

Care service inspection report

Midway Social Opportunities Service

Support Service Care at Home

54 Govan Road

Glasgow

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Telephone: 0141 419 4520

Inspected by: Moira Agolini

Type of inspection: Announced (Short Notice)

Inspection completed on: 7 August 2013



HAPPY TO TRANSLATE

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Service provided by:

Turning Point Scotland

Service provider number:

SP2003002813

Care service number:

CS2004063842

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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		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

From the evidence we gathered we concluded that the staff team continued to provide a high standard of support that offered increased opportunities for people to be included in community activities. This had significantly improved their quality of life.

What the service could do better

We would like to see improved cross-referencing with support plan documents and risk assessments. This would make sure that service user information is updated in all aspects of support planning. We also believe that feedback from service users, staff and professionals should be better evidenced. The service needs to more clearly demonstrate how any feedback informs service development.

What the service has done since the last inspection

The service had continued to explore ways to improve outcomes for people who had previously been excluded from the community.

Conclusion

The service continued to meet the needs of people who were previously socially isolated and offered a range of community activities that improved their quality of life.

Areas of improvement that were identified included improved risk assessments and clearer evidence about how service user and other stakeholder feedback actually informs service development.

Who did this inspection

Moira Agolini

1 About the service we inspected

Midway Social Opportunities Service was registered as a housing support service with the Care Commission in 2006.

The service provides support to adults with Huntington's, learning disabilities and early onset dementia. Service users are supported with social, recreational and employment opportunities within their local communities.

Service users are offered varying levels of support depending on their assessed need.

The service aims to "maintain community presence" with "ordinary living, social inclusion and recreation" forming the basis for the support offered.

"The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

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

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

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

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 - N/A

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

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

We wrote this report following a short announced inspection. This was carried out by one Inspector, Moira Agolini. The inspection took place at the main office on Tuesday 6th August between the hours of 8:20 am and 14:30pm. On Wednesday 7th August we again visited the office between the hours of 10:30 am and 1:00 pm. We also visited a young person at home who was supported by the service and spoke with his mother. We spent time away from the office looking at relevant paperwork. On Thursday 8th August, Friday 9th August and Tuesday 14th August we spoke with a health professional, service user, carer and care manager. Feedback was given to the service manager on Wednesday 7th August. The inspectors views of the grades were made known to the manager subject to Care Inspectorate quality assurance processes.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent ten care standard questionnaires to the manager to distribute to people who are supported by the service. We received seven completed questionnaires before the inspection. Three of those were completed by relatives.

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

We spoke with:

- * two people who use the service
- * two carers
- * the registered manager
- * team co-ordinator
- * three support workers
- * Team Leader (Scottish Huntington's Association)
- * Care Manager (Social Work Services)

We looked at a number of relevant documents including:

- * the draft participation strategy which outlines how the organisation will involve people in the service
- * support plans
- * review paperwork
- * service information booklets
- * welcome pack
- * operational audits
- * staff team minutes
- * service specification
- * accident and incident records
- * organisation newsletter
- * quality assurance documents
- * aims and objectives
- * training records
- * supervision records
- * registration certificate
- * insurance certificate.

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

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 with 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 received five completed care standard questionnaires from people who use the service. Four of the five questionnaires had responses of 'strongly agreed/agreed' to all of the questions. One person told us they did not know about the service's complaints procedure. We saw that there was very good information in the welcome pack about complaints and would direct staff to occasionally remind people of the complaints leaflet and its purpose.

We also met one service user at home and spoke with one by telephone. Both were very positive about the staff. Using gestures and body movements one of the service users could tell us how happy he was to be going out and it was clear this weekly activity improved his quality of life. Another service user told us how good it was to get out of the house and looked forward to seeing staff and spending time with them.

