

Care service inspection report

Full inspection

Glencairn House Care Home Service

178 High Street
Auchterarder



HAPPY TO TRANSLATE

Service provided by: Mailler & Whitelaw Trust

Service provider number: SP2005007541

Care service number: CS2003009754

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

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

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

We found that Glencairn House continued to provide a high standard of care for residents. People were mostly very positive about the overall care and particularly the approach of the staff. The home was very clean and the provider had made improvements, for example the front door and entrance foyer.

What the service could do better

The staff team should continue to develop residents' meetings and other ways for residents to give their views.

The staff team should improve some of the arrangements for medication administration.

There should be greater succinct detail within the care plans for some aspects of care.

All care staff should have undertaken dementia training.

What the service has done since the last inspection

There were now more regular residents' meetings.

There were more regular staff meetings.

The front entrance had been upgraded.

Conclusion

We found at this inspection that Glencairn House was working well. There had been quite a lot of staff changes but new staff were settling well.

Communication systems were well organised and we found very good evidence that staff worked hard to meet the needs of residents.

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.

Glencairn House is a care home for up to 30 older people owned and managed by the Mailer and Whitelaw Trust, a local voluntary organisation. The service may also provide respite care and short breaks.

The care home is situated close to the centre of the Perthshire town of Auchterader. There is easy access from the A9 and public transport in the direction of both Perth and Stirling.

The care home is a large Victorian house which has been thoughtfully extended. All rooms are used as single, of which 21 have en-suite toilet facilities. Some rooms are on a higher level, accessible by steps or a lift. There are a variety of communal areas and a large garden.

The home's aims and objectives included, providing 'a Home for life, with Life'

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very 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 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector on:

- Wednesday 15 July 2015 from 10.15am - 5.30pm
- Thursday 16 July 2015 from 9:45 -7pm
- Tuesday 28 July 2015 from 9.45am to 3.30pm.

An inspection volunteer accompanied the inspector on the morning of Tuesday 15 July and spoke with residents and relatives.

The inspector gave feedback to the manager on Tuesday 28 July 2015.

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

We took into account the completed annual return and self-assessment forms we had requested from the provider.

We sent 15 care standards questionnaires to the manager for distribution to residents. We received six completed questionnaires. We also sent 15 care standards questionnaires to the manager for distribution to relatives and carers. Relatives and carers returned seven completed questionnaires before the inspection.

We also asked the manager to give out questionnaires to staff and we received two completed questionnaires.

We spoke with:

- 11 residents

- four relatives
- the manager and team leader
- three senior care workers
- nine staff including the cook
- two professional visitors.

We looked at:

- the participation strategy
- residents' meetings
- relatives' meetings
- care records (assessments, care plans, daily records and reviews)
- medication records
- accident and incident records
- complaint records
- dependency assessments
- the environment and equipment
- staff recruitment
- staff training
- staff supervision
- staff meetings
- audits and reports.

We also observed how staff cared for residents during the inspection visit.

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

Grading the service against quality themes and statements

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

performs against the quality themes and statements.

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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 completed self-assessment document from the service provider. The service provider had completed this with the relevant information for each heading that we grade them under. The service provider identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

During this inspection we spoke with 11 residents and we also received the views of seven residents through returned questionnaires.

Residents said the staff were friendly and caring and the majority of respondents to our questionnaires were happy overall with the care provided at Glencairn. One resident was not happy with the care.

Some of the comments residents made were:

- 'Everything's nice.'
- 'Excellent care.'
- 'This is a very good care home with first class service for residents.'
- 'Very good.'

Further residents' comments and references to our questionnaires and

discussions are included throughout this report.

Taking carers' views into account

We received seven returned questionnaires from relatives and spoke with four, either in person or on the phone during the inspection process.

Overall relatives were very satisfied with the care provided at Glencairn.

The responses about the quality of staff, the quality of management and the quality of the environment were all positive. One respondent did not think that there were always snacks and hot drinks available and this maybe something to highlight to relatives.

Some comments were:

- 'Overall we are delighted. Best move ever.'
- 'Our family are delighted with all aspects of (my relative's) care in this very caring, friendly and professional care home. We cannot praise them enough!'
- 'The staff seem very nice.'
- 'Really nice place and (my relative) is well looked after.'
- 'Their services are of a very high standard - security, food, laundry, hygiene, etc.'

Further relatives' comments and references to our questionnaires are included throughout this 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: 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

From the evidence found during this inspection we graded the service as very good for this statement. We decided this after speaking with residents and relatives and looking at the responses to our questionnaires. We also spoke with staff and looked at records such as meeting minutes and residents' care records.

