

## Argyll House Nursing Home Care Home Service

69 North Hamilton Street  
Kilmarnock  
KA1 2QJ

Telephone: 01563 520864

Type of inspection: Unannounced  
Inspection completed on: 21 September 2016

**Service provided by:**  
Mansfield Care Limited

**Service provider number:**  
SP2005007720

**Care service number:**  
CS2007164138

## About the service

Argyll House Nursing Home (referred to in the report as "the service") is registered to provide a care service to a maximum of 32 older people some of whom may have dementia. Thirty people (referred to in the report as "residents") lived in the service at the time of inspection. Respite care can also be provided for the same client group. The provider is Mansfield Care Limited (referred to in the report as "the provider").

The home is close to the town centre and is near to local amenities, including shops, train and bus routes. The accommodation is provided over three floors, the upper floors may be accessed by a passenger lift. All but two bedrooms are for single occupancy with the remaining two rooms available for residents who have an existing close personal relationship such as couples, siblings or those friends wishing to share. The Care Inspectorate must be notified when used on a shared basis.

The service's stated aim is "to promote the wellbeing of the residents by providing personalised nursing care, practical support and social activities aimed at helping them to lead as full a life as possible".

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

## What people told us

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with four individuals.

During discussion with residents and relatives, we found there was differing degrees of satisfaction with the service. Some feedback comments included:

'It is lovely and clean and the staff are lovely. I am happy here.'

'Manager is unapproachable, abrupt and does not adhere to confidentiality. Falls risk assessment only reviewed after a fall and not on a regular basis. Residents medication left in bedroom untaken and unsupervised. Unsuitable food portions, relative left feeling hungry, Snacks are brought in by relatives. Relative's care is not personalised and suited to (his/her) needs. Observation checks not done on hourly basis. On texturised diet and is left unsupervised at meal times.'

'The. home is very well managed and clean, fresh and tidy. The residents enjoy a varied selection of activities, are well cared for and come across as happy and confident. The activities within the home are very well organised as is the activity co-ordinator herself. There is a varied choice of things to do and most importantly the residents are able to make a decision for themselves as if they wish to take part. Overall an excellent care home.'

## Self assessment

We received a fully completed self-assessment which supported some of the findings of this inspection. Some areas for improvement had been identified by the management.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Some positive engagement was observed between residents and staff with respect being demonstrated when residents interacted with each other. Some residents told us how they enjoyed being taken on outings including to have lunch whilst others stated they had hardly been out, if at all. A participation strategy was implemented to support residents being included in events, activities and to provide feedback on the service provided which was generally felt to be appropriate.

Nursing staff were available within the home to provide nursing care, with access to external health professionals including G.Ps and specialist services to support the health and wellbeing needs of residents when required.

All residents had a care plan which outlined the needs of residents with more development to be undertaken to support how residents wanted their needs to be met. Life Story work continued to be completed on history and likes, dislikes and preferences of resident. This information should be used to provide some guidance on how the care and support should be provided in an individualised, person centred manner. More consideration should be given to ensuring information gathered from evaluation of assessment tools, six monthly review processes and accident and incidents is used to update care plans. Information in care plans should be written in a manner that is more easily understood by residents using factual information, with less use of jargon and opinion. (see recommendations 1,2,3,4)

Medication systems were discussed with the nursing staff and management with some areas for improvements to be made highlighted. These included high temperatures within storage area, missing signatures on Medication Administration Record, stock balances of medication, lack of as required protocols to promote safe administration procedures of as required medication, review of medication administered routinely when prescribed as required. (See requirement 1)

Use of best practice guidance Making Every Moment Count should be undertaken to promote the mental and physical health of residents. This would encourage more meaningful engagement

Meals were provided on white crockery which could cause issues for residents with viewing what was on their plate as a result of cognitive impairment. A lack of glassware was observed when residents were provided with

drink. The dining experience could be enhanced through use of tablecovers, glasses, coloured crockery, adapted cutlery and visual aids such as menus to support resident to make a choice on their meal. (see recommendation 5)

Any previous requirements or recommendations made during previous inspection relating to this theme are discussed later in this report.

