standards questionnaires to the manager to distribute to residents. 17 residents returned a completed questionnaire. We also sent 40 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned 10 completed questionnaires before the inspection.

We also asked the manager to give out 40 questionnaires to staff and we received 11 completed questionnaires.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- 12 residents
- 7 relatives
- The home manager
- The deputy manager
- The quality assurance manager
- The charge nurse
- 1 staff nurse
- 1 senior care assistant
- 2 care assistants
- The maintenance person

We looked at:

- Insurance certificate
- Accident and incident reports
- Complaints folder
- Care plans
- Training records
- Staff supervision records
- Audits and action plans
- Minutes of resident meetings
- Minutes of relative meetings
- Minutes of staff meetings
- Questionnaires
- Staff Rotas
- Participation Policy
- Maintenance records
- Cleaning records
- Provider visit reports

## **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

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take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** 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 home had not been requested to submit this as it had recently re-registered.

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

These are reflected throughout the statements of the report.

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

These are reflected throughout the statements of the report.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 5 - Very Good

##### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

##### **Service strengths**

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw a recent survey had been carried out with relatives to gain feedback about the care home. The service had sent out 40 surveys and 9 had been returned. This had been collated and an action plan devised and results displayed on the notice board. The manager told us that this would also be discussed at the next relative meeting. 8 people were consistently satisfied with all aspects of the home whilst 1 person scored the service as lower than this on the majority of aspects.

We found that the service had noticeboards throughout the care home and that these contained useful information including results of surveys, feedback from meetings and general progress about the home. This resulted in easy access points for residents and their visitors to keep up to date with events.

We found there was a 'We asked, You said, We did' board on each floor which was used to increase the level of participation from residents and relatives in many aspects of the home including recruitment and activities.

We saw minutes of regular resident meetings and that action plans were devised following them to ensure that any issues raised were dealt with.

We were told that relatives can accompany residents on outings and to help celebrate family occasions.

The manager told us that she had an open door policy to enable relatives to speak to her anytime they are in visiting. Relatives we spoke with confirmed this and told us that they felt at ease to speak to the manager about any issues they may have.

We saw that care plans were signed by each resident or their relative which ensured that they were involved in the content.

We saw that Skype had been introduced and we were told that this was used mainly by relatives who lived abroad but at times by relatives that were on holiday too. The benefits of this were that residents could stay in contact with their relatives in a way that without Skype they could not do.

We received a total of twenty seven questionnaires back from residents and relatives and all of them either agreed or strongly with the question 'Overall, are you happy with the quality of care received?'. Comments were:

'Couldn't ask for a better home for my mum she is happy and well looked after.'

'What a lovely service, staff are approachable and very helpful.'

'My only concern is that I am not sure if staffing numbers are sufficient during the night and early morning. The staff I meet daily are kind, helpful, caring and treat my father with dignity.'

'Myself and my siblings are very happy with our mother's care in Thorntree Mews. Our mother is clearly very happy with her care.'

'I think the care is excellent. I enjoy staying here.'

### **Areas for improvement**

We saw that attendance from residents and relatives at meetings was not very high at times and on occasion no one had attended planned meetings. The service should look at ways of increasing attendance at meetings as this would assist the home to share ideas and suggestions to improve the service with residents and relatives.

The service should continue to look at ways of involving residents that have communication difficulties or cognitive impairment.

We were told by most residents and relatives that they were unaware who their key worker was. They also told us that it would be helpful if all staff wore name badges and if their photos that were displayed in the foyer had the staff's name with them. We discussed this with the manager and felt assured that she would deal with this.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We looked at care plans and found these to be up to date and that the majority of risk assessments were up to date and reviewed regularly.

We found that care plans were evaluated monthly and that for most these were a meaningful summary of the residents care and support needs.

We found that care plans, including any areas requiring consent or a risk assessment were signed by the resident to their relative which showed that they were in agreement.