We found that there were a number of ways in which residents and relatives were asked their views about the care and any suggestions for improvement.

- The participation policy had been revised with comments from residents. The draft was due to be discussed with relatives at the next meeting. The document was now much shorter and clearer to help everyone understand how they could give their views. The manager will distribute the policy to all residents and relatives when it has been agreed. It will become part of the information given to people when they move in.

- Since the last inspection there had been more regular meeting for residents, based in each unit of the home. These were still becoming established with a plan that the senior carer with lead responsibility for each unit would eventually

lead these meetings. We saw from the minutes that there was a good range of issues discussed. We hope that these meetings develop to become an integral part of the care home.

- The manager also held relatives' meetings. These minutes also demonstrated a good range of topics. The minutes were emailed to relatives who had requested this. We also saw that the manager kept relatives informed with specific information in the front foyer, for example about the impact of high temperature on older people.
- The manager had sought the help of relatives in completing future self-assessments of the service. By considering quality statements with relatives, there may be more useful feedback about how well the home is performing and any areas to improve.
- The manager had also asked for suggestions to improve the home's website.
- We heard how residents had been involved, albeit informally in the recruitment of new staff. We discussed with the manager ways to develop this and establish it as a routine part of the recruitment process.
- We found that six monthly reviews of residents' care were up to date. We also thought that the notes of these discussions showed that the reviews were thorough and ensured that both residents' and relatives' views were sought and clearly recorded. We found that all actions agreed at the sample we read had been completed. We were pleased that reviews were being used as an opportunity to ask for views about the wider, more general aspects of the home.
- Throughout the inspection we saw, and heard examples of staff supporting residents to make choices and live their life in the home as they wished.

Areas for improvement

Two of the seven residents completing our questionnaires, did not think that they were asked their views about the service. This shows the need to continue to establish residents' meetings, consider how staff seek the views of residents

who do not, or cannot participate in meetings and ensure that reviews always cover all aspects of life in the home.

We discussed with the manager the importance that agreed actions at the residents' meetings are clearly noted, with a timescale and person responsible. This is to ensure that ideas, issues and requests do not get forgotten about in the busy day to day life of the home. The resolution of such actions should be checked via the previous minutes at the start of each meeting. True participation relies on views being acted upon, or reasons why not, being clearly communicated.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

From the evidence found during this inspection we graded the service as very good for this statement. We decided this after speaking with residents and relatives, two professional visitors and looking at the responses to our questionnaires. We also observed care being provided, looked at care records and spoke with staff.

Throughout this inspection we received very positive feedback from both residents and relatives about the care provided by the staff team. Some of the comments we received included:

- 'I'm well looked after.'
- 'The care is very, very good.'
- 'I have no problem with any aspect of care my (relative) receives. (My relative) is thriving since going into Glencairn and is very, very happy.....and has put on some weight with the lovely food.'

- '(We) are delighted with the treatment and respect that (my relative) receives at Glencairn House.

We found very good evidence that staff knew each resident well, noted changes to their health and sought appropriate medical advice. There was very good communication with local health colleagues, with weekly visits by one of two local GPs. One relative commented, 'It is such a comfort that (my relative) is in such good hands. In the past year the management have been in touch with doctor, CPN, physio and podiatrist when (my relative) needed attention. Have also arranged optician, hair, GP visits etc. Fantastic!'

Where residents required additional support or health monitoring we saw that there were very good systems to keep staff informed and records to show residents' day to day wellbeing, for example eating and drinking.

Most residents said the food was very good. One resident said, 'The food's good and there's plenty of it.' There were a couple of comments that for some residents the food could be improved; one mentioned variety and another more boiled eggs. The topic of food should be a standing issue to be discussed at every residents' meeting.

We observed a mealtime and saw that staff were organised and attentive, despite a number of residents needing individual time. We saw that residents were given a choice and the meal took place in a relaxed manner without rushing, so that residents could take their time and eat well.

When we looked at the administration of medication we found that the systems were mostly working well. Whilst we were satisfied overall with these, we did note some areas for improvement which are listed below.

At the time of this inspection there was an activity co-ordinator and the frequency and range of options for residents had improved since the last inspection. These took the form of group activities as well as some individual time for residents who preferred not to join in. We heard that the trip requested by residents was being planned. One resident said, 'We get quizzes, musical entertainment and taken out if we want.'

