

Care service inspection report

Glendale Lodge

Care Home Service Adults

11 Forest Road

Townhill

Dunfermline

KY12 0ET

Telephone: 01383 728166

Inspected by: Beth Martin

Type of inspection: Unannounced

Inspection completed on: 1 May 2013



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Service provided by:

Glendale Lodge

Service provider number:

SP2003001663

Care service number:

CS2003007571

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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

The service is small and homely. There is little staff turnover and It was evident that the staff knew the residents abilities, likes and dislikes. The Provider and Manager have a very hands on approach and have a good knowledge of each resident and the staff.

What the service could do better

Three recommendations have been made during this inspection and are addressed within this report under: theme 1 statement 3, theme 2 statement 2 and theme 3 statement 3.

What the service has done since the last inspection

During the previous inspection all staff were undertaking a 12 week distance learning training course in Dementia at James Watt University. All staff have now completed the training.

Conclusion

Residents and relatives spoken with on the day of the inspection highlighted their satisfaction with the service. All stated that they felt comfortable approaching all the staff and knew that any concerns would be dealt with. During the inspection staff

were observed to be interacting with the residents in a dignified and respectful manner.

Who did this inspection

Beth Martin

1 About the service we inspected

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.

Glendale Lodge is located in a quiet residential part of the village of Townhill and is adjacent to a public bus route. There is adequate parking and there are secluded gardens, suitable for client use, at the rear of the building.

It can accommodate up to thirteen elderly people mostly in single room accommodation, with one double room. It has accommodation over two floors with a modern passenger lift in place. On the day of the inspection 13 people were residing in the home.

The Registered Manager is responsible for the day to day running of the home and the supervision of staff.

The Manager was present during the inspection.

The home's mission statement states that:

"Working hand in hand together. Here at Glendale Lodge we aim to provide a home from home for our guests. To provide 24 hour care and supervision which we will

meet through kind, caring well experienced and trained staff who are educated in caring for our guests. We aim for a happy and relaxed atmosphere achieved through good communication with the guests in our home, their families and friends. We are confident that our guests be it long or short term stay will have a happy and content stay which we will seek through commitment aimed at a more personal care package".

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 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

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

As requested by us, the provider sent us an annual return. The provider also sent us a self assessment form.

This report is based on an unannounced inspection visit to Glendale Lodge Care Home which took place on 1st May 2013. Feedback on the outcome of the inspection was given on the same day to the Care Home Manager. The inspection was carried out by Beth Martin Inspector.

During the inspection, evidence was gathered from a number of sources including:

- Talking with residents and relatives.
- Discussion with the Care Home Manager and staff.
- Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.
- Review of a sample of residents personal care files to check how staff assess needs and how these are met.
- Examination of staff recruitment procedures.
- Examination of medication management systems to check residents are receiving their prescribed medicines.
- Accident and incident records.
- Minutes of meetings.
- Staff training records.
- Complaints records.
- Check of the building and environment to make sure it is well maintained, safe and free from hazards.
- Observation of staff practices.

Twenty questionnaires were supplied for residents and relatives/visitors to the home however none were returned.

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

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 service, so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org.

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 service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us 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

The Inspector observed daily practice during the inspection and spoke with residents. Comments and opinions offered by residents were very positive and have been included in the body of this report.

Taking carers' views into account

The Inspector spoke with visitors to the home on the day of the inspection. Their comments are addressed within the body of 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

Questionnaires are given to residents and relatives every six months to gain their views on service planning and delivery and suggest areas for improvement. They are asked to score on a rating scale of 1 - 6 in the following areas:

Quality of life

Quality of the environment

Quality of staffing.

The residents declined the offer to complete the last questionnaires as they felt they had the opportunity to discuss concerns and suggestions with staff and management on a daily basis.

The last relative questionnaires were sent out in October 2012 and 100% of responses scored each area 5 or 6 (very good or excellent).

Comments in the relative questionnaire responses included:

"Neither my Brother or I have any qualms about the quality of care provided and indeed would compliment the home and staff".

"Since placing my Mother in Glendale Lodge earlier this year I have been extremely satisfied with the level of care and help she receives there. All staff are very friendly and more than willing to help my Mum, myself or any visitor who arrives. Visiting my Mother nearly every day I have been witness to the day to day running of the home and it is second to none. When I visit I am always welcomed into a professional, friendly and happy home. You all run a fantastic care home keep up the good work". Staff also receive questionnaires every six months however they also declined the offer to complete them stating that they spoke as a team every day about service

planning and delivery. Staff spoken with during the inspection stated that they felt their views were always taken into account.

Relatives are invited to attend the resident's three monthly meetings which have a standing agenda:

minutes of the last meetings

meals

day to day care

activities/outings

activities since the last meeting

newsletter

staff news

any other business.