## Requirements

### Number of requirements: 1

1. The provider of the care service must:

a) set up an effective safe storage system for medication in accordance with best practice and current legislation.

b) monitoring the daily monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication, with remedial action taken where necessary

c) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information and topical MAR charts. Handwritten amendments must be appropriately recorded on the MAR chart. This should be supported by the use of an 'as required administration protocol'

d) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information which allows them to monitor resident's medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times

e) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.

Timescale: Within three months on publication of this report.

## Recommendations

### Number of recommendations: 5

1. Careplans should be more reflective of resident current needs through evaluation of appropriate assessment tools, written in a more outcome focussed manner.

National Care Standards Care Homes for Older People, .Standard 6: Support Arrangements

2. Information obtained through in life story work should be reflected in how care and support is planned for individual residents.

National Care Standards Care Homes for Older People, .Standard 6: Support Arrangements

3. Information obtained through six monthly reviews should be used to ensure care plans are updated with agreed changes.

National Care Standards Care Homes for Older People, .Standard 6: Support Arrangements

4. Appropriate assessment tools should be used to identify strengths of service users and areas where they require assistance.

National Care Standards Care Homes for Older People, .Standard 6: Support Arrangements

5. The dining experience of residents should be reviewed and enhanced with appropriate service and equipment provided.

National Care Standards Care Homes for Older People, .Standard 6: Support Arrangements

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

A secure door entry system ensured residents were protected from unwanted visitors to the home.

Areas around the home were generally clean and odour free. A domestic schedule is in place to support deep cleaning to minimise the risk of infection.

Resident's bedrooms were personalised with their own effects to create a more homely environment and a safe space for residents.

A range of policies and procedures were in place to support staff to practice safely for the benefit of residents. Ongoing review to reflect best practice guidance was undertaken at organisational level to update policies.

Generic Environmental Risk Assessments were within resident files but were out of date. These should be reviewed and updated in accordance with the needs of residents. However, individual risk assessments to ensure safety in how each resident can participate in activities within and outwith the home for each resident to support how they can achieve their potential should also be undertaken. (see recommendation 1 and 2)

The nurse call system was heard to be activated throughout the day. At times, this seemed to take some time to be answered. Call times should be monitored to ensure appropriate supports are being provided timeously. The manager stated a new nurse call system was being sourced which would also be supportive of falls prevention equipment. (see recommendation 3)

The staffing schedule issued by the Care Inspectorate details the minimum staff required to provide direct care hours. This was discussed with the manager as although there were the minimum number of staff on duty, care staff were undertaking kitchen duties which compromised the numbers of care staff on the floor to support residents. A dependency assessment completed by the manager was not being used to support the identification of staff required to meet the social, recreational needs of residents whilst taking into account the physical layout of the building. (see recommendation 4)

Lack of signage, including clear identification of bedroom doors did not support choices in freedom of movement and locked doors throughout the building restricting access for residents to areas within the home environment. (see recommendation 5)

Accidents and incidents were recorded with immediate actions taken. Development of this process, with review of the documentation should improve the information received to minimise the risk to residents and staff and support Quality Assurance monitoring. (see recommendation 6 and requirement 1 in quality of management and leadership)

A new maintenance person had been employed to undertake routine planned and responsive maintenance within the home. The manager should ensure record keeping within maintenance records could be enhanced to ensure effective action is taken timeously. (see recommendation 7)

Previous requirements and recommendations relating to this statement are reflected later in this report.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 7

1. Risk Assessments should be reviewed and updated for the environment timeously.

National Care Standards Care Homes for Older People, Standard 4: Your environment

2. Personalised risk assessments should be conducted and reviewed to support residents to be involved in the internal and external communities. This should include Personal emergency evacuation plans which should detail the level of assistance required.

National Care Standards Care Homes for Older People, Standard 4: Your environment and Standards 6 : Support arrangements.

3. Monitoring of the response time to request for attention by residents should be monitored to ensure appropriate response.

National Care Standards Care Homes for Older People, Standard 4: Your environment and Standards 6 : Support arrangements.

4. The service should ensure routine compliance with the staffing schedule to the individual job roles required to meet the needs of residents. The manager should ensure the staff deployment meets the staffing schedule as a minimum guide to meet the direct care needs of residents.

National Care Standards Care Homes for Older People, Standard 4: Your environment

5. Use of the Kings Fund Environmental Tool and Mental Welfare Commission Guidance should be used to review the environment including locked doors around the building with any risk assessments clearly outlining risks and remedial actions taken to minimise risks.