Areas for improvement

When we looked at care plans we saw that they did not always include all relevant information. Examples included:

- Lack of sufficient detail on emotional needs to direct staff how to respond in the best way for that particular resident.
- A Waterlow assessment (a tool to help assess the risk of skin breakdown) which showed an increased risk but there was no care plan to clarify what staff needed to do to minimise this risk.
- One resident did not have a care plan within the expected timescale of four weeks from moving into the home.

When we looked at the medication arrangements we identified some areas to improve:

- We noted that the temperature where medication was stored was high and staff were recording this but had not brought it to the manager's attention despite instructions on the sheet. Storing medication at above the recommended temperature could compromise the efficacy of the stock.
- We also found that staff were not reliably signing for topical medications (creams and ointments) and there was one example where the medication administration record was not clear about which medication to apply.

We were pleased to find that the manager took action on these issues in between the days of the inspection, demonstrating a willingness to continually improve the service.

We included an area for improvement in the last report about staff focusing some time specifically on enhancing residents' quality of life. For example, being creative about how to maintain past interests. This is particularly relevant to those who did not wish to participate in group activities, did not use the lounge, or were living with dementia and needed more support. Spending quality time with residents to ensure that every resident receives their fair share of staff time would be a valid use of staff time. We discussed with the manager that an enhanced keyworker role could help to achieve this.

We have maintained the grade of very good for this quality statement, as

despite these areas for improvement, we did not find any poor outcomes for residents and found many strengths in how staff provided care in the home.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

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 environment within the service."

Service strengths

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the environment and influence how the service improves.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the environment and influence how the service improves.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service strengths

From the evidence sampled during this inspection, we graded the service as very good for this statement. We decided this after looking at the environment, speaking with residents and relatives and looking at records.

When we arrived at Glencairn for this unannounced inspection we were pleased to find it was very clean. No one we spoke with had any issues with the cleanliness and said that the staff maintained this standard all the time. All respondents to our questionnaires either 'agreed' or strongly agreed' that the home was clean and free of smells. One person said the environment was 'very good' and another commented that it did 'not smell'.

Since the last inspection the renovation of the front foyer had been completed to provide more security, easy access outside and improved circulation space.

At Glencairn there were a range of health and safety checks. These comprised of checks by the operation director and manager as well as by an external consultant. The home was well maintained and for example, had recently implemented recommendations to reduce the risk of fire.

We saw from the training records that 15 of the care staff had a current first aid certificate. This added to the safety of residents should an emergency arise.

The manager was conducting regular assessments of residents needs for determining staffing needs. Whilst the staff were busy, we were pleased to note that staffing hours had not been reduced whilst there were four vacant rooms.

Areas for improvement

During our observation of the premises we noted the following points to act on:

- Staff were checking and recording water temperatures to ensure residents did not get into a bath which may risk scalding. However, as with the medication storage, staff were not following the instructions on the sheet and recording water at 38 degrees which may also be too cool for a residents to be comfortable.
- In the Whitelaw dining room we noted that the salt and pepper, plastic menu holder and sideboard were grubby. This could present a risk of cross infection and should be routinely cleaned.
- On a similar note, the surface of the sideboard in this dining room was worn and porous. This meant that it cannot be cleaned properly and needed varnishing.

- We also explained that as the sugar bowls sat out in the kitchens, they should be covered.
- Where slings are necessary for moving and handling, there should be a regular assessment to ensure the correct size is being used. As far as possible, each resident should have exclusive use of one sling and there should be a system for routine laundering.

The manager explained that the provider planned to refurbish the two shower rooms which had not been updated, as soon as resources permitted.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

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 staffing in the service."

Service strengths

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the quality of staffing and influence how the service improves.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the quality of staffing and influence how the service improves.

Grade

5 - Very 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

From the evidence found during this inspection, we graded the service as very good for this statement. We decided this after speaking with residents and relatives, and looking at the responses to our questionnaires. We also spoke with staff, observed their practice and looked at records, for example, about

recruitment, meetings, training and supervision.

We received some very positive comments about the staff team, who were seen as a real asset to Glencairn. People told us that the staff were kind and helpful. This was supported by responses to our questionnaires, where the majority of respondents thought that the staff were both sufficiently skilled and treated residents with respect.

We received comments such as:

- 'Very kind considerate staff.'
- 'The staff are very nice, considerate and friendly.'
- 'The staff are fine.'
- 'Excellent staff.'
- 'The staff are wonderful.'
- 'The staff are always friendly and pleasant.'