During one of the meetings residents suggested trying a continental breakfast for a change. They enjoyed croissants and brioche and now have it every Saturday. The residents have a cooked breakfast every Sunday and during one of their meetings they decided they didn't want bacon anymore. They now alternate black pudding and sausage and have introduced mushrooms and fried tomatoes; they choose each week what they want. One resident suggested trying paella and chicken kiev which she did. One resident requested to go out for long periods every day. The home could not accommodate this on a long term basis but neither did they want to restrict the resident. They worked with the Social Work department and the resident is now taken out by a sub contracted care service twice a week.

Staff also have three monthly meetings. At one of their meetings it was highlighted that resident's personal plans were not completely up to date. Two Senior Carers have since been delegated to audit resident's reviews. The Manager then audits the audits to ensure everything is kept up to date.

The Manager speaks with the residents every day and makes a point of serving them their breakfast when she is on duty. During one of the resident's daily chats with staff they mentioned that they enjoyed Marilyn Munroe movies. The service purchased a selection of DVDs which have since been enjoyed by the residents.

One resident spoken with during the inspection stated that she had been in for respite and had chosen to stay there on a permanent basis. She was arranging to have her own bed frame and curtains brought in from home as she felt happier with her personal belongings around her.

Newsletters are made every three months by the Manager with input from the residents, visitors and staff. The newsletters contain information such as:

latest gossip and updates

birthdays

outings & activities

policies and procedures

staff news and training

recipe of the month.

Written permission for taking resident's photographs is in each individual personal plan.

There is a suggestion box in the foyer but to date no suggestions have been put in it. The Manager stated that this was because she operates an open door policy and residents and visitors feel free to speak with all staff.

Comments from residents spoken with during the inspection included:

"I like it very much"

"Everyone is very good and very friendly"

"I'll show you my room, I have a few bits and bobs and I'm putting up my new curtains"

"I've been here three years now and I couldn't like it any better"

"I felt welcome from the minute I came in, They couldn't do enough for you; if you have a problem you just tell them"

"I've asked for a few things and I've never not been helped".

Comments from relatives included:

"We're very pleased. We spent two days looking for somewhere and standards were poor. The day we came here to look the ambiance was good and the ladies were sitting outside having ice cream"

"We fill in a questionnaire and give our opinions"

"What I see getting dished up to her would satisfy me"

"The Cook does all home cooking. One day they were having cheese and ham croissants, pancakes and scones; all home made"

"I don't think it could be improved".

Areas for improvement

The Inspector suggested that the questionnaires sent out be dated. This would assist in auditing and tracking any actions taken and improvements made.

Grade awarded for this statement: 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

Every resident is registered with a G.P.; either with one of the five local practices or with their original G.P. The residents are seen by the Podiatrist every three months and they have the option of a private Chiropodist. Optical services are delivered by a Glasgow based company; residents are seen annually or as required. Residents are seen by the NHS Dentist annually or as required and they have the choice of retaining their own Dentist. The home has good relations with the NHS Dietician and CPNs

(Community Psychiatric Nurses), SALTs (Speech and Language Therapists) and OTs (Occupational Therapists) can be accessed via the G.P.

There is evidence that the residents/carers participate in the development of their personal plans and all documents are signed by both parties. All personal plans are reviewed monthly by the staff and two Senior Carers and the Manager carry out care plan audits. Resident's families are invited to attend six monthly full personal plan reviews and Social Work reviews are held annually. All residents had a Social Work review in March 2013.

Each resident had a social history in their personal plan and residents participation in daily activities was recorded in the activity log book. Activities were discussed during the residents meetings and they were asked what they would like to do on a daily basis. Armchair exercises are offered every morning in an effort to work muscles and limbs and prevent falls. Examples of activities on offer in the morning and afternoon include:

- newspaper group
- carpet bowls
- dominoes
- arts & crafts
- word search
- hoopla
- nails/manicures
- quizzes
- pet therapy
- sing- a- longs.

One resident attended a day centre twice a week for activities and socialising.

Events which had taken place since the previous inspection include:

- Townhill Gala
- two trips to the Christmas Pantomime
- car trips
- shopping trips
- trips to Dobbies Garden Centre for coffee and cakes.

The residents had requested a trip to the new cafe which has opened at the local Loch; this was being arranged.

The staff and residents also held a pre Christmas mini fete which raised £800.00 for the resident's fund.

Menus were discussed at the residents meetings. It was suggested at one meeting that the residents have fish suppers; they now have fish suppers delivered on request. They decided to have themed food nights from around the world and to date have enjoyed menus from:

England
Germany
Mexico
Italy
Scotland
America
India
China
Hungary
France.