National Care Standards Care Homes for Older People, Standard 4: Your environment and standard 17: Daily life

6. Recording of accidents and incidents should be routinely evaluated to improve practice with appropriate actions taken and evaluated timeously.

National Care Standards Care Homes for Older People, Standard 4: Your environment

7. Monitoring of routine maintenance should be proactively managed and reviewed by the manager.

National Care Standards Care Homes for Older People, Standard 4: Your environment

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

The service had a system to protect residents through monitoring on the appropriate registration of staff with the relevant professional body. The manager stated this checking will increase to monthly.

A training matrix was in place with a designated organisational trainer to keep staff up to date with mandatory training and any requested training. The Promoting Excellence Framework for Dementia training had been initiated.

We observed positive interaction between residents and staff with easy banter, making residents feel at home.

Interactive shift handover ensured all staff were aware on the current needs of residents and how they felt on the day. Flash meetings were held daily to update staff on what was happening within the home on the day in question. This included all disciplines of staff, with only care staff being involved in discussion concerning residents.

Review of staff rotas supported and evidenced the use, of staff to undertaken ancillary duties. Despite attempts to promote some consistency in the use of staff with respect to their priority to their full time position, this compromised the dignity of residents and often minimised the ability of some residents to achieve their potential. Staff currently working within the service also undertook different roles within the service which residents reported sometimes caused confusion as staff attempted to fulfil their care role as well as cook role. This is reported on in theme 2.

We discussed how staff would be supported to meet the mandatory actions to be taken to allow staff to maintain their registration with their governing body. Consideration should be given to how this is monitored for each individual staff member through the supervision process using reflective practice, including written reflective accounts on practice, to identify and plan training needs. (see recommendation 1)

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. Use of supervision should be inclusive of reflective practice to identify positive practice and training needs to improve the care and support of residents.

National Care Standards Care Homes for Older People, Standard 5: Management and staffing arrangements

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

There had been use of the notification procedures to update regulatory and statutory bodies of necessary incidents. This ensured appropriate and timely submission of notifications to demonstrate how the service implemented the safeguarding of residents and staff.

A fully completed self-assessment was submitted as requested prior to the inspection which supported most of the findings of this inspection.

Some audit tools were being used to areas of strength and areas for improvement. This process should be further developed to evaluate how each area being audited impacted on the outcomes of residents and identify how to proceed with actions to be taken. A lack of recorded follow up action taken had potentially minimised opportunities to identify changes in resident needs and staff training. (see requirement 1)

Processes in place to support quality assurance could be more effectively used to identify areas of positive practice and areas for improvement within the service. There was a reliance on organisational systems which were designed to support the management of the service. However, this information was not detailed into how this information would be used to develop the individual service. (see requirement 1)

Improvements could be made to record keeping, including the legibility of handwriting and appropriate identification of the writer.

Information contained in all themes reflect elements of quality assurance systems and processes.

Requirements and recommendations made during previous inspections are reported on later in this report.

### Requirements

#### Number of requirements: 1

1. The provider must review quality assurance systems and processes to ensure the quality of this service is improved. This includes but is not limited to:

Review and monitoring of care plans

Review and monitoring of medication practice



Review of environmental checks and risk assessments  
 Review of staff practice, including learning and development needs

This is in order to comply with SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: Within three months of the date of this report.

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

The provider must ensure that maintenance checks of the environment and equipment are undertaken in accordance with their own policies and procedures.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) - Regulation 10.

Timescale for meeting this requirement: Within 1 week from the publication of this report.

**This requirement was made on 5 October 2015.**

### Action taken on previous requirement

A new maintenance person had been employed. We viewed some records of maintenance that had been undertaken. Some service maintenance contracts were in place. All relevant staff should follow guidance in the Health and Safety in Care Homes booklet from Health and Safety Executive to ensure appropriate systems are monitored to protect residents.

We noticed some signatures which could read that work had been undertaken when it was not in the timeframe, the manager acknowledged this practice.

Contractors had been contacted to immediately respond to mechanical failure in the home, which was to be rectified that day.

A recommendation will be made to monitor proactive maintenance checks in quality of environment.