In addition to complimentary feedback about staff, there were measures in operation to promote the staffs' skills and learning, which should increase residents' safety:

- We found that the most recent recruitment process had mostly followed current good practice.
- There was evidence of a thorough induction for new staff. Staff thought this prepared them well for the day to day work.
- Since the last inspection the manager had introduced new training software which included specific modules for all mandatory training topics. Staff were beginning to work through these. The software also acted as a training matrix for all staff training and thus the manager could see where additional topics or prioritising time was needed.
- At this inspection we also found that staff were receiving regular, individual supervision. We saw from this that particular practice issues had been addressed. This should improve the overall performance of the staff team.
- There were also now regular senior and all staff meetings. These are a useful

way to promote current good practice, solve problems and generate new ideas.

- Senior carers were beginning to take a lead on certain topics, for example continence, dental care and medication. Developing 'local experts' or 'champions' is a good way to keep the staff team up to date with current good practice.

- The majority of staff were registered with the Scottish Social Services Council (SSSC) and new staff were in the process of submitting their applications. The manager was confident that the provider would be able to meet the legal expectation on 30 September 2015, that the home only uses care staff who are registered or have been employed less than six months.

Areas for improvement

In one questionnaire a resident commented that when they were forgetful, they felt 'teased' by staff, which understandably made them feel unhappy. This may have been unintentional but the manager should discuss with all staff ways to respond to forgetfulness and reflect on the different effects these may have on residents.

When we looked at the recruitment records we discussed with the manager the importance of ensuring:

- That one reference is from the actual, current or most recent employer and not a colleague from the workplace
- That applicants are clearly directed to declare all convictions and sign to this effect.

During the course of this inspection the manager revised the job application form to clarify these points.

We noted in the last report that all staff had completed the 'Dementia aware' level from Promoting Excellence, the Scottish Government's good practice guidance for staff training in dementia. The manager told us that two staff would be attending training for the next stage; the 'skilled' level in the autumn of 2015. As there will always be some residents with a diagnosis of dementia, it is important that all care staff have knowledge and skills equivalent to the

'skilled' level as soon as possible.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

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 management and leadership of the service."

Service strengths

See Quality theme 1, Quality statement 1 for evidence of how residents and their relatives may express their views about the quality of management and leadership and influence how the service improves.

Areas for improvement

See Quality theme 1, Quality statement 1 for areas for improvement in how residents and their relatives may express their views about the quality of management and leadership and influence how the service improves.

Grade

5 - Very 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

From the evidence at this inspection, we graded the service as very good for this statement. We decided this after looking at records such as audits, accidents, incidents and systems for providing information to staff.

Glencairn continued to have a range of quality assurance measures which supported the high quality of care provided. These were all in operation and included, policies, procedures, training, supervision, meetings and systems to update staff on changes and issues to improve.

In addition there were a range of audits covering for example, health and safety, and observations of medication administration. As noted in examples above, during the course of this inspection the manager used feedback to take immediate action on improvements.

We also saw that accidents and incidents were followed up and considered for their implication for further learning and improvement.

All residents and relatives we spoke to said they could approach the manager or any staff about any concerns, with a good expectation that issues would be addressed.

There had been no formal complaints about the care at Glencairn since the last inspection.

Areas for improvement

Whilst there were some audits in operation, we found from the evidence during this inspection that the current formats had some gaps. The manager had taken steps to close these in the checklists but issues could also be identified by increased general, informal observations around the home.

Whilst we saw that the management team took action on issues raised, it would be useful to ensure some record that actions taken have been feedback to those involved, in order to promote confidence in the process.

The range of feedback about the service could be expanded by seeking the

views of residents and relatives who use Glencairn for short term care and from health and social care professionals who know the service.

During the inspection there was a discussion about the use of photographic evidence. With a resident's consent, this might be used in certain circumstances, for example where someone arrived from elsewhere with pressure sores or there was an incident of unexplained bruising. A photograph can be useful to highlight concerns and as a tool for assessing the healing process. The manager decided to develop written guidance about the use of photographs for the information of staff, residents and relatives.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

7 Complaints

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

8 Enforcements

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

9 Additional Information

10 Inspection and grading history

Date	Type	Gradings
4 Nov 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
11 Oct 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 5 - Very Good

		Management and Leadership	5 - Very Good
17 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
11 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
14 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
24 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
15 Aug 2011	Re-grade	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory Not Assessed Not Assessed Not Assessed
17 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
28 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
17 Feb 2010	Unannounced	Care and support	5 - Very Good

		Environment Staffing Management and Leadership	Not Assessed 4 - Good Not Assessed
26 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
3 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
12 Dec 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

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