

# Care service inspection report

Full inspection

## East Lothian Council - Sheltered Housing Housing Support Service

The Musselburgh Housing Office East Lothian Council  
Brunton Hall  
Ladywell Way  
Musselburgh



HAPPY TO TRANSLATE

Service provided by: East Lothian Council

Service provider number: SP2003002600

Care service number: CS2004062561

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care 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 staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

The service continues to provide good levels of support to tenants living within the sheltered housing developments.

Feedback from tenants suggest that they overall remain satisfied with the service that they receive.

### What the service could do better

We have made a total of six recommendations throughout the inspection report. These relate to making improvements to support plans and associated records, developing systems to help with the on-going development of staff and to assist management to have a clear overview of key areas of performance and help identify priorities for making improvements.

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

There has been an on-going Housing Service review which has had a major influence on the priorities and progress with key areas by the management and staff team.

The service has met a previous recommendation in full and made degrees of progress have been made with the other recommendations.

### **Conclusion**

Based upon our findings of the inspection and feedback from tenants & staff we concluded that there remain good standards of support offered by the staff working within the service. Management have given a commitment to progress the recommendations made within the report. We shall examine progress at the next inspection.

# 1 About the service we inspected

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

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Sheltered Housing is purpose designed accommodation for people over the age of 60 who require minimal support from a sheltered housing officer (SHO) or support worker to maintain their independence in their home. Tenants in sheltered housing can summon assistance at any time via a pull cord or remote pendant alarm system.

East Lothian Council Sheltered Housing Service is provided by the local authority, managing and providing services to 132 residents within four housing complexes throughout East Lothian.

These are located at:

Brunton Court and Mansfield Court Musselburgh, Well Wynd Tranent and Osbourne/Winton Court in Cockenzie.

A SHO is employed in each complex to manage the service locally and to provide support to tenants.

## Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - Good**

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

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

A short notice inspection was carried out to two developments namely Mansfield Court and Brunton Court in Musselburgh on 27 January 2016. We also visited and met with the registered manager to discuss quality assurance systems and the findings of the inspection on 16 February 2016. Prior to the inspection we contacted the registered manager, looked at conditions of registration and notifications received by the Care Inspectorate. Over the course of the inspection we carried out the following activities:

- Carried out face to face interviews with five tenants
- Reviewed 21 of 60 completed and returned Care Inspectorate questionnaires issued to tenants.
- Looking at three completed and returned staff questionnaires
- Speaking with sheltered housing officer (SHO), senior sheltered housing officer, cleaner
- Examining results of surveys carried out by the service
- Reviewing three completed and returned staff questionnaires
- Examining records including four support plans and associated assessments
- Examining records associated with staff development
- Looking at systems being used by the service for monitoring performance in key areas.

Feedback was given to the registered manager at the end of the inspection where the findings and grades awarded were accepted as an accurate reflection of current performance.

## 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.firescotland.gov.uk](http://www.firescotland.gov.uk)



## The annual return

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

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

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

These are reflected throughout the quality statements.

## Taking carers' views into account

Not applicable.

## 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: 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

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

The service continues to use a range of methods to hear the views of tenants who are in receipt of support from the housing support service. A Sheltered Housing satisfaction survey had been carried out since the previous inspection carried out by the Care Inspectorate. We looked at the report produced (dated April 2015) which revealed high levels of satisfaction with key aspects of the service indicating that tenants feel safe and secure living within developments and have experienced good quality of support offered by the staff employed within the service.

There continues to be a range of tenant's meetings carried out at developments and staff provide a supporting role in as far as facilitating the meetings. We found that staff had responded to specific issues raised e.g. minutes of meeting dated 21 January 2016 discussed issues surrounding the environment and captured suggestions for social events and activities. We spoke with tenants at this development who confirmed that their views were sought by staff against the above topics; - "She (staff member) has spoken with us and told us about the plans to offer more entertainment and activities such as card making and arts and crafts." We also noted that a development that we visited had been redecorated and new furniture had been purchased for the communal area after consultations had been carried out with tenants.

We heard about the Committee composed of tenants residing at the developments and tenant representative on the East Lothian Tenants and Residents Panel and looked at the associated newsletter which reveals some of the works carried out between the committee and organisation.

We also found a local Sheltered Housing Newsletter which helps keep tenants informed of developments and provides useful contact information. We were informed that one newsletter had been produced in 2015 and the service was currently working on the production of the next newsletter.

From speaking with tenants it is evident that there continues to be many informal contacts with the Sheltered Housing Officers and Senior Sheltered Housing Officer. Feedback supported that staff were responsive in dealing with enquiries or any concerns.