## Met - outwith timescales

### Requirement 2

The provider must ensure that any incident concerning the protection of people is reported promptly to the relevant agencies.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) - Regulation 4 - Welfare of users.

Timescale: Within 1 week from the publication of this report.

**This requirement was made on 5 October 2015.**

### Action taken on previous requirement

There has been an improvement in use of notification procedures. We discussed the procedure with the manager, and will monitor through a recommendation.

## Met - outwith timescales

## What the service has done to meet any recommendations we made at or since the last inspection

## Previous recommendations

### Recommendation 1

The service should continue to develop the participation strategy, and evaluate the outcome of any action taken in response to feedback from residents and carers.

National Care Standards Care Homes for Older People, Standard 11: Expressing your views.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

We were informed by residents and relatives that they were able to provide some feedback and make choices. Some residents told us they felt they could make more decisions and have more interests they enjoyed. Six monthly reviews were being facilitated and we did not see how the participation strategy was implemented by all staff and there was a lack of evaluation on its effectiveness. Information on evaluation of feedback should be made available for residents and relatives clearly demonstrating how it has improved the quality of the service provided.

This recommendation is not met.

## Recommendation 2

The provider should promote and develop the role of key worker within the service and ensure that staff have adequate time to undertake this role.

National Care Standards Care Homes for Older People, Standard 7: Moving in, Standard 11: Expressing your views.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

There was a list of named keyworkers for individual residents. Residents and relatives were aware of the name of the keyworker but the role had yet to be developed. The role of the keyworker should be developed to support the needs of residents with identification of their likes and preferences.

This recommendation is not met.

## Recommendation 3

The provider should ensure that residents receive a written agreement which clearly defines the service to be provided in accordance with the National Care Standards.

National Care Standards Care Homes for Older People, Standard 3: Your legal rights.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

Relatives confirmed they had signed a residency agreement but these were not able to be viewed at the home. They were stored at head office, and were of a general nature about the service provision offered. Care plans were deemed to be the mechanism of current supports identified for each individual resident.

This recommendation is met.

## Recommendation 4

The service should continue to monitor meaningful engagement and activity with resident's throughout the day and ensure that this is linked to life histories.

National Care Standards Care Homes for Older People, Standard 17: Daily life.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

Staff knew residents well and could easily discuss their likes and preferences. Some residents told us of an improvement in outings for them. Other residents spoke of feeling bored. Some activities were observed to be undertaken in the dining room which some residents told us they enjoyed, others stated they were a nuisance. We did not find there was planned ongoing engagement for residents who chose to remain in their bedrooms other than personal care or serving of meals.

Life histories were inconsistently completed with varying amounts of detail. This area should be more effectively completed to enable preferences to be incorporated into the care plans.

This recommendation is not met..

## Recommendation 5

The service should make sure that there is clear evidence within resident's care plans to indicate where carers have powers or guardianship.

National Care Standards Care Homes for Older People, Standard 6: Support arrangements.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

The service had a register of residents who had Adults with Incapacity Certificate and Power of Attorney or guardianship powers. These documents were evident within personal plans.

This recommendation is met.

## Recommendation 6

The provider should take action to minimise the impact of noise on the environment and review arrangements for the storage of equipment.

National Care Standards Care Homes for Older People, Standard 4: Your environment.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

There was little disruptive noise within the home environment other than the nurse call alarm or staff speaking in loud voices, sometimes across rooms or down corridors. Residents stated they understood the need for this. A separate recommendation had been made relating to the nurse call system.

As a result of lack of storage space, there were items to support personal care needs on display within resident bedrooms. Where possible, these items were placed within storage units or within ensuite areas.

This recommendation is met.

## Recommendation 7

The provider should review the use of signage to enable people with dementia to more easily find their way around the environment.

National Care Standards Care Homes for Older People, Standard 4: Your environment.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

As highlighted during the previous inspections, we continued to find that there was a lack of signage to enable people to find their way within the environment. We signposted managers to a dementia friendly assessment tool for use in care settings developed by The King's Fund. 'Is your care home dementia friendly? EHE Environmental Assessment Tool', The Kings Fund 2014. ([kingsfund.org.uk](http://kingsfund.org.uk)).

This recommendation is not met.

