

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

Type of inspection: Unannounced

Inspection completed on: 30 July 2014



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	4	Good
Quality of Environment		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

What the service does well

The evidence in the sampled support plans we looked at, responses in the care standard questionnaires and from the feedback from our discussions with service users led us to conclude that the staff team had continued to provide a valuable support which is flexible and person-centred.

What the service could do better

Involvement with key stakeholders to inform the strategic direction of the service remained an area for improvement. Staff training had also not progressed as we had expected following our findings from the last inspection.

What the service has done since the last inspection

The manager had met with some service users and relatives to explore alternative ways to engage with people beyond a questionnaire which had proved unsuccessful in the past.

Conclusion

The staff team continued to provide valuable support that was person-centred and flexible. The manager needs to look at progressing stakeholder involvement that is purposeful and meaningful and clearly informs the strategic direction of the service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

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 result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- **A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (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 Care Inspectorate.

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 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.

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 Environment - N/A

Quality of Staffing - Grade 4 - Good

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.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 an unannounced inspection. The inspection took place at the main office Thursday 17 July between the hours of 9am and 3:30pm. We spent time away from the office Friday 18th July looking at relevant paperwork and spoke with service users and carers. Feedback was given to the service manager on Wednesday 30 July. The inspectors views of the grades were made known to the manager and service co-ordinator 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 twelve care standard questionnaires to the manager to distribute to people who are supported by the service. We received seven completed questionnaires with responses that informed our report and grading. Comments from the questionnaires are included in the report.

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

We spoke with:

- three people who used the service
- three carers
- the registered manager
- four support workers.

We also considered the comments from two health professionals who had responded to service questionnaires following our request for feedback from referring agencies.

We looked at a number of relevant documents including:

- the service user involvement 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
- 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. The provider identified what it thought the service did well, some areas for development, and any changes it had planned. The self assessment contained a record of strengths and areas for improvement under each quality statement.

We highlighted to the manager the need for future self assessments to provide more details on outcomes for service users and how grades were reached through involvement of service users, staff and other stakeholders.

Taking the views of people using the care service into account

All of the people we spoke with told us how valuable the service was in addressing issues around social exclusion. People who had been unable to participate in day-to-day activities told us how they now visit place of interest and complete routine tasks that gives them increased independence and improved health and well being. Comments from people we spoke with are included in the report. The following are responses in the questionnaires:

"As a user this service is personalised, and is a brilliant service. The support staff treat me with respect, and monitor my independence"

"The service has been a lifesaver for me as I didn't go out for nearly two years; they helped me tremendously. I got my confidence back. I look forward to go out with my support workers, they are really good people who treat you with respect and kindness".

In our care standard questionnaires we noted that one person did not know they could make a complaint about the service to the Care Inspectorate. We saw that there was clear information about this in the service handbook but suggested to the manager that staff remind people of this aspect of the complaints process. One person also stated that staff do not have time to carry out the agreed support and care. We concluded this could also be indicative of the additional tasks that staff told us they now had to progress for some of the service users as their condition progresses. This feedback highlighted the need for improved involvement processes that give people an opportunity to discuss these problems and seek a satisfactory outcome.

Taking carers' views into account

All of the carers we spoke with offered very positive responses about the service and spoke highly of the staff team. Comments are included within the report.

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

We found this service had a 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 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 museum
- 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 outcomes. We spoke with a relative who told us of the, "vast difference the support has made to us as a couple". We also heard from people how person centred and flexible the support was.

The manager had told us during the last inspection that there was a poor response by service users and carers to service questionnaires. To improve opportunities to give feedback he had begun the process of one-to-one visits which he intended completing twice yearly. He told us of a favourable response to his visits and advised of some initiatives that he hoped to develop as a result of suggestions made by service users and carers. Peer support groups was one of those the manager was keen to progress and we look forward to seeing how this is progressed at our next inspection.

We looked at the service handbook which offered relevant information including what people can expect from the service and their aims and objectives. We saw from the sampled support plans we looked at that the aim to provide a person centred service within "creative and flexible support" had been met.

Areas for improvement

Although we could see that people were involved with their support planning with opportunities for choice and flexibility we did not see any further development in the issues we had raised with the manager in our last inspection.

With regard to the evaluation tools we looked again at the provider's guidance for service user involvement. Listed in the document as advantages of service user involvement were the following:

"services learn how to improve the quality and effectiveness of their provision" and "involvement makes decision-making more open and democratic". We made a recommendation on this issue during our last inspection. While we acknowledged the manager's recent visits to some of the service users we would have expected to see more progress and are repeating the recommendation. We suggested that the manager provide development opportunities for staff to familiarise themselves with the provider's involvement guidance which offered excellent examples of ways to improve involvement with a service user group who can be understandably difficult to motivate in areas of participation. We have done this because one of the staff told us in a questionnaire that they did not know if the provider had a participation policy. (Refer to Recommendation 1)

The service should include the Care Inspectorate in their consent form to make sure people understand that we will have access to support plans.