The completed and returned Care Inspectorate questionnaires (21 returned of 60 issued) revealed that 11 tenants either strongly agreed or agreed that the service asks for their opinions on how it can improve, three disagreed and one strongly disagreed.

## Areas for improvement

We noted that the tenant survey makes reference to support plan reviews and 75% of respondents indicated that their plan had not been discussed or reviewed within the preceding six months. Whilst we recognise that the survey reflects the views of tenants and captures suggested improvements we could not find action plans to take these areas forward and reflect progress made.

Based upon sampling information held within support plan reviews we concluded that the service misses a good opportunity to capture the views of individual tenants with sheltered developments on key aspects of the service. We concluded that the associated recommendation made at the previous inspection has not been met and shall repeat this - see recommendation 1.

When we spoke with tenants we received feedback that whilst they welcomed the opportunity to participate in the service survey and attended feedback with representatives from the organisation they had difficulty understanding the content and how the service provider intended taking areas forward.

We noted that there have been site specific surveys carried out which have been used by the service provider to uncover specific issues and suggestions for improvement. Whilst we regard this as a good opportunity to capture tenant's views on specific areas we noted that there had been no action plans to clearly reflect how the service intended addressing areas of improvement. We received background information when we met with the registered manager of the service as to the specific circumstances surrounding this piece of work and follow up actions taken.

We received some comments from tenants which indicated that they were of the opinion that the service provider is not always good at sharing progress with specific areas e.g. refurbishment of bathrooms which were due for completion by December 2015.

**Grade**

4 - Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. The service should develop a template for recording the people present and issues discussed at the six monthly review meetings. Reviews should provide the opportunity to discuss and agree any changes to the support plan based on the tenants changing needs and views. This document should be signed by all persons' present at the meeting and any changes to tenants needs should be implemented into an updated support plan.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.

### Statement 3

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

#### Service Strengths

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

We spoke with tenants and consistently heard how they feel safe and secure living within the developments. This was primarily due to having the alarm system and support from Sheltered Housing Officers and associated staff. We checked and found that welfare checks are being carried out with tenants on a daily basis and noted that the Sheltered Housing Officer consults with each tenants to identify their preferred method and records when permission has been granted by the tenant. We received positive comment in connection with this area:

"They phone me every morning to see that I am alright."

We heard about activities that are made available to tenants residing within the developments.

"They also arrange outings for us."

Feedback suggested that the range of entertainment, outings and organised club e.g. lunch club were well received by tenants. "I just love it here, the best thing that ever happened to me, I feel alive again."

We noted at one of the developments that we visited tenants can access a computer and printer which could help tenants become more I.T. aware and offer alternative avenues of communication (with appropriate supports). We concluded that availability organised activities and entertainment were better in some development than others.

We noted that a useful range of information was displayed at developments including external agencies which may be of support or interest to tenants and carers. Through examining records within support plans and through speaking with staff we found that staff had been proactive in involving external professionals and agencies when they noted a change in the health status or functional abilities of tenants.

We looked at support plans and found that the service had changed the format and reflected the legal status (when known) in relation to meeting the health and welfare needs for those tenants who may lack capacity to make decisions. The recommendation made in connection with this area at the previous inspection has been met.

### Areas for improvement

We looked at support plans and concluded that further work was required to develop these and ensure that they were reflective of the current needs of tenants and detail how they would be supported to have needs met and reflect what outcomes were being achieved through the supports offered by staff. We discussed this area with the Senior Sheltered Officer and registered manager and directed them to good practice & resource material; - Progress For Providers - Checking Your Progress In Using Person Centred Approaches.

We checked progress in connection with a previous recommendation made in connection with tenants being involved with the production of individual support plans, we found that there were signatures in place from tenants however, very little evidence to support relatives or representative involvement when tenants may have difficulty (due to the nature of their condition) understanding the content. We concluded that part of the recommendation has been met. See recommendation 1.

We examined records associated with accidents and incidents relating to tenants. We identified examples and shared with the Senior Sheltered Housing Officer and registered manager when incidents should have generated a risk assessment and ultimately shape the associated support plan. We concluded the recommendation made in connection with this area at the previous inspection has not been met. We shall repeat the recommendation - see recommendation 2.

We checked and found that staff training records revealed that staff attended RIVO accidents, incidents and risk assessment training had been carried out in 2012. We conclude that based upon our findings a further development or refresher session would be appropriate for staff. This links to quality theme 3, statement 3.

**Grade**

4 - Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 2**

1. The service should also ensure that any contact with relatives/representatives is recorded in the personal plan.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.

2. The service should develop the support plan further to include information in relation to identified risks and actions to be taken by staff to minimise these risks.

These risk assessments should be evaluated regularly or when needs change and should be used to update the support plans.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.



## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service Strengths

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

Feedback from tenants in relation to the quality of staff who provide support was overall very positive:

"I can approach the warden for advice at any time."

"The staff who work here are very helpful."

"I would be comfortable in approaching staff if I had any concerns."

"I am happy living at Brunton Court, all the staff are excellent."

"My sheltered staff are very good."

21 of 25 of tenants who responded to the statement; "Staff treat me with respect" in the Care Inspectorate questionnaires either agreed or strongly agreed with the statement. The remaining four indicated a not applicable response.

## Areas for improvement

We received some feedback from tenants regarding the level of service cover had been reduced when the usual staff member was on leave or unavailable. Some of the comments received were aligned to the findings within the Sheltered Tenants survey carried out by the organisation at one of the developments.

We found that there has been a staff vacancy for a number of months and that this has had an impact on cover arrangements and tenants experience. We recognise that the post has been recently advertised and that there are plans to back fill the post of a staff member who is in an acting up position.

We looked at the content and structure of staff supervision sessions and appraisals. We believe the service provider misses an opportunity to capture direct feedback from tenants on the quality of staff and use this information to shape these sessions and staff development.

## Grade

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

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

There are regular planned staff meetings with Senior Housing Officer - on average these occur on a monthly basis. Feedback from staff interviews indicated that staff value these meetings.

We found that there were minutes in place which detail which staff member has been tasked to take areas forward.

The staff shared that the Senior Housing Officer provides very good support to staff, is encouraging and provides appropriate advice/guidance to help staff deal with issues which arise in their day to day work.

There were training records in place detailing what training each individual staff member has undertaken. We make comment in areas of improvement below in connection with staff training.

All staff employed within the service have obtained SVQ III qualification which will be of value when it comes to staff registering with SSSC.

The organisation has previously carried out a staff survey to capture the views of staff who work across the organisation. Similarly there is a staff magazine produced to help keep staff up to date with developments across the whole of the organisation.

We heard that there is a planned staff conference in the coming months which gives staff the opportunity to share their view and meet with management teams.

### Areas for improvement

Whilst the minutes of staff meetings were in place we noted that these do not reflect timescales or dates for carrying out actions or when these are resolved. We made a recommendation in connection with this area at the previous inspection and shall repeat part of the recommendation. See recommendation 1.

We found through interviewing staff that staff morale is currently mixed. The main negative influences on staff morale has been the on-going housing service review and delay in filling staff posts.

We found key areas associated with the Senior Sheltered Housing Officer's role has been impacted upon by providing direct supports to tenants. This means that some areas such as staff supervisions, staff appraisals, audits of support plans and implementation of risk assessments have not been carried out as frequently as originally planned. We anticipate that the service will get back on track once the vacancy has been filled.

We found through interviewing staff that they were generally positive about training undertaken. However, we noted that some staff training was overdue including refresher training. The current system does not provide the management team with a clear overview of what training has been undertaken, what is due for refresher and what training remains outstanding. We suggest that the service provider develops a system to assist the management team to have a clear overview of the areas detailed above. We heard from the registered manager that the organisation has been reviewing PRD (staff appraisal) material and introduced a new type. We concluded that staff appraisals should also be fully implemented and development needs identified for staff should shape the associated training plan. We shall make a recommendation in connection with the areas detailed above - see recommendation 2.

See comments in connection with staff development session on the completion of risk assessments as detailed in quality theme 1, statement 3.

We discussed with the Senior Sheltered Housing Officer and registered manager in view of the client group being supported of staff "tapping into" good practice material such as Promoting Excellence Framework a modular training system for staff working with people with dementia available as a free resource through Scottish Social Services Council (SSSC) website.

We also suggested that the Step Into Leadership resource may be useful for encouraging staff to reflect on their role, help them identify on-going development needs and build on leadership skills.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. The minutes of staff meetings should provide a list of actions required, timescale for completion and date of resolution.

This is in order to comply with; National Care Standards, Housing Support Services Standard 3 Management and Staffing.

2. The service provider should develop a system which gives the management team a clear overview of training undertaken and training required by staff. Staff appraisals should be fully implemented and development needs identified should be used to shape the training plan.

This is in order to comply with; National Care Standards Housing Support Services Standard 3 Housing Support Planning.

## 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

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

See comments under "strengths" in quality theme 1, statement 1, and quality theme 3, statement 1.

There have been a number of changes to the management arrangements from the service since the previous inspection.

We found that tenants that we spoke with were overall positive in relation to how management addresses issues raised. We heard positive feedback in connection with the accessibility and interactions between tenants and the Senior Sheltered Housing Officer. It was evident that the Senior Sheltered Housing Officer had a good knowledge of the needs and preferences of tenants in receipt of support.

### Areas for improvement

See areas of improvements in quality theme 1, statement 1, and quality theme 3, statement 1.