We saw that residents care and support had been reviewed at least six monthly and that their relative and other health care professionals had been involved as appropriate.

We found that care plans included a six monthly summary of any infection concerns which provided an easy to read overview. This would then be used to try and establish any patterns of re-occurrence.

We saw that some life story work was in place for some residents which helped to give background information to staff and was used to initiate conversation.

We spoke with a resident who told us about a recent example where they had been assisted by staff in a particularly dignified manner and how much they really appreciated this.

We spoke with relatives who told us they were kept informed of any accidents or incidents relating to their family member immediately and that they appreciated this open and honest approach.

We saw records of numerous outings, entertainments and other activities that took place each month. Residents we spoke with also told us about these and some told us about recently attending the Edinburgh Tattoo. We saw that all residents were offered outings and were consulted in forthcoming events. The home celebrates key dates throughout the year e.g. Chinese New Year, Valentine's Day and Mother's Day. The home had two staff employed to carry out activities and we spoke with one of them who told us that management were very supportive and ensured that activities

played an important part of life at Thorntree Mews.

There was an inspection volunteer involved at the second day of the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The Inspection Volunteer role is to speak with people using the service being inspected and gathering their views.

The inspection volunteered noted the following:

Residents and relatives told me that they were well cared for.

Comments made included:

'Can be very good staying here.'

'Food good.'

'Change food if you don't like it.'

'Food good, offered something else if you don't like it.'

Both residents and relatives were positive about activities.

A trip to the tattoo, a few nights previously had been a big success for 4 residents.

A resident had been on a canal boat with their family members as an outing. Residents mentioned other trips and in house activities.

Two residents did mention that they felt outnumbered by the opposite sex.

The dining areas were nicely set up with cruet sets, flowers on the tables and paper napkins. I did feel that prior to the lunch being served that there were short periods when the dining area was unsupervised. Tea and coffees appeared to be given during the main course when the residents had not had a chance to drink the juice that had been served at the beginning of their meal.

The inspector noted the following:

We saw residents in lounges being offered additional fluids in between meal times.

We observed lunch on both units and found that residents were assisted in a caring and dignified way. However, staff could be a bit more mindful of the noise levels during lunch in the upstairs unit as this would promote a more pleasant ambience.

We saw that the service had a range of specialist equipment and used this on an individual needs basis.

### **Areas for improvement**

We saw that pain assessments had not been completed as often as we would have expected. We discussed this with the manager and quality assurance manager who told us that these were currently being reviewed by the provider and would be put in place as soon as they were ready. We will review this at our next inspection.

We saw some examples where the wording in care plans could have been better. Examples of these were 'X can be bad tempered' and 'disruptive residents'. The service should continue to promote dignity in care with the staff in relation to the terminology used in care plans.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 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 quality of the environment within the service.

#### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We found resident's rooms to be very homely and personalised. Residents told us they were able to decorate them or add pictures and furniture if they wished.

We saw that the manager had consulted residents and relatives in some recent projects about the environment in relation to new conservatory furniture and developing an area to sit outside at the front of the home.

We received a total of seventeen questionnaires back from residents. We asked the question 'I feel safe and secure in the care home?'. Eleven people strongly agreed and six people agreed with this.

We received a total of ten questionnaires back from relatives. We asked the question 'I am confident that my relative/friend is safe and secure in the care home?'. Seven people strongly agreed, two people agreed and one person disagreed with this.

See service strength under 1.1 for more information.

#### Areas for improvement

The service should continue to look at ways of involving more residents, especially those with communication difficulties or cognitive impairment.

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

**Number of requirements:** 0

**Number of recommendations:** 0



## Statement 2

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

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a good level.

We found that in general the home was very clean and tidy which led to a pleasant environment for people to live in.

We found there were no unpleasant odours in the home and relatives we spoke to told us that this was always the case.

We saw that communal areas had been decorated and maintained to a high standard and there were lots of nice homely touches'. These all created a feeling that the care home was cared for by the manager and her staff.

