

# Care service inspection report

Full inspection

## Harry Heaney Centre Support Service

Carrick Road  
Spittal  
Rutherglen  
Glasgow



HAPPY TO TRANSLATE

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001346

Inspection Visit Type: Unannounced

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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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership		N/A

### What the service does well

The well-established care staff team continues to offer support to service users and are committed to providing good care. Staff have continued to develop service users in all aspects of service delivery. From the discussions with people who use the service, we found that the service continues to provide a valuable resource for those who can be socially isolated. Staff have continued to arrange meaningful activities for service users to participate in.

### What the service could do better

The service could improve the meal time experience. The service could improve the lighting in some parts of the service and the range of dementia friendly signage. The centre could further improve the environment to make it as dementia friendly as possible.

The service should continue to develop the changes to the care planning and risk assessment processes.

The way in which repairs are recorded should be more detailed, also the way in which Legionella checks are recorded could be clearer. The 'welcome pack' should be reviewed and updated as well.

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

The service has made a good start on 'life story' work. Staff have been trained in skilled dementia practice. A new model appraisal document has been developed.

The service is working hard to fully develop these initiatives.

### **Conclusion**

We thought this was a well run, well-managed service which delivers high quality outcomes to people who use the service.

The service is striving to further improve the service and is aware of the latest best practice initiatives and is taking positive steps to develop and implement these going forward.

The service remains committed to an improvement agenda.

# 1 About the service we inspected

The Harry Heaney Centre is a purpose-built day care provision, owned and managed by South Lanarkshire Council and located in a residential area on the outskirts of Rutherglen. There is access to public transport and some local amenities nearby. The service operates with two units - Seven days per week Monday to Friday between the times of 9am and 5pm.

The service is registered to provide a care service to maximum of thirty older adults and older people with physical/sensory needs and/or memory impairment/dementia per day.

## 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 5 - Very Good**

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

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

**Quality of management and leadership - N/A**

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

We issued sixty-five care standards questionnaires (CSQs) to the manager to give to service users and relatives to complete and we got thirteen completed questionnaires back. Eight were from service users and five were from relatives.

We issued fourteen care standards questionnaires (CSQs) to the manager to give to staff to complete and we got eight completed questionnaires back.

We wrote this report following an unannounced inspection that took place on 6 June 2016 from 9.30am to 4.30pm and continued on 7 June 2016 from 9.30am to 4.10pm. We gave feedback to the manager and two senior day care workers on 7 June 2016.

The inspection was carried out by one Care Inspector.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Personal care plans of service users.
- Registration certificate.
- Service brochure.
- Nutrition.
- Healthcare.
- Participation evidence.
- Discussion with two staff.
- Risk assessments.
- Falls information.
- Facility log book.

- Review minutes.
- The registered service manager and senior member of management.
- Discussion with six people who use the service.
- The environment and equipment.
- Complaints records.
- Accidents/incidents .
- Notice boards.
- Discussion with 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.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 provider. We were satisfied by the way the provider completed this and with the relevant information included, for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment process.

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

We issued sixty-five care standards questionnaires (CSQs) to the manager to give to service users and relatives to complete, and we got eight completed questionnaires back from service users.

All the completed CSQs returned from people who use the service strongly agreed that overall they were happy with the quality of care and support. No issues were raised.

We received the following comments in the completed and returned CSQs:

- "I always have a great time here. Whatever I want the staff make sure I get it. They are all like my family".

People we spoke with during the inspection made the following comments:

- "Staff are very nice and helpful for the food is really good but sometimes they give you too many vegetables".
- "Food is ok it's warm and tasty some days are better than others. Staff listen to you and if you have anything to say you can. I really enjoy coming here for the company. Staff are really nice and treat you with dignity and respect you are made to feel very welcome. If I had any concerns I would say".

### Taking carers' views into account

We issued sixty-five care standards questionnaires (CSQs) to the manager, to give to service users and relatives to complete and we got five completed questionnaires back from relatives.

All the completed CSQs returned from relatives either agreed or strongly agreed that overall they were happy with the quality of care and support.