**Recommendation 8**

The provider should review recruitment procedures against the Scottish Social Services Codes of Practice and guidance contained in the document 'Safer Recruitment Through Better Recruitment' (Scottish Government 2007). This will ensure that people are kept safe and protected.

National Care Standard Care Homes for Older People, Standard 5: Management and leadership.

**This recommendation was made on 5 October 2015.**

**Action taken on previous recommendation**

Records demonstrated one person interviewing but we discussed this with the manager. Where internal transfers take place within the organisation, the service should ensure the updated PVG is received timeously before starting within the new service. Recording of feedback from residents for candidates during the recruitment process was being further developed.

This recommendation is met.

**Recommendation 9**

The provider should ensure that confidential information and cold storage of medication within the staff duty room is kept secure at all times.

National Care Standards Care Homes for Older People, Standard 5: Management and staffing arrangements.

**This recommendation was made on 5 October 2015.**

**Action taken on previous recommendation**

There was only one time during the inspection where the door to the duty room was insecure. This was attributed to the placement of the coat hooks hanging over the door. This was removed and the door closed and was locked more easily.

This recommendation is met.

**Recommendation 10**

All staff should receive appropriate training on equality and diversity.

National Care Standards Care Homes for Older People, Standard 5: Management and staffing arrangements.

**This recommendation was made on 5 October 2015.**

**Action taken on previous recommendation**

Training records demonstrated staff had received e-learning training on this topic. The manager had considered introduction of this topic during induction.

This recommendation has been met.

**Recommendation 11**

The provider should ensure that all staff receive regular planned supervision which supports their learning and development and service improvements such as the development of the keyworker role.

National Care Standards Care Homes for Older People, Standard 5: Management and staffing arrangements

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

We discussed with the manager the need to formalise a procedure for staff supervisions within the home, There was some regularity of supervision taking place, although more consistent reflective practice would assist in the personal and professional development of the staff member. We saw how discussion on working with specific residents had improved the practice of the staff member which enhanced the quality of care for the resident. A focus on continued implementation of the Dementia training using the Promoting Excellence Framework would promote the understanding of staff in relation to the impact of their interactions with residents, particularly those with dementia.

This recommendation is not met.

## Recommendation 12

The service user should expect to be provided with the help and supports they need to communicate effectively on a daily basis. Staff should have the skills and knowledge required to communicate with the service user; in ways that suit them and at their own pace.

National Care Standards Care Homes for Older People, Standard 5(1)(2)(3)(4): Management and staffing arrangements, Standard 6: Support arrangements, Standard 18: Staying in touch.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

There were some staff who were more adept at communication with a resident who chose which staff was required to provide the supports. There had been no specific training to support additional staff to provide the care ad support to the resident. Observation of ancillary staff demonstrated staff had some sense of the methods, BLOC, which supported a service use to communicate. Visiting agencies provided support to the resident and also advice to the staff.

This recommendation is met but will link to the training recommendation.

## Recommendation 13

The provider should ensure that staff receive appropriate training to meet the service user's communication needs. Systems should be put in place to monitor the outcome of the training to ensure that it is being applied appropriately and effectively in practice.

National Care Standards Care Homes for Older People, Standard 5(1)(2)(3)(4): Management and staffing arrangements, Standard 6: Support arrangements.

**This recommendation was made on 5 October 2015.**

### Action taken on previous recommendation

Specific training on how to work with residents who have communication needs was not evident. Review of training matrix and learning and development logs with the lack of completion on the Promoting Excellence Framework did not support staff to fully understand or learn different methods on how to meet the communication needs of residents.

This recommendation is not met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
21 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
10 Feb 2016	Re-grade	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed 3 - Adequate 3 - Adequate
5 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 2 - Weak 1 - Unsatisfactory
29 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good
15 Sep 2014	Unannounced	Care and support
		3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate
30 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
12 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
21 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 3 - Adequate 3 - Adequate 3 - Adequate
20 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
16 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed 3 - Adequate
9 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate Not assessed 4 - Good
8 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 2 - Weak 4 - Good 3 - Adequate
25 Nov 2010	Re-grade	Care and support	2 - Weak



Date	Type	Gradings	
		Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak
29 Jun 2010	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed Not assessed
11 May 2010	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 3 - Adequate
11 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory 2 - Weak
23 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 1 - Unsatisfactory
10 Jan 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate

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