We received a care standard questionnaire that arrived two weeks after the inspection. The form was completed by a relative on behalf of the service user and offered the following responses:

- * Question about their support needs - the reply stated the individual did not know if they had a support plan which contained information about their support needs
- * Question about their needs and preferences being detailed in the support plan - the reply stated the individual did not know if their needs and preferences had been detailed in the plan
- * Question about whether they were confident that staff had the skills to support the respondent - the reply stated the individual did not know if staff had the relevant skills
- * Questions about staff having enough time to carry out the agreed support - the response was 'strongly disagree'.

Although this was not typical of the responses we received it was clear that some of the issues raised by the individual would benefit from being discussed with the manager of the service. In the absence of both managers on the day we received the questionnaire we spoke with a depute and advised her of the questionnaire before sending the draft report. We tried to contact the respondent without success.

Taking carers' views into account

We spoke with two carers who told us the service provided an invaluable support. One carer told us that her partner really looked forward to getting out and it made a difference to him to be involved in the community. Another told us of the positive effect the weekly outdoor visits made to her son and to her. Both carers spoke highly of the staff team. They told us communication with staff was very good and they felt involved in all aspects of support planning which they said was flexible and person-centred.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found this service had a very good performance in the areas covered by this statement. We concluded this after we:

- * spoke with managers, staff and professionals
- * reviewed support plans and written evidence relating to participation
- * looked at the ways in which staff helped people to make choices in their daily living
- * looked at the ways in which staff communicate with people.

From looking at relevant documents we saw that the service were very good at involving people they support, their relatives and visiting professionals in all areas of support planning and goal setting. For example we looked at support plans and review paperwork and saw how people choose to be supported to access leisure and social activities. We saw evidence that staff were committed to making sure people's preferences were provided. Chosen activities included the following:

- *shopping
- *lunch outings
- *visit to Botanic Gardens
- *visit to library
- *support to attend a gym
- *visit to cinema.

From the written evidence we examined and from our discussions with professionals and relatives we saw how the service users benefited from this support and how it had improved their quality of life. A relative made the following comment;

"The staff are brilliant. I can't speak highly enough of them. X loves going out with them and it helps him and me. They are good at letting me know what is going on and they know X very well and what he likes".

From the recordings in the sampled support plans we saw how staff go out of their way to make sure service users and their relatives have a say in how they are supported. Communication can be difficult at times for some people and we saw in the daily notes how staff develop ways to truly listen and interpret gestures and body language that enabled individuals to participate effectively. We saw that this had helped to achieve positive outcomes for people, including increased opportunities to be involved in the community.

We looked at a draft service user involvement policy that clearly outlined the organisation's continued commitment to involving service users in all aspects of service development. We also saw a very good pictorial document that increased accessibility for people with impairment. The style of the document was designed to help people to be aware of the ways they could be involved in decisions about the service. These included:

- *choosing support staff
- *looking at what is good about the service
- *looking at what could be better
- *talking to staff about what they do well and what they could do better.

The service welcome pack was informative and included information on the complaints process and local advocacy. This showed us that the service aimed to maintain a high standard of support and had a transparent approach to those times when service users may not be happy with the support.

Areas for improvement

As stated we saw very good examples of involvement in support planning. However the following observations suggested that some work required to be done to improve the evaluation tools currently used by the service.

Given the manager's feedback of a poor response to questionnaires we suggested that he explore other ways of helping people to make comment about the service. As the organisational directive is quite clear in terms of their commitment to user involvement we concluded this was an area that required further development.

We acknowledged the challenges in developing ways to communicate with service users who had no formal speech. However we saw little evidence of any planned developments in this area to assist them to be able to assess staffing, management and leadership. We discussed this with the manager. We suggested that a communication sheet in each support plan that more clearly identified the way that staff interact with people may assist people to offer feedback about the service. There

was also an absence of any formal feedback from relatives and professionals. We also concluded that the questionnaire that had been used in the past was not appropriate for this particular service and would benefit from review to make it more accessible. (See recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should adapt some of the current organisational procedures regarding service user involvement to make sure service users and carers can offer comment on quality of the service, staffing and management and leadership. Any tools that are developed to assist service users to offer feedback should take account of physical and cognitive impairment.