One person indicated that they did not know about the service's complaint procedure.

We received the following comments in the completed and returned CSQs:

- "All staff I have had contact with have been very pleasant, helpful and appear competent".
- "We have a meeting arranged to discuss my relative's needs and care issues".
- "My relative seems to enjoy daycare and is happy to go to it. My relative said all the staff are lovely".

People we spoke with during the inspection made the following comments:

- "My relative uses the centre once a week. Staff are very nice. He knows and I know how to make a complaint. I attend reviews every six-months with key worker where they tell me what my relative has been doing. My relative has a degree of dementia. My relative loves to line dance. I have power of attorney. I get a bill from South Lanarkshire Council every month for attending the centre although it is not itemised. I am very happy with the

service".

- "My relative comes to the centre twice a week and really enjoys the time but doesn't always remember what has gone on. I have no complaints but I know how to complain. Staff are very nice and they let me know what has been going on. I am very happy with the service. I attend reviews every six months".

## 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 3

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

#### Service Strengths

There was good access to healthcare professionals and regular contact evidenced through care files sampled. There appeared to be good working between the day centre and the NHS.

During the inspection we saw that service users were provided with a choice of drinks and staff offered regular re-fills. This can help to ensure that service users are provided with adequate levels of hydration. We observed lunchtime and found that there was a good choice available. The food was attractively presented and we found that service users on the whole were able to enjoy their food.

We observed that service users, on the whole had relaxed and comfortable interactions with staff. Service users told us that they felt they could speak with staff, felt they were listened to and any concerns they may have were taken seriously. Speaking with and observing staff they knew each of the individuals they cared for and were able to identify what their individual care needs were. The staff also confirmed that the service will offer any additional training identified to staff, which is delivered by mostly, colleagues in other professions.

We took the opportunity to speak with a range of support staff during the inspection. Staff confirmed that they had regular formal supervision; there was a supervision schedule in place. At the core of training opportunities were

communication methods and understanding the impact of positive interactions and interventions. Staff members spoken with evidenced a very good knowledge of individual needs and were clearly committed to ensuring the dignity and privacy of service users.

There were many very positive comments received from service users with regards to their experiences of how care and support is delivered.

The manager confirmed that there was an open door policy where relatives and service users had easy access to the management team to raise any issues.

The people who use the service that we spoke with agreed staff treated them with dignity and respect. All felt their personal belongings were secure and cared for and respected by staff.

All reviews had been completed within the legal framework of every six-months.

Review information was generally updated in the care plan where changes in service user's health were evident. Service users were clearly involved in reviews, with signatures/comments in care plans to support this.

We were pleased to see that a good start had been made in 'Life Story' work and from the examples that we saw, we thought they were person-centred and outcome focussed. However, there was still a considerable amount of work to be done for this to be fully implemented and rolled out. However, it was good to see the service moving in the right direction.

The service was aware of the Joint Improvement Team publication 'Talking Points Personal Outcomes Approach Practical Guide' and was using this for information and guidance.

We were advised that the system of risk assessment was currently being reviewed by senior staff and a new risk assessment was currently being piloted and evaluated at one day centre. We will monitor this at the next inspection.

### **Areas for improvement**

The service did not always have its own dedicated transport.

This was debated during the inspection and management and staff had differing views of the potential consequences.

We suggest the Provider develop a policy on the range of options available where transport is not available, to ensure people who use the service have the option of going out should they want to.

We have requested an update notification first submitted on 25 June 2015 and a notification in relation to disciplinary action which was taken against a member of staff. We were advised that these would be submitted.

We acknowledge and welcome that the service is moving to a new outcome focussed system of care planning. However, we found at this inspection that information in the current system of care planning was inconsistent and incoherent. The information varied depending on which document you looked at. This was not good if the service is to deliver care consistently and if staff are to have access to accurate health care information to meet the people who use the service needs. This needs to be considered as part of the new care planning process.

We suggest the process should be streamlined with one document informing care practice. We acknowledge that the service was aware of the deficiencies in the care planning system and we commend the service for taking active steps to address this.

