

Care service inspection report

Mears Care - Bellshill

Housing Support Service

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Suite 20
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Bellgrave Road
Bellshill
ML4 3ND

Inspected by: Beth Lynagh

Type of inspection: Unannounced

Inspection completed on: 7 March 2012



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	12
4 Other information	23
5 Summary of grades	24
6 Inspection and grading history	24

Service provided by:

Mears Care (Scotland) Limited

Service provider number:

SP2009010680

Care service number:

CS2010250092

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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		N/A
Quality of Management and Leadership	3	Adequate

What the service does well

We spoke with a number of service users and their relatives. They told us that the service operated well and that they were very happy with the care which they received. The service has a good core staff group which service users and relatives spoke highly of.

What the service could do better

The service could improve by developing care plans for service users. This was particularly in relation to risk assessment completion and full completion of sections relating to person centred care.

The service could also improve by ensuring that new staff have an appropriate level of support and guidance when they take up their post in order to be able to meet the needs the service users in a confident and competent manner.

What the service has done since the last inspection

Since the last inspection the service had actioned four requirements out of five made and four recommendations out of five which had been made.

Conclusion

The Manager and Operations Manager discussed a number of areas which they aimed to introduce within the service. This was in relation to involving service users and staff in improving the quality of management and leadership of the service.

The Manager and Operations Manager were very positive in discussing ways in which to improve the service.

Who did this inspection

Beth Lynagh

1 About the service we inspected

Mears Care has been registered since 14 August 2010, however the service was formerly known as Support Care and had been registered since 2008. The service was also registered as Community Careline Services prior to this and had been registered since 2004.

The service provides a Care at Home and Housing Support service to people living within their own homes. The service operates in North and South Lanarkshire and has an office base in Bellshill and East Kilbride.

The aims and objectives of the service are to:

'provide personal and domestic assistance to enable people to remain in their own homes for as long as they wish and to provide such support as the service user requests in accordance with the care plan'.

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 - N/A

Quality of Management and Leadership - Grade 3 - Adequate

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed that the service may need a medium level of inspection.

The inspection was carried out on 20 February 2012 between 10.00 am and 4.20 pm and 21 February between 11.30 am and 3.00 pm. Interviews were carried out with service users, relatives and staff over 28 and 29 February 2012. Feedback was given to the Manager and Operations Manager on March 7 2012.

During the inspection evidence was gathered from a number of sources

We looked at a range of policies, procedures and other documentation including the following:

- * evidence from the service's most recent self assessment
- * the action plan from the last inspection
- * minutes of service user involvement forum
- * service user questionnaire
- * staff performance appraisals
- * service users newsletter
- * Minutes of meetings
- * Sample of care plans
- * Accident and incident records
- * Complaints record sheet
- * Staff files
- * Public liability insurance certificate
- * Registration certificate

and we spoke with the following people:

- * 6 people who use the service (service users)
- * 5 carers (relatives)

- * the Manager
- * the Operations Manager
- * 3 staff members

Observation of care practice was also undertaken.

All of the above information was taken into account during the inspection process and was reported on.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The provider must ensure that any complaint made under the complaints procedure is fully investigated.

What the service did to meet the requirement

We saw that complaints made to the service had been fully investigated. Records showed that the complainant was satisfied with the outcome.

The requirement is: Met

The requirement

The provider must keep a record of any complaint made by a service user or a representative or relative of a service user about the operation of the care service, the outcome of such complaint and the action taken.

What the service did to meet the requirement

We saw that people were advised of their right to complain and where people had been asked if they wished to make a formal complaint. One complaint which we looked at had been fully investigated; this included what actions had been undertaken, the outcome of the complaint and the action taken as a result.

The requirement is: Met

The requirement

The provider must make suitable arrangements to ensure that the service is managed effectively. Specifically, in terms of ensuring that support workers have a clear understanding of their roles and responsibilities and, in terms of how the service monitors the provision of support to service users.

What the service did to meet the requirement

We saw that all staff had received induction training as well as a range of other training, both mandatory and client specific. Staff peer group meetings are held regularly and minutes of these were available. These showed that staff discussed a range of topics which helped to re-establish their roles and remits. The service carries out spot checks on staff regularly to establish practices.

The requirement is: Met

The requirement

The provider must make suitable arrangements to ensure staff are suitably skilled in carrying out risk and other assessments which determine how the service will meet service users' health and welfare needs.