We found upstairs, where the home supported people living with dementia, that the home had added extra touches to provide some stimulus for people in the main corridors including pictures of old actors and areas of Falkirk. These provided talking points where staff could initiate conversation.

We found that bedrooms were personalised and residents told us that they were encouraged to bring in items from home and hang pictures to make their bedroom their own.

In the upstairs unit we found that the main lounge was being used by the majority of residents and that this was quite crowded. We discussed this with the manager and other staff who told us they had recently decorated the small lounge in to a reminiscence style lounge in the hope that it would be used. We were told that whilst staff tried to encourage some residents to use this, as yet residents seemed to prefer to use the main lounge. Relatives we spoke with also told us this.

We found the dining rooms were very well presented. The dining tables had tablecloths, napkins and condiments. Residents told us they liked this.

We saw that relevant maintenance checks were in place that ensured equipment was safe at that time.

We saw that a health and safety audit had been carried out by an external company and there was an action plan that was being worked through.

The inspection volunteered noted the following:

This was an old building which felt welcoming, bright and airy from the minute you stepped in. Original features, varied artwork on the walls and a range of resident activity photos on the walls, made it felt like a real home. All areas appeared clean. Some of the notice boards did appear to have rather a lot of information on them.

Comments from residents were:

'Very clean.'

'Not enough toilets.'

'Have to queue for the toilets.'

### **Areas for improvement**

On the first day of the inspection we found some items stored in a communal shower room that prevented proper access to this area. We also found cleaning trolleys were not stored correctly and the microwave in the dining room was not as clean as we would have expected. We discussed this with the manager who immediately dealt with the matters that day. On the second day we found that these areas were all satisfactory.

The service should ensure that the environment is audited frequently to ensure that all areas are kept clean, tidy and safe at all times.

**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: 5 - Very Good

### Statement 1

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

### Service Strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw that the service had asked for residents and relatives to participate in the recruitment of new staff, although as yet no one had agreed.

We found that residents had been asked for their feedback about new staff during their probation period and this was recorded and used when assessing if the staff member was to become permanent or not.

We were told that one resident had asked to take part in the home's training programme and we saw records that this had happened.

We received a total of seventeen questionnaires back from residents. We asked the question 'I am confident that staff have the knowledge and skills to care for me?'. Eight people strongly agreed and nine people agreed with this.

We received a total of ten questionnaires back from relatives. We asked the question 'I am confident that the staff have the knowledge and skills to care for my relative / friend?'. Five people strongly agreed and five people agreed with this.

See service strength under 1.1 and 2.1 for more information.

### Areas for improvement

The home should continue to make attempts and think of other ways to include residents and relatives in the recruitment and on-going assessment of new staff. We discussed some ways with the manager who seemed keen to take this forward.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw records of the staff supervision programme and staff we spoke to confirmed they received this regularly. We saw that some supervision had taken place out with the planned schedule in direct response to situations that had occurred. The result of this was that the service was very pro-active and supportive.

We saw that staff meetings were held regularly and that relevant areas were discussed and action plans devised where necessary. We saw that minutes were available to staff who had been unable to attend to allow them to keep up to date.

We found throughout the inspection that staff were warm and friendly and residents and relatives we spoke with confirmed this.

We saw that there was a clear and easy to read training matrix in place and that the majority of mandatory staff training was up to date. Topics included nutrition, tissue viability, infection control and moving and handling.

Some staff had received more in depth training on certain topics which allowed them to take up the role of champion in that topic. The champions were then there to advise and in some cases train staff.

In addition to the champions, some staff had undertaken training courses in dementia provided by external colleges. This demonstrated that staff were enthusiastic to improve their knowledge.

We saw that the deputy manager had recently completed a six month training course in palliative care to assist in the provision of end of life care at the home.