We look forward to seeing how the new care planning system improves the outcomes for people who use the service.

We made a recommendation at the last inspection where we said:

- 'The service should continue to develop care planning to be more inclusive and person-centred and encourages service users to sign all relevant sections. Risk assessment documentation should be used to more effectively inform care plans. The dates when people have met health agencies could be documented clearer during reviews to ensure that all health checks are fully up to date. The use of pictorial symbols, photographs and other graphics should be further developed to maximise

understanding of the contents, where relevant in-line with the style used to sharing information with service user's.'

We continue to advocate the comments made at the last inspection. However, we are confident that the provider has recognised this and was taking active steps to address the issues identified above. We were pleased to see that some progress has been made. However, this has not yet been fully developed and rolled out.

We will continue to monitor progress at future inspections, however we are satisfied that the service was making progress to address the recommendation. Therefore, we have removed the recommendation.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.”

### Service Strengths

The service used a range of ways to ensure that service users were fully informed. We found that the service issued service users with a 'Welcome Pack' and a 'Service User Agreement' which covered the majority of information as set out in the National Care Standards.

We thought the information in the welcome pack gave people who use the service the majority of the information they needed to make an informed decision.

We also found that the service had comprehensive detailed and informative 'Service User Agreement' (SUA) which was issued to service users and this was signed and dated. The information we saw detailed service users rights and responsibilities. This also included information on how to complain.

We found that each service user had a named key worker in place who was responsible for the needs of individual service users. We also found that people who use the service had access to independent advocacy.

We saw a range of information about the service was displayed and this included how to access other services. This meant that people who used the service could access key information in their own time about a range of issues.

Carers confirmed that they were informed of the charges for using the service by letter from the local authority.

### Areas for improvement

The provider should continue to monitor the very good quality of information. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.



We thought the way in which information in the Welcome Pack was presented, was in a corporate style. We have suggested the way in which information is presented could be in a more person friendly format.

We saw lots of information was displayed which service users could access in their own time, However, we thought that consideration could be given to reviewing how information is presented. We would like to see this being evaluated to review if this is the most effective way of informing service users, who may not readily access or understand information which is displayed.

We suggest that consideration should be given to, including other information in the Welcome Pack, For example, how to access independent advocacy, the dementia standards, the national care standards, peoples' human rights.

The Welcome Pack we were presented with did not include the following information:

- Policy on alcohol or drugs
- Smoking policy
- What happens if the centre closes
- Costs of the service (see Recommendation 1).

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The provider should review the way in which information is presented, to ensure it is in a format which is easy to understand, is up to date with the latest developments and includes all the information detailed in the National Care Standards.

(National Care Standards Support Services Standard 1: Informing and deciding, Standard 3: Your legal rights).

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

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

### Service Strengths

People who use the service spoke positively about the facilities provided, and told us that they felt safe and secure and their privacy was maintained.

The Centre was purpose-built with level access to all areas. On the days of inspection the Centre was clean and well maintained. Staff demonstrated a clear understanding of their role in ensuring privacy. The Centre was spacious and barrier free. There was space for small group activities.

There was a variety of comfortable communal and quiet sitting areas and there was ample provision for privacy when receiving visitors. We saw service user's dignity and respect being recognised by staff. The staff were polite and courteous to service users and to each other.

We thought the reminiscence room was well planned with lots of items in place to promote interest and discussion. However, the quality of lighting was poor.

We thought that the meal time experience was a positive one for people who use the service. However, we did think that it could have been even better and suggestions on how this could be achieved were discussed with staff during the inspection.

We found that all appropriate health and safety checks were being carried out to comply with health and safety legislation.

We were pleased to hear that plans were in place to replace the dining room tables which looked tired and dated.

People who use the service had access to an outside decking area with appropriate furniture and equipment to enjoy the outside environment. We would encourage people who use the service to have access to fresh air and sunlight as much as possible for their physical and emotional well-being.