What the service did to meet the requirement

We saw that staff had not yet received training specifically on risk assessment. We also noted that there were still a number of concerns relating to the completion of risk assessments for service users. This requirement has not been met and will be repeated at this inspection.

(See requirement 1, Quality Statement 1.5)

The requirement is: Not Met

The requirement

The provider must review its written guidance on the safe and appropriate use of bed rails in a care at home setting.

What the service did to meet the requirement

We saw that the Restraint and Limits to Freedom policy had been amended and has been done to a good, in depth standard which gave guidance for staff on the use of bed rails.

The requirement is: Met

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

1. The service should expand the care plan to include more detail relating to risks, for example managing challenging behaviour. The care plan should include information regarding how risks are managed. Care plans should detail the task to be carried out and should show that these are being carried out in response to service users' wishes and choices.

Progress: we saw some instances where although risk assessments had been completed, there was insufficient detail identified.

See Quality Statement 1.5 for more detail

NOT MET

2. The manager should ensure that where any issues has been identified in service users' questionnaires that there should be a clear record of how these have been responded to and addressed.

Progress: we looked at the most recent questionnaires and saw that the service had a written record of having actioned any issues raised.

MET

3. The manager should investigate why staff are sometimes unable to arrive at appointments on time and address this issue.

Progress: The service had introduced a new procedure to identify if staff were unable to arrive at appointments on time. Staff received memos advising of this and what they should do if they were unable to arrive on time. We saw evidence that the staff had investigated and taken action with staff as a result of two staff not turning up at one service user's home at the allocated time.

MET

4 The service must implement the Participation Strategy and arrange for people using the service to have more opportunity to be involved in staff recruitment and selection.

Progress: service users and relatives were offered opportunities to become involved in staff recruitment through the newsletter. The Manager told us that no-one had taken up the opportunity. Relatives we spoke with were aware of the opportunity to become involved. Service users' views were asked about staff in questionnaires.

MET

5. Care plans should detail what individual communication needs are with clear guidance for staff on how to meet peoples communication needs and where appropriate specialised staff training should be provided and evidence should be available to demonstrate this.

Progress: We saw that service users' care plans had adequate information relating to communication needs within the care plans. We also saw minutes of peer group minutes that showed that there were discussions surrounding communication needs of the service users. DISCUSS

MET

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.

A self assessment document had been submitted by the service prior to the closure for refurbishment. This was completed to a satisfactory standard and gave relevant

information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

Taking the views of people using the care service into account

We spoke with 6 service users. Comments included:

'care has been good

'I don't know about the last Care Inspectorate report - I didn't know we could get it'

'Staff are quick and thorough - I like that about them'

'the new staff at times aren't very confident - it's like they don't know what to do...I've had to tell them what to do'

Service users who were asked were of the complaints policy, questionnaires, care reviews and opportunities to become involved in staff recruitment.

Taking carers' views into account

We spoke with 7 relatives. Comments included:

'the service has been excellent'

'the carers I get are second to none. They know exactly what to do with my relative and how they like things to be done'

'the younger staff seem to lack initiative and have to be told by the more experienced staff what to do....I think it may be a lack of confidence'

Relatives who were asked were of the complaints policy, questionnaires, care reviews and opportunities to become involved in staff recruitment.

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

The service had a participation strategy which showed how service users and relatives could be involved in decision making and development of the service.

Service users, relatives and visitors to the service could put forward ideas and suggestions through suggestion boxes which were publicly displayed in the reception area of the service's office.

Service users and relatives had access to the service complaints policy. All people whom we spoke with said that they knew about this policy. They also told us that they would be confident in raising any complaints.

We saw where participation from service users and their carers in the development of the support plans had made sure that the service provided was person centred and needs led.

The service sent newsletters to all the service users. There were two types of newsletter, one that was more to do with the company and the other to do with the service. Both the newsletters had useful information within them. People we spoke with told us that they had seen these and found the information they contained useful.

The service had developed a questionnaire for service users and relatives. We saw responses from these. People who had completed the questionnaires had generally indicated positively. People we spoke with told us that they knew about the questionnaires and some people said they had completed and returned them to the service.

We saw where two issues which were raised through the service questionnaire had

been actioned by the service.