Grade awarded for this statement: 4 - 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 and NCS - Care at Home - 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:

- spoke to staff
- looked at the ways that the service actively engaged 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 the guidance in the plans helped staff to meet the support needs of people effectively and sensitively. This conclusion was supported by health professionals who we had asked to comment on the service. The senior specialist nurse for Huntington's responded by telling us about the advantage of meeting with the staff team every few months. She stated the meetings gave an overview of the service users and facilitated the sharing of "information and experience that may improve practice". We were also told that staff were very skilled at identifying issues that require early intervention to improve outcomes.

Service users and their relatives were similarly positive with the following comments being made:

"Best thing that's ever happened to X. He loves going out with them"

"The support is a big part of the positive changes that have been made in Xs life".

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.

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

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

We saw that staff had received training in areas that will help them to appropriately support the people they work with.

- moving and handling
- epilepsy
- adult support and protection.

Areas for improvement

In our last inspection we spoke with the manager about developing a communication sheet that would maximise the involvement in support planning for those people who were unable to share their views verbally. Given the lack of progress in this area we again discussed the need for this tool that would ensure staff could communicate meaningfully with service users. For example, recording how an individual can express pain or discomfort or how gestures and body language are interpreted by staff and others. (Refer to Recommendation 1)

We sampled risk assessment paperwork and concluded that one of the management plans we looked at required more detail. For example, the reference to "contact with line management" and "appropriate agencies" needs to be more specific in its guidance with a protocol that clearly outlines the required response from staff with the agreement of the service user and health professionals. (Refer to Recommendation 2)

With regard to the risk assessment we spoke with the manager during our last inspection about developing an assessment that was more appropriate to the very specific needs of people who used the service. In the absence of any progress in this area we spoke with the manager during the feedback meeting. While we acknowledged the challenges of developing a tool outwith the provider's generic form we remain of the view that this is an issue that should be considered by the provider.

Overall we could see that the progressive condition of many of the people who used the service had required increased support. We were told by the staff team that their responsibilities have increased and they are now often required to complete additional tasks. With support needs becoming, in some cases, more complex we

concluded that there was a need for staff training in specific areas and we refer to this in more detail in Quality Theme 3 - Statement 3.

We noted in some of the support plans that the audit process was not always picking up gaps in recording and other areas where we saw discrepancies. This was another area we discussed with the manager last year and we would hope that this ongoing issue would be given due attention before our next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. A communication chart/passport 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 individual's condition progresses.

NCS - Support services - Standard 4 - Support arrangements and NCS - Care at home - Standard 3 - Your personal plan

2. When a serious risk is identified the service should make sure risk management plans are clear in their guidance for staff. All risk plans should be completed with the full involvement of the service user, carer where relevant and health and social care professionals.

NCS - Support services - Standard 8 - Making choices and NCS - Support services - Standard 10 - Feeling safe and secure

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

Service users and their carers could give feedback on staff at reviews and one-to-one meetings, both of which would be used to address any issues. All of the people we spoke with spoke very highly of the staff and offered very valuable comments that informed the report.

We acknowledged the recent development when the manager visited some of the service users and carers at home. As part of the discussion they were offered the opportunity to comment on the staff. We were told by the manager that this feedback would be used in supervision and staff appraisals. We saw an example of this when one of the relatives raised an issue and there was a commitment by the manager that this would be addressed with the staff member through appraisal.

Areas for improvement

As in our last inspection 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 still no evidence to show that these practices were extended to assessing and improving the quality of staffing. There was little evidence of a commitment to getting feedback from carers. This was an area that we concluded needed 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. The manager referred to this document in his self-assessment but offered no examples of how the guidance had been used to develop practice in this area since the last inspection.

In a previous self-assessment the manager told us he had sought advice about service user involvement from the Glasgow Homeless network programme of Involving Expertise. We did not see any evidence of how this had influenced the manager's developments in the areas covered by this statement.

Some people told us they did not know who their key-worker was. Another service user told us they did not know which member of staff would be supporting them on any given visit. Although this was not an issue for the people we spoke with it would be preferable for people that they knew.

In conclusion the continued absence of development in this area informed our decision to regrade from 4 - good to 3 - adequate.

Grade awarded for this statement: 3 - Adequate

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

At this inspection we looked at staff training information, supervision records, minutes of staff meetings and service user's support plans. We spoke with service users, relatives and looked at feedback from health professionals.

We heard from service users and their relatives that staff were enthusiastic and motivated. One relative told us that their support worker was, "just fantastic", another said, "she is wonderful, nothing is too much bother". A service user told us that the staff were, "wonderful" and described how they had given her "freedom".

The professional feedback was similarly positive with one health professional giving the following comment:

"The staff at Turning Point are very good with communication on client progress/ issues"

We saw that staff had regular meetings. We heard that visitors provided useful practice updates for staff. For example, the Huntington's nurse specialist attended meetings which all staff we spoke with found valuable. We also heard that the team now have their own meetings, not shared with another service which was the previous arrangement. All staff told us this had been a significant improvement. Staff told us again of supportive working relationships within the team who, outwith the staff meetings, shared practice issues and learned from each other.