### Areas for improvement

We previously commented at the last inspection about the quality of lighting and directed the service to best practice guidance. We had made a recommendation at the last inspection in relation to lighting. We found that the majority of lighting in the communal areas had been improved, however, the lighting in some of the communal toilets needs to be improved and the lighting in the reminiscence room could be better. We would therefore like to see all of the lighting in the centre up to date with best practice.

The service could improve the range of directional and other signage, to ensure it is up to date with the latest research and is dementia friendly. We thought the provider could further improve the environment to make it as dementia friendly as possible.

We have reworded this recommendation (see Recommendation 1).

We signposted the service to Dementia Services Development Centre University of Stirling for information and guidance on dementia design [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk). We signposted the service to University of West of Scotland for information and guidance.

We thought the meal time experience could be improved and the details of this were discussed during the inspection.

We were pleased to hear that the service already had a copy of The Caroline Walker Trust publication 'Eating Well: supporting older people and older people with dementia' Practical guide 2011 and planned to use this going forward for information and guidance.

We signposted the service to the NHS Dumfries and Galloway publication 'Communication and Mealtimes Toolkit Helping people with dementia to eat, drink and communicate ' 2012 for information and guidance.

The service needs to ensure that repairs are reported to technical services on time and a record is kept of the discussion where issues require urgent action and where appropriate a time scale is recorded of when the repair will be carried out.

From the records we were shown, it was not straightforward for manager to be able to confirm to the Care Inspectorate if the centre had been 'passed' as 'safe' from Legionella. We suggest this is reviewed by the provider to enable the centre to clearly evidence that the centre has been checked and is 'safe' from Legionella.

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. The provider should review the environment and develop an action plan to ensure the environment is as dementia friendly as possible.

(National care standards support services Standard 5: Your Environment).

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 3

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

### Service Strengths

We asked the manager to give out fourteen questionnaires to staff and we got eight completed questionnaires back.

From the eight Care Inspectorate staff questionnaires (CSQs) returned all of the staff said they have sufficient training to do their job.

All of the completed CSQs indicated that staff knew about the services policies and procedures in health and safety, confidentiality, accidents and incidents, complaints, equal opportunities, whistle-blowing, restraint, harassment and bullying, racial equality and participation.

All completed staff CSQs indicated that their training needs were being met and they had opportunities to gain an appropriate qualification. Staff indicated that they had a copy of the Scottish Social Services Council (SSSC) Codes of conduct. All indicated that they had the opportunity to meet up, had regular supervision and the service asks them for their opinion on how it can improve although some staff disagreed.

Staff made the following comments in the completed and returned CSQs:

- "I very much love my work. I work with a great team of people and take pride in caring for the service users. It is a great achievement to see the difference in someone's life. It is also great to hear from visitors how relaxed and welcome they feel when in the centre".
- "We have a great team spirit, we are encouraged to undertake all tasks and work to our full potential. Our opinions are valued also listened to. We are encouraged to undertake all training or if we need specialised

training our management team will seek this for us. We all try to make sure service users have a great day. We also have a great relationship with carers who pop in for a chat or advice. We also have a great relationship with our CPN team and Social Workers".

- "At our service we have a good team of management and staff. Staff go above and beyond the call of duty to help and assist service users. We do a vast range of activities to suit our service users needs. Overall, we are a happy team who make sure our service users enjoy their day ay day care".
- "Enjoying my work is the most important thing to me. This is a very worthwhile job and I love meeting all the different service users. Good customer service is very important in the day-to-day running of our resource. Our service users are our priority. I love what I do and hope this comes across while in the resource".
- "I love my job here and as a team we are fully committed to delivering a person centred service. I believe in continuous improvement and try to make a positive difference to our service users daily lives".

A charter of rights was displayed. The aims of the Centre were displayed with the stated ethos of respect towards service users and others. Staff were motivated and enthusiastic about the work they do.

We found that staff had an individual development plan and training record. We would like to see certificates of training attended to further demonstrate the quality of training.

The service had an overview of all the training staff had attended from which we were able to establish that staff had appropriate training to give then the skills and knowledge to do their job. We also found that staff had access to specialised training such as Huntington's and Parkinson's training.