**Grade**

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

Our examination of records (including returned questionnaires), discussion with tenants, carers, staff and the manager supported that the service performs a good level in this quality statement.

We looked the responses made within the completed Care Inspectorate questionnaire. 18 respondents either agreed or disagreed with the statement; - "Overall, I am happy with the quality of care and support this service gives me". The remaining six respondents indicated that the statement was non-applicable.

We heard that there are plans to introduce a number of new systems to help monitor the quality of the service against key areas. This includes carrying out "spot checks" to support plans.

There are centralised systems including complaints reporting which organisation wide with the ability to produce reports specific to the service. Any complaints received would generate an action plan reflecting how the service intends addressing the areas needing to be improved.

Similarly there is an electronic system used to record accidents and incidents and systems in place to monitor these when received by the organisation.

A range of surveys have been used by the management team to identify any issues with tenants or difficulties utilising the Housing Access service. We thought it was appropriate that whilst there have been service wide surveys that these have been complimented with service specific surveys in an attempt to identify specific or local issues.



## Areas for improvement

We recognise that there have been on-going changes within the organisation and this includes managerial responsibilities.

We have identified throughout the inspection report areas that require further improvement and have reflected these as recommendations that the service provider needs to work on.

We made a recommendation in the previous inspection in connection with key areas for the service to work. We recognise that this remains a "work in progress". Based upon our findings we conclude that the recommendation is not met at this point in time and shall repeat the same. See recommendation 1.

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The provider should develop a way to demonstrate that regular auditing of support plans, six monthly reviews, accidents/incidents, training/supervision and outcomes from consultation meetings is taking place. This should include evidence of any actions required with timescales and outcomes recorded.

This is in order to comply with; National Care Standards Housing Support Services Standard 3 Management and Staffing Arrangements.

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

1. The service should develop a template for recording the people present and issues discussed at the six monthly review meetings. Reviews should provide the opportunity to discuss and agree any changes to the support plan based on the tenants changing needs and views. This document should be signed by all persons' resent at the meeting and any changes to tenants needs should be implemented into an updated support plan.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning

**This recommendation was made on 18 March 2014**

See comments under areas of improvement in quality theme 1, statement 1. Based upon our findings the recommendation is not met.

2. When the support plans have been completed tenants and their representatives should be given the opportunity to read and sign these to demonstrate they have been consulted and agree with the contents. The service should also ensure that any contact with relatives/representatives is recorded in the personal plan.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.

This recommendation was made on 18 March 2014

See comments under areas of improvement in quality theme 1, statement 3. Not met.

3. The service should ensure that essential information is recorded at the front of the support plans and includes who has the legal powers to make decisions on the tenants behalf, for example Power of Attorney or Guardianship powers, anticipatory and Do Not Resuscitate orders.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.

This recommendation was made on 18 March 2014

See comments under "strengths" in quality theme 1, statement 3. Based upon our findings the recommendation has been met.

4. The service should develop the support plan further to include information in relation to identified risks and actions to be taken by staff to minimise these risks.

These risk assessments should be evaluated regularly or when needs change and should be used to update the support plans.

This is in order to comply with; National Care Standards Housing Support Services Standard 4 Housing Support Planning.

This recommendation was made on 18 March 2014

See comments under areas of improvement in quality theme 1, statement 3. Based upon our findings the recommendation is not met.

**5. The provider should implement formal supervision and PRD for the sheltered housing officers. This should be minuted and reflect discussions on development and training.**

**National Care Standards, Housing Support Services Standard 3 Management and Staffing.**

**This recommendation was made on 18 March 2014**

See altered recommendation in connection with this area within "areas of improvement" quality theme 3, statement 3. Based upon our findings the recommendation is not met.

**6. The minutes of meetings should provide a list of actions required, timescale for completion and date of resolution.**

**National Care Standards, Housing Support Services Standard 3 Management and Staffing**

**This recommendation was made on 18 March 2014**

We identified some progress made by the service provider in this area in relation to actions required. However, further work is required to meet the recommendation. The recommendation is not met.

**7. The provider should develop a way to demonstrate that regular auditing of support plans, six monthly reviews, accidents/incidents, training/supervision and outcomes from consultation meetings is taking place. This should include evidence of any actions required with timescales and outcomes recorded.**

**This is in order to comply with; National Care Standards Housing Support Services Standard 3 Management and Staffing Arrangements.**

**This recommendation was made on 18 March 2014**

Based upon our findings we concluded that the recommendation is not met.

## 6 Complaints

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

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
18 Mar 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
30 Jan 2013	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
21 Feb 2011	Re-grade	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
29 Jan 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed
30 Jan 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good

		Management and Leadership	4 - Good
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