We saw minutes from the service users' forum held in December 2011. The minutes showed that people who had attended had been asked their views on a variety of topics. They had also been told about the change of the Care Inspectorate's name and reminded about how they could make complaints.

Service users and relatives were reminded about the service users' forums within the newsletters.

The manager had an open door policy. This meant that people could drop into the office for the service at any time. People told us they could always contact the office easily if they had any issues or queries.

Service users and their relatives told us that they were aware of their care plan. We saw a number of care plans where service users and/or relatives had been involved in the development of it and had signed it.

Service users and relatives also told us that the service carried out care plan reviews 6 monthly. A record on front of the service users' files showed when the review was last done and when it was next due.

Communication books were kept in service users' houses. This meant that the service users and relatives could become involved in and have a say on the care which they received.

The manager and operations manager told us about specific house meetings which had been held previously with service users, relatives and staff. These had been held where services had larger packages of care.

Service users were helped to contact advocacy services and use them where they needed help to do so.

Service users and relatives told us that they could put their views across and felt listened to. They also spoke very highly of the staff who attended on a frequent basis and how they could discuss any concerns with them.

We sent out questionnaires before the inspection started. Most of the questionnaires which were returned had positive comments about the service.

People responded positively in the Care Inspectorate questionnaires about family and service users being involved in the care plans and workers delivering the care as detailed within the care plan.

The service carried out spot checks to make sure that appropriate practices were being carried out by staff and were in line with the service user's care plan.

Areas for improvement

From looking at minutes, we saw that at times service users' care reviews did not appear meaningful. Some of the responses were indicated with one word answers to all the sections and had no other comments.

It was not always recorded that the service user was present at their care review. (See requirement 1)

We saw a sheet which was used as a telephone log sheet but headed also as a 'complaint record'. The manager told us that she carried out any actions required if informal complaints were raised. The manager also told us that there was a new form which had been developed to record informal complaints and concerns record.

(See recommendation 1)

We saw that the service users' /relatives' questionnaire had the headings missing on some of the pages. This meant that it was not easy for people to answer the questions unless they continually used the front page as a reference. At times the questionnaire was long-winded in its content.

(See recommendation 2)

Although The Care Inspectorate reports were made available to service users and their relatives, people told us that they did not know this and had never seen any previous reports. The manager told us that they could remind people of this in the newsletter.

(See recommendation 3)

Some of the sections within the service users' care plans had not been completed; these specifically related to whether the service user was able to sign the documents themselves and the section about the service users agreeing to have documents left in their home.

Not all records within care plans which had been signed by service users had the dates recorded when these had been signed.

(See recommendation 4)

The font of the newsletter for service users should be made available in a larger font in order to make the notices easier to read, particularly for people with sensory impairments.

The manager could consider developing a manager's surgery. This would let relatives and service users come along and talk about things that were important to them with the Service Manager. This was discussed at feedback with the Manager and the Operations Manager who were both positive about the idea.

Some discussion took place with the Manager about developing the questionnaire for service users into a pictorial format. This would mean that some service users with communication needs may be able to understand the questionnaire better.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 4

Requirements

1. The provider must ensure that care review minutes are developed to clearly record full people present, discussions, comments and decisions made.
This is in order to comply with SSI 2011/210 Regulation 5(2)(b) - Personal Plans
Timescale for implementation: on receipt of this report.

Recommendations

1. The new complaints log records should be fully introduced and used to clearly record information relating to the issue raised; this should also clearly indicate whether the issue is a concern, informal complaint or a formal complaint. In doing so, the complaints policy should be reviewed to take into account any changes required.
NCS Care at Home Standard 11:Expressing your views, NCS Housing Support Services Standard 8:Expressing your views
2. The service users' /relatives' questionnaire headings should be reviewed to make sure it is user friendly in the layout and more compact in the content.
NCS Care at Home Standard 11:Expressing your views, NCS Housing Support Services Standard 8:Expressing your views
3. The service should make sure that service users and their relatives are made more aware that they can access Care Inspectorate reports.
NCS Care at Home Standard 11:Expressing your views, NCS Housing Support Services Standard 8:Expressing your views
4. All sections within the service users' care plans should be fully completed including:
 - * Whether the service user is able to sign the documents themselves.
 - * Whether they agree to have documents left in their home.
 - * Dates when records are signed by service users.NCS Care at Home Standard 11:Expressing your views, NCS Housing Support Services Standard 8:Expressing your views

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

We looked at a sample of service users' care plans. We saw where some parts of these had been written in a person centred way and had recorded what residents' individual preferences were and how they would be supported.