We looked at supervision records and saw that staff had an opportunity to discuss concerns, reflect on practice and identify training needs. The provider's training calendar showed that new staff had access to a range of training that was aimed at making sure service users were supported by a skilled and knowledgeable team.

Training included:

- Adult Support and Protection
- Applied Suicide Intervention Skills (ASIST)
- Epilepsy Awareness
- Food Hygiene.

With the exception of one staff member all those we spoke with had appropriate qualifications in place to register with the Scottish Social Services Council (SSSC). Members of staff with line management responsibilities had completed the required SVQ4 social care qualification.

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.

Areas for improvement

We looked at the provider's ' Appraisal and Increment Procedure and Guidance Notes' and saw the following comment which was aimed to provide opportunities for ongoing development.

"Your appraisal will also support you to work in an environment of continuous improvement".

The staff we spoke with did not feel that this was particularly evident in their team. One person told us that although questions were asked about training in supervision and appraisal little was done to provide opportunities to develop further skills. Another staff member described supervision as "a bit prescriptive" and did not feel that the process contributed to ongoing development. All of the staff told us they did not have a learning and development training plan. We spoke with the manager about this gap in staff development and agreed that this was an area that required improvement. (Refer to Recommendation 1)

During our last inspection we spoke about the training needs of the staff team. We had concluded that training in dementia and further training in Huntington's would assist staff to develop the required skills they would need to appropriately manage the progressive stages of both conditions. We noted that an accredited course had been accessed and one staff member had expressed an interest. There was no further development in dementia training. As we have reported in quality statement 1.3 the increasing needs of the people who used the service also suggested that training in palliative care would be of benefit and should be considered as part of the training plan for this service. (Refer to Recommendation 2)

In one of the sampled support plans we noted a need for refresher training in self-harm, alcohol and drug misuse and suicide intervention. We understand that the provider does not routinely provide training in these courses but the staff told us it was "years" since they had completed the course and all felt they would benefit from being updated. We also discussed this with the manager and co-ordinator at the feedback meeting and asked him to consider refresher training in these areas.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The manager should develop an annual training plan for each staff member that is informed by the information gathered during individual supervision and appraisals. The needs of the staff team should adhere to the provider's aim that staff should work in, "an environment of continuous improvement".

NCS - Support services - Management and staffing arrangements.

2. All staff should be provided with opportunities to develop skills and knowledge that will assist them to appropriately support service users who may have dementia or may develop the condition. Training in palliative care was identified during this inspection as particularly important for the staff in this specialist service.

NCS - Care at home - Standard 4 - Management and staffing and NCS - Support services - Standard 2 - Management and staffing arrangements.

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

The provider had a stakeholder's policy that gave guidance on how to involve service users and carers. We concluded that this was a well written and clear document that provided valuable information for staff to fully understand the expectations of the provider with regard to making sure people were involved in service improvement.

The manager had recently developed alternative ways to secure feedback from some service users by meeting with them in their homes. We saw that one of the service users had an understanding of the role of line managers for the staff team.

Areas for improvement

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

Grade awarded for this statement: 3 - Adequate

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 the registered manager and support staff.

The manager and staff spoke about a number of audits that were in place to make sure service user's needs were being met. These included audits of support plans, and accidents and incidents records. These audits helped the manager to have an overview of how well the service was performing and areas of support which could be improved. Staff performance systems included supervision, appraisals, and team meetings.

The organisation had a quality audit tool (Impaqt) which reflected aspects of the care inspection themes and was used to progress service development. The provider had recently been granted a Recognised for Excellence 3 star award from EFQM. Showing further commitment to external evaluation within a transparent approach to quality assurance the manager showed us the provider's award from Investors in People (IiP). This 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.

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. We heard from service users how valuable this was in giving them an understanding of what the service would provide. All of the service users who responded to our questionnaires told us they knew how to make a complaint to the service.

Areas for improvement

We looked at the service action plan and noted that despite a commitment to improving service user involvement there was little evidence to suggest that this had been significantly progressed. We also noted a similar commitment to improve training and again did not see any significant developments in this area.

We have acknowledged throughout the report the provider's excellent service user involvement guidance. This document clearly outlined both the expectations of the provider and offered many examples of how to engage with a range of service users with varying degrees of need and impairment. We saw no evidence in this inspection, beyond the involvement of individuals' and their relatives in their support planning, that service user involvement informed the strategic development of the service.

In his self-assessment the manager told us about a number of external quality assurance tools and subsequent awards that the provider had established. We have referred to these as an organisational strength. However, it was unclear how the Excellence model had informed the manager's self assessment. Nor was it clear how the learning from those systems had improved the outcomes for service users. We have made further comment about the self-assessment in the relevant part of the report.

Overall we concluded that there remained an absence of evidence that the manager had engaged meaningfully with all service users, carers and health and social care professionals in the strategic direction of 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

No additional information recorded.

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

6 Inspection and grading history

Date	Type	Gradings	
7 Aug 2013	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
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

Inspection report continued

		Staffing	4 - Good
		Management and Leadership	Not Assessed
5 Dec 2008	Announced	Care and support	4 - Good
		Environment	Not Assessed
		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.

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