Unfortunately, these were not included in the training record.

Plans were in place for staff to be trained in continence management and falls prevention.

Staff had access to statutory training opportunities for example moving and handling.

We saw that the staff approach to service users was caring, polite and respectful. Staff were seen to offer choice to people and sought individuals' opinions about their care and support. Staff demonstrated a very good knowledge of individual preferences. A key worker system was in place to support individuals with communication.

Staff spoken with on the day of the inspection visit confirmed that they were able to discuss issues with the management team and felt listened to and that any concerns were actioned.

There was a schedule of supervision in place, there was evidence that regular supervision had been carried out. Staff spoken with commented that they found supervision a useful and positive experience. There was an annual appraisal system in place which also looked at staff development and training needs.

Staff had access to best practice guidance on a range of care and support topics which helped to keep them up-to-date with current issues.

There were scheduled meetings for staff groups to meet with colleagues from similar daycare services, this ensured that staff had opportunities to voice their views, discuss ideas for service development and improvement and share good practice.

The management of staffs training and development needs were supported by the providers training and development team.

We noted that the Council had a detailed 'Dementia Strategy Implementation Plan' for all of its care services, including day care. Staff had received skilled dementia training as part of the 'Promoting Excellence' framework with some staff completing the enhanced level. We also found that some staff had completed stress and distress training and plans were in place to roll this out to all direct care staff.

Staff had completed the Care Inspectorate/NHS Infection Control training module.

We found that staff had access to e-learning. We found that staff had made use of this resource. However, it was not clear how this was being managed and evaluated by the service or what managements expectations of staff were.

The majority of staff had achieved the qualifications required in order to register with the Scottish Social Service Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen and support the workforce and increase the protection of people who use services.

The service had a stable staff group and a very low staff turnover.

It was very good to see that the service has planned a staff development day In July 2016 which covers relevant topics such as health, activities, dining.

### **Areas for improvement**

We made a recommendation at the last inspection in relation to training in dementia.

We were very pleased to see that all staff have been trained to skilled dementia level within the 'Promoting Excellence' framework. We look forward to seeing how this improves outcomes for people who use the service.

We are satisfied that this recommendation has been met and will be removed.

We looked at a sample of individual supervision and performance and development records. We suggest the system of supervision and appraisal is reviewed to ensure it is fit for purpose going forward in-line with the latest best practice guidelines.

We were pleased to hear that the provider has developed a new system of supervision and appraisal and we look forward to seeing how this develops and we will evaluate its effectiveness in supporting staff to achieve and demonstrate Scottish Social Services Council (SSSC) post-registration training and learning at future inspections.

We signposted the service to the Scottish Social Services Council (SSSC)



publication, 'The Framework for Continuous Learning in Social Services' for information and guidance.

We signposted the service to the Scottish Social Services Council (SSSC) website for 'Step into leadership' Leadership learning pathways for Scotland's social services for information and guidance.

We signposted the service to the Institute for Research and Innovation in Social Services (iriss) publication 2015 'achieving effective supervision' for information and guidance.

We signposted the service to 'Reflective Writing Guidance notes for students' April 2001 [www.shef.ac.uk/uni/projects](http://www.shef.ac.uk/uni/projects) for information and guidance.

We signposted the service to the British Association Occupational Therapy (BAOT) publication, 'Living well in care homes' for information and guidance.

We also suggested that it is important that the provider informs staff that it is an element of the Scottish Social Services Council (SSSC ) Codes of Practice 6:- "As a social service worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills", that staff take equal responsibility for their own learning and development.

We made a recommendation at the last inspection under Quality Statement 4.4 where we said the service 'should seek further ways in which service users can be involved in the assessment of the four quality themes using where appropriate external supports'.

We found at this inspection that the service had developed a more detailed questionnaire for service users and an appropriate action plan was in place to address any issues identified.

We are satisfied that this recommendation has been met.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

### 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

There are no outstanding recommendations.

## 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 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
5 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
26 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
29 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good

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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।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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