The service had developed records and care plans which helped to demonstrate how their individual health and wellbeing needs were met. These included clinical monitoring records and risk assessments.

Some specialist equipment to meet residents' needs was also available within the service such as manual handling equipment.

Life histories for service users had been developed.

Service users were supported to be part of their local community -Activities which helped service users with their social skills, personal confidence building, increasing independence and development in money skills were all supported.

Service users were also encouraged to complete household tasks.

The service helped service users with employment through accessing college courses where they were able.

Service users were supported to keep in touch with their friends in the community and met up with them when they wished.

Service users could be accompanied to health appointments where required. Relatives and service users gave some examples of where this level of support was provided as well as telling us about extra support where it was needed.

We saw examples where specific requests made through the questionnaires from service users were accommodated.

Training was available for staff in order to help meet the specific health and wellbeing needs of residents such as training on epilepsy and Multiple Sclerosis. Dementia training had been given to staff who supported residents with this need and the service planned to introduce this to all staff.

Peer group minutes showed that staff were directed to provide care that was person centred and directly met the needs of service users.

Staff were observed throughout the inspection as interacting with service users in a person centred manner. During the inspection, we spoke with staff who demonstrated a good knowledge of how to care for individual service users.

Staff were provided with task sheets for residents. This included information about what was required by staff to meet the needs of the service users.

Service users and their carers were involved in the development of the care plan. People we spoke with told us that they had been fully consulted.

Service users and their relatives told us that they were happy that the regular staff knew their needs and preferences well and spoke highly about the level of care delivered by the staff.

Service users and their relatives were able to express their views on the support and care provided in a number of ways, including reviews and service user and carer forums.

Sections within the care plans included information on how to keep the service user safe and healthy while letting them take certain risks with extra support to ensure their safety. Assistive technology was used where people needed it in order to keep them safe such as alarm systems.

We saw some evidence of some completed risk assessments where it was required.

A range of policies were in place which helped enable the service to follow good standards relating to health and well-being of service users. These included policies on:

- * Respecting service users rights
- * Working with visually impaired and hearing impaired and dementia
- * Intimate care procedure
- * Service users care

Specific advice was given to service users in the newsletter relevant to the time of year in order for them to be reminded about issues e.g. best ways to keep warm and reduce energy bills. Some relatives and service users told us that this was very useful information for them.

Areas for improvement

We saw that there still required to be an improvement in the way risk assessment were completed. E.g.

- * Not enough overall detail within risk assessments.
- * Sections of the manual handling risk assessment were not completed for all service users.
- * Control measures not completed throughout the risk assessments documents or the implementation date and review periods
- * Some service users' health assessments lacked details on the areas of risk identified e.g. pain
(See requirement 1)

We spoke with a number of service users and relatives. We were told by several of them that although the regular staff were professional and knew what they were doing, newer staff seemed to lack initiative, and confidence.
(See recommendation 1)

Although we saw some service users' care plans which were person centred, others were not and lacked information on individual and person centred approach for all areas of support.

(See recommendation 2)

A carbon copy of service users' individual support plans were kept within the office. These at times were very difficult to read with faded writing and writing from other pages coming through. The Manager and Operations Manager agreed to look at other ways to keep copies of the care plans within the office which would ensure records were more legible.

The service should look to archive care plan records from previous provider names to make a more user friendly document.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must make suitable arrangements to ensure staff are suitably skilled in carrying out risk and other assessments which determine how the service will meet service users' health and welfare needs.

This is in order to comply with:

SSI 2011/210 Regulations 4(1)(a) - Welfare of users, 9(2)(b) - Fitness of employees.

Timescale for completion: within 24 hours of the issuing of this letter.

Recommendations

1. The service should ensure that new staff have an appropriate level of support and guidance when they take up their post in order to be able to meet the needs the service users in a confident and competent manner.
NCS Care at Home Standard 4: Management and staffing,
2. The provider should develop personal plans that clearly details individual needs and preferences and sets out how these will be met in a way that is acceptable to the service user and/or their representative.
National Care Standards Care at Home, Standard 3 Your Personal Plan

Quality Theme 3: Quality of Staffing - NOT ASSESSED

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

We saw that service users had discussed the change of the company name and the impact of the care package at the most recent service users' forum meeting.