NCS - Housing support - Standard 8 - Expressing your views

Statement 3

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

Service strengths

We found this service to have a very good performance in the areas covered by this statement. We concluded this after we:

- * met with people who use the service in their home
- * spoke to staff
- * looked at the ways that the service actively engage with people
- * looked at sampled support plans
- * looked at links with health and social work professionals.

From the sampled support plans we looked at we saw that these had very good information to guide staff on the help that people need. Examples of this included:

- * detailed information about health needs
- * list of preferred activities
- * good links with health professionals.

We concluded that these examples helped staff to meet the support needs of people effectively and sensitively. This conclusion was supported by the comments from a care manager we spoke with. He told us of situations where the service users considerably benefited from the service. He made the following comment:

"The support really boosts his spirits and helps him to be involved in the community".

The sampled support plans identified a range of care needs. We were able to see that the plans accurately reflected individual needs. We could see from the records that staff implemented planned support very well. The people we spoke with also told us that staff responded well to their needs.

One of the service users had made the following comment in a returned care standard questionnaire;

"The service has been a great help to me as I was in the house for nearly 2 years. They have given me my confidence back and I am getting about now. The staff are very caring and I have great support from them. I don't know what I would have done without them".

Monthly summaries were detailed and helped staff to keep up to date with any health developments and subsequent changes to support. The summaries gave a record including the following aspects of support:

- * communication
- * household management
- * a record of any accident and incidents
- * social interaction
- * achievements.

We saw that staff received mandatory training in areas that will help them to appropriately support the people they work with. For example, we saw that staff complete the following training before working independently with people;

- * moving and handling
- * epilepsy
- * adult support and protection
- * training which helps to develop skills in dealing with challenging behaviour aggression management
- * training in specific conditions including Huntington's and dementia.

Areas for improvement

We noted in the sampled support plans that communication needs were not always clearly updated or recorded. As the condition of Huntington's and dementia progresses people often struggle to engage in verbal communication. We saw good examples in daily recordings of staff being skilled in developing ways to communicate other than speech. However we felt that this knowledge was not always clearly detailed in the support plan and often relied on shared discussion with other staff members. Although it was a small staff group we concluded there was a need to develop, for example, a single communication chart that clearly detailed the ways in which staff could interact with people whose speech was impaired. (See recommendation 1)

In the sampled plans we looked at we noticed that the current risk assessment paperwork was too generic and did not always address some of the risks specific to the current service user group. We also noted that in some assessments staff had recorded 'no change' when records suggested differently. We spoke with the manager and team co-ordinator and suggested this was an area for improvement. File audits did not always identify these omissions (we refer further to file audits in Quality Theme 4 Statement 4). We therefore concluded that some of the risk assessments required to be updated to accurately reflect some of the health developments that had been recorded. We acknowledged the value of the monthly summaries but there still needs to be improved cross-referencing between the information in this document and the support plans and risk assessments. (See recommendation 2)

In conclusion, although we could clearly see that the outcomes for service users were very good we concluded that the paperwork within the support plans would benefit from improvement to be more accessible to service users and to better reflect the specific needs of the current service user group. In his self-assessment and in our

discussions during inspection, the manager told us that staff were very experienced in recognising the stages of Huntingtons in particular. We suggested that those skills would be valuable in developing improved paperwork within the support plans.

One of the staff made comment in a care standard questionnaire that she may prompt medication with an individual who had a serious health condition. We spoke with the manager about this to clarify the situation as we were told that staff do not manage or offer support with prescribed medication. He advised that he intended to refer to the commissioning officer to discuss the issue of medication. Meantime we advised that staff should not prompt medication without the required policies, procedures and associated paperwork in place. To avoid any confusion when another provider has specific responsibilities, for example personal care and medication, there should be a working protocol that clearly identifies the roles of each provider.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. A communication record should be developed that clearly details the specific ways in which staff can maximise the interaction of the service user. This should be reviewed and updated as required and as the condition progresses.