We were told that all care staff, with the exception of two newer staff were trained to SVQ II or above. The benefits of this were that staff had a good baseline of knowledge about how to care and support people.

Relevant staff were currently registered with the SSSC and the manager was aware of the requirement for all care staff to have applied for registration by 31 September 2014.

We spoke to staff who told us that the nurses were good at providing informal

training and development as part of their normal working day which led to a supportive way of team working.

The inspection volunteered noted the following:

The carers appeared to interact well with the residents in a pleasant manner. They were polite to visitors and appeared to know the residents well.

Comments received from residents were:

'Staff first class.'

'Well taken care of.'

'Everyone nice.'

'Staff quite stable, approachable and helpful.'

'Staff are aware of the relative's condition and needs.'

Response time to buzzers at night did not appear to be a problem.

One comment re night time:

'Don't disturb you, but look in to see if you are alright.'

### **Areas for improvement**

We saw that some moving and handling refresher training was overdue. The service was aware of this and had dates planned in the near future to bring this up to date. We will review this at our next inspection.

The service should look at introducing the government's 'Promoting Excellence' strategy which includes various levels of dementia training in relation to staff's job roles.

We found that the home provided care and support for some residents who at times could show stress or distress as a result of their illness. The home did not currently train staff on how to deal with this. We made a recommendation about this. (See recommendation 1 detailed below.)

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should review the current provision for staff training in relation to managing stress and distressed reactions. Specifically, this training should be provided to staff that work within the upstairs unit as a priority and then rolled out to the staff on the ground floor thereafter.

Scottish Social Services Council Codes of Practice for Social Service Workers and Employers. Section 3.1 You must provide induction, training and development opportunities to help social service workers do their job effectively and prepare for new and changing roles and responsibilities.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw that audits were not just carried out by the management team but that some residents had been asked to complete audits and feedback the results. This led to the residents having more ownership of the home. This included audits about the environment, the dining experience and the home's presentation. Residents we spoke told us they enjoyed doing this.

We received a total of seventeen questionnaires back from residents. We asked the question 'The service asks for my opinion on how it can improve?'. Three people strongly agreed, thirteen people agreed and one person didn't know about this.

We received a total of ten questionnaires back from relatives. We asked the question 'The service has involved me in developing the service, for example asking for ideas and feedback?'. Six people strongly agreed, three people agreed and one person disagreed with this. Comments were:

'I haven't heard from anyone at Thorntree Mews.'

'The staff work hard and communication is pretty good. If I have any issues I address them right away with the nurse in charge or mum's key worker.'

See service strength under 1.1, 2.1 and 3.1 for more information.

## **Areas for improvement**

The home should continue to make attempts and think of other ways to include residents and relatives in the assessment and improvement of the quality of the management and leadership of the service.

**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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw there was an effective quality assurance system in place. Areas audited included health and safety, kitchen area and the environment. Action plans were devised to address any issues found. We saw that where these issues could not be resolved at home level, they were discussed with the provider to progress and were now resolved.

We saw that visits were made by the provider's quality assurance manager on a regular basis. Any issues highlighted were feedback to the service and an action plan devised. This was then followed up at the next visit to monitor progress.

We found accidents and incident records were kept and that these were collated monthly by the manager which ensured that she had an overview.

We found that the manager also had a robust system for ensuring an overview of any high risk areas including pressure care, weight management, infection control, falls management and safeguarding.

We saw that the service had a record of complaints and that any complaints raised had been dealt with as per their policy and a written outcome recorded.

We spoke to staff, residents and relatives who all told us that the management team were approachable and that they felt listened to.

The inspection volunteer noted the following:

All of the residents and relatives were able to tell me that they felt that they could approach the manager if they had a problem.

Only one relative was aware of the named key worker.

One comment received was:

'Can get an appointment to discuss things privately.'

## Areas for improvement

The home should continue to work through their quality assurance systems and associated action plans.

See area for development under 2.2 for more information.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

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

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 2	4 - Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

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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