We also saw that service users and their relatives had been invited to become included in any part of the service's staff interview process. They were reminded of this within the newsletter and at service users' forum meetings.

The Manager and Operations Manager discussed the future developments of the service and how these would involve service users. They told us that a Health and Safety meeting was being set up to include service users and relatives as well as the development of a policy group. This would mean that service users and relatives would have more of a say in the service development.

The service runs an employee of the month based on service users' feedback.

Service users had decided that the service newsletter would be distributed twice a year. They were also invited to be involved in the development of the newsletter.

Questionnaires stated that the service 'would appreciate any feedback on the content questionnaire including questions missed or questions that were not relevant'.

A questionnaire was also given to service users about staff compatibility which asked their preferences on the staff they preferred to care for them.

Areas for improvement

Relatives and service users should be made more aware of accessing the latest Care Inspectorate report.

(See recommendation 3, Quality Statement 1.1)

The Manager and Operations Manager discussed how they intended to have a service users' group set up soon to look at new policies and procedures for the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

The participation strategy described how staff were encouraged to participate in the development of the service.

There were opportunities for staff to attend staff meetings. Minutes of the meetings showed some evidence where staff had been actively involved in discussions at meetings.

Some staff had received supervision sessions to help support them in their role.

Employee questionnaires had been completed. These had a range of questions asking staff about the development of the service.

Staff had informative memos sent to them in order to pass on information and instructions. This helped to keep staff informed about changes within the organisation and gave them the opportunity to comment on these.

We sent out questionnaires before the inspection started. Staff questionnaires which we received indicated positively about opportunities to gain qualifications, contributing to support planning and having access to policies and procedures.

Following staff peer group meetings, evaluation sheets were given to staff to ask them their views on the meeting including:

- * what they thought about the topics discussed
- * what subjects they would like included in their next meeting;
- * any suggestions
- * how the service could be provided better
- * how they and the service users could be involved more within the business.

We saw that staff performance reviews had been undertaken. These gave staff the opportunity to discuss and raise any concerns or suggestions about the service. It also gave them the opportunity to decide if they wished a further review opportunity.

Staff generally spoke positively about being able to put their views across and gave us examples where actions had happened as a result of this. They also spoke positively about training opportunities.

Areas for improvement

We saw that at times staff appraisals were not always recorded as happening yearly. (See requirement 1)

The minutes from staff meetings were reviewed. These had been recorded to reflect that the meetings seemed to be mostly instructional rather than a two way balanced discussion with staff. Minutes from meetings did not include matters arising from the previous meeting.

(See recommendation 1)

Records showed that not all staff had received supervision sessions.

(See recommendation 2)

We saw that filing was disorganised and contained paperwork from old providers. This meant that paperwork was not helpful to audit purposes. The Manager told us that they would look to making the files more organised

At times it was difficult to establish if meetings held with staff were for peer group discussions only or were service user specific as they were named the same. This was discussed with the manager to action.

The Manager and Operations Manager told us that they intended to start a new Health and Safety Meeting which would include staff. They also told us they intended to involve staff in putting their views across about the development of policies and new ideas within the service before they are fully introduced.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that staff receive appraisals minimally on an annual basis to ensure that their work practice is monitored, performance is reviewed and staff are supported in their role.

This is in order to comply with SSI 2011/210 Regulation 9 - Fitness of employees
Timescale for implementation: within 3 months of receipt of this report.

Recommendations

1. The service should consider developing communication with staff during staff meetings and include any matters arising from the previous meetings for discussion.

National Care Standards Care at Home, Standard 4 Management and Staffing

2. Staff supervision sessions should be developed in order to address individual needs of the staff and these should be appropriately recorded

National Care Standards Care at Home, Standard 4 Management and Staffing

4 Other information

Complaints

One complaint was investigated since the last inspection. This was in relation to the service ensuring that complaints were recorded and investigated appropriately and staff being suitably trained to carry out tasks. This resulted in five requirements being made. We found that the service has met four of these. One requirement remains outstanding in relation to staff completing risk assessments appropriately and is repeated at this inspection.

(See requirement 1, Quality Statement 1.5)

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 5	4 - Good
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
25 Nov 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership Not Assessed

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

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ہے بایتسرد می م و ن ابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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