NCS - Support services - Standard 4 - Housing support planning,

2. The management team with input from staff should develop improved risk assessment procedures that accurately record any health and social developments that would inform the support plan. Risk assessments should show evidence of involvement of the service user, where possible, carers and associated professionals. These should be reviewed as required.

NCS - Support services - Standard 3 - Management and staffing arrangements.

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Please refer to the strengths noted in Quality Theme 1 Statement 1 which are also relevant to this statement.

Areas for improvement

We saw some very good examples of service user involvement in how individuals chose activities and how they were assisted to participate in their support planning. There was no evidence to show that these practices were extended to assessing and improving the quality of staffing. Nor was there any evidence of formal feedback from professionals and carers. This was an area that we concluded needs to be developed in order to reflect the very good practices we saw in the assessment of care and support.

We looked at the organisation's 'Good Practice Guide' which gave guidance on involving people in recruitment. This showed us that the organisation wanted to develop this area of participation. We also suggested to the manager that feedback from service users, carers and professionals could also inform staff supervision and appraisals.

In his self-assessment we saw that the manager had sought advice about service user involvement from the Glasgow Homeless network programme of Involving Expertise. We would hope to see some examples of how that knowledge informed developments in this area in our next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found this service to have a very good performance in the areas covered by this statement. We concluded this after we:

- * spoke to staff members
- * spoke to service users and relatives
- * examined support plans/training records/supervision records
- * looked at minutes of staff meetings.

The staff we met and the quality of some of the recordings in the sampled support plans showed a committed enthusiastic staff team who were very skilled in providing a range of appropriate supports to service users who had previously little opportunity to participate in community activities.

We saw that the service had very good policies and procedures to make sure there was safe and robust recruitment of staff. This included criminal record checks through Disclosure Scotland, seeking two references and appropriate medical checks.

We saw from the records of individuals that they had received training specific to the needs of the people they support. There were plans to access advanced Huntington's training. We spoke with a professional from the Scottish Huntington's Association (SHA) who spoke very highly of the staff group. She told us of "excellent working relationships" and "excellent communication" with staff. She identified the consistent staff group as particularly important and spoke of the value of regular meetings and the monthly summaries.

We were told about very good supervision systems. Supervision was described as a positive forum that included an opportunity to reflect on practice and ultimately aim to provide the best support for the people they work with. There was a positive response to the recent management decision to reduce supervision from the previous monthly arrangements. This previous arrangement was seen as excessive and staff told us the new arrangement was welcomed.

There were regular staff meetings. The minutes that we saw showed there were opportunities for staff to discuss a range of issues including training and best practice guidance. The staff we spoke with told us of a strong group who, outwith the staff meetings, could share practice issues and who learned from each other.

All staff were qualified to Scottish Vocational Qualification (SVQ) level 3. This is part of the training programme to make sure all staff had appropriate qualifications in place

to register with the Scottish Social Services Council (SSSC).

We saw that the organisation had an 'awards' programme. For example for those staff who had perfect attendance for three years they got an extra annual day's leave. After ten years service people can choose to have an engraved gift, vouchers or two days annual leave. This showed us that the organisation aimed to acknowledge the importance of a consistent staff group and valued their commitment.

Ear4u was a meeting that facilitated open discussion about issues that were important to the staff. From the minutes we looked at we saw that there were opportunities to raise a number of operational issues including policies and procedures. Staff conferences were another way that staff can keep up to date with service development.

Areas for improvement

We saw from comments in the questionnaires that were returned that staff would welcome training in benefits particularly since the significant welfare reforms. We noted during inspection that training opportunities were not as frequent since the last inspection. This was also evident by our discussions with staff who felt there were fewer training opportunities in the last year. We were reassured after speaking with the manager that some further training in Huntington's and dementia was planned. He also told us that all training needs can be raised through supervision. (See Recommendation 1)

Although staff meetings were held regularly we felt that the staff team for this service would benefit from having their own meeting which would offer an opportunity to discuss practice issues and development needs specific to their service. We discussed this with the manager. During our discussions with some of the staff they also raised this as an issue and agreed that it would benefit them to have separate meetings.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should explore the training needs of the staff group and make sure that there are opportunities to increase their skills and knowledge in those areas that will most improve the lives of the service users.

NCS - Housing support services - Management and staffing arrangements - Standard 3.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Please refer to the strengths referred to in Quality Theme 1 Statement 1 which are also relevant to this statement.

Areas for improvement

Please refer to the areas for improvement in Quality Theme 1 Statement 1 and Quality Theme 3 Statement 3 which are relevant to this statement

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found this service had a good performance in the areas covered by this statement. We concluded this after we:

- * looked at the organisation's quality assurance processes
- * looked at the service's action plan
- * spoke with managers and support staff.

As stated earlier in this report we saw that there was a commitment to improving stakeholder participation in the assessment of the service. Developing a culture of user empowerment and improving internal quality audit tools was an ongoing process and the manager told us this in his self-assessment.

The organisation had a quality audit tool, derived from the European Framework of Quality Management (EFQM) which was used to progress service development. Investors in People (IiP) is a nationally recognised framework that helps organisations to improve their performance and realise their objectives through the effective management and development of their staff. The organisation had recently gained a bronze award from IiP.

We looked at a toolkit for stakeholder events. This was aimed at services who wished to hold events to get feedback from service users, and professionals from external agencies. There was a good example of how the organisation had developed ways to make the event accessible to everyone. For example, there was a pictorial agenda for people who may have trouble reading.

We saw that there was a service action plan that clearly identified areas for improvement. This addressed staffing, training and other key areas and showed a commitment to continued improvement.

The manager had introduced a file audit system for individual support plans. This showed us that the service aimed to make sure a good standard of recording and record keeping was met.

The service had an easily understood complaints process which was included in each service user welcome pack. There was reference to the Care Inspectorate and its role in investigating complaints.

Areas for improvement

Although we saw many good examples of organisational quality assurance processes we saw little evidence of how those were used to assess this service. The manager

told us of the challenges of getting feedback from service users and health and social care professionals and we discussed ways that may be improved. We concluded that external assessment of the service was not as strong as the involvement service users had in their support planning and goal setting. This was an area we would hope to see developed before the next inspection.

We would like to see more evidence that service users, carers and staff have been involved in the self-assessment and grading process. Currently there was nothing in the evidence we gathered during this inspection that suggested that was a routine practice.

Although the service action plan was detailed there was no clear evidence that any actions were taken from feedback from service users and carers, social workers and staff from external agencies.

Although there was an internal file audit system we noted some errors within support plans which suggested that the audit may need to be more frequently completed. It was unclear from the sampled plans we looked at how often files were audited as one of those we looked at had apparently not been audited since June 2012. We suggested the manager may wish to consider peer audits which could be progressed within a team development meeting.

Overall we concluded that there was scope to develop the current work on quality assurance policy guidance to include clarity over how service users and other stakeholders views influenced the strategic direction of the service. Future inspections should be able to evaluate how well the statement of intentions regarding quality strategies have been put into practice by the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
23 Aug 2012	Announced (Short Notice)	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good
5 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
9 Dec 2009	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
5 Dec 2008	Announced	Care and support 4 - Good Environment Not Assessed

Inspection report continued

		Staffing	4 - Good
		Management and Leadership	5 - Very Good

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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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।

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ی ر خ ا ت ا غ ل ب و ت ا ق ی س ن ت ب ب ل ط ل ا د ن ع ر ف ا و ت م ر و ش ن م ل ا ا ذ ه

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