MAR (Medication Administration Record) sheets are audited by staff on a weekly basis and the supplying Pharmacy carries out a six monthly audit. The most recent audit was done in January and no areas for improvement were identified.

Comments from residents spoken with during the inspection included:

"I'm perfectly happy as I am. I've had a busy interesting life and it's quiet but I'm not complaining"

"The meals are very good"

"We go for outings, pantomimes and we went to Dobbies last week. My Key Worker gives me a lift to my Daughters"

"We sometimes do quizzes and games"

"The meals are very good, if there was something I didn't like I could ask for an alternative"

"I'm looking forward to going to the Loch Cafe and having a bacon roll"

"If there's anything wrong they get the Doctor: they would never leave you".

Comments from relatives included:

"I have a laugh and joke with them all; my Brother and Sister are the same. Relationships are good"

"I see activities going on and I'm here three times a week, there's a lot in the afternoon. They have theme days for example Italian and Chinese"

"We're very happy with the care"

"I can't criticise anything. Mum doesn't want to participate but the girls still encourage her and speak to her. They try and engage her in quizzes and bowling etc."

"They phone me and keep me informed of any physical ailments and interventions and keep me updated"

"It's a small intimate home. It's like a family. I'm very happy with the care and wouldn't change my decision at all. There's not a lot more the girls could do to make the ladies comfortable".

Areas for improvement

It was noted by the Inspector during the examination of the resident's MAR sheets that the dates on the sheet did not always correlate with the date the medication was given. The Manager stated that they have brought this issue up with the supplying

Pharmacy on numerous occasions. The Manager informed the Inspector that the Pharmacist had stated that a new MAR sheet can only be supplied when a resident's prescription is being renewed. The Inspector spoke with the Pharmacy via telephone on the day of the inspection and highlighted the serious implications this had on staff. It was agreed that the Pharmacy would supply the home with new MAR sheets for every resident the following day. A recommendation (1) is made. The Provider verified that the situation had been rectified the following day.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the Manager ensures staff are following up-to-date best practice and are fully aware of the home's systems for keeping accurate medication records and audit processes taking into account legislation.

This recommendation takes into account the National Care Standards- care homes for older people; Standard 15 (9) Keeping well - medication.

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

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1- Service Strengths above.

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1- Areas for Improvement above.

Grade awarded for this statement: 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

The service has an Adult Protection Policy and a Child Protection Policy in place. Staff are requested to read and sign to confirm that they have understood the document.

Residents were further protected by all exit doors being coded with the exception of one new door which was attached to the buzzer system along with the rest of the doors.

Risk assessments had been undertaken for both inside and outside the premises. Health & Safety checks are carried out by senior staff on a weekly basis. These include ensuring fire exits are free from obstruction. An Electrician checks the fire alarm system every six months and the Fire Officers carry out an annual safety check. The Electrician is also responsible for maintaining the Nurse call system. Lifts, hoists and fire extinguishers are maintained regularly by contractors and staff record the water temperature in every room on a weekly basis.

In accordance with falls & fractures best practice guidelines the staff are responsible for carrying out monthly audits on the following equipment:

wheelchairs
walking aids
resident's shoes
commodes
chairs.

The Manager stated during the inspection that she is intending to introduce the falls & fractures accident recording system.

Senior staff also carry out weekly kitchen audits.

Accident and incident records are maintained and monitored to highlight any particular patterns and put procedures into place to prevent recurrence.

The service had a complaints procedure which residents and relatives spoken with were aware of. The service had received no complaints since the previous inspection.

Comments from residents included:

"I feel very safe here"

"They look after us well".

One relative stated:

"I've no complaints whatsoever".

Areas for improvement

Although the staff should carry out monthly audits in accordance with the falls & fractures best practice guidelines it was noted by the Inspector that no audit had been carried out in March or April. A recommendation (1) is made.

Safe recruitment policies were in place for the protection of residents. However on examination of staff recruitment records it was noted that in one instance the health declaration form had been missed whilst printing the application form. The completion of this document is dictated in the service's recruitment policy. A recommendation (2) is made.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that the service follows internal policies and procedures regarding quality assurance systems. If staff are delegated to carry out audits in accordance with best practice guidelines there should be a system in place to ensure these audits are being carried out. Thus improving outcomes for residents. The national care standards - care homes for older people standard 5: Management and staffing arrangements have been taken into account whilst making this recommendation.
2. It is recommended that the service follows internal policies and procedures whilst recruiting staff. Although the Manager stated that this was an error more vigilance should be taken in an effort to maximise resident safety. The national care standards - care homes for older people standard 5: Management and staffing arrangements have been taken into account whilst making this recommendation.

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

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1- Service Strengths above.

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1- Areas for Improvement above.

Grade awarded for this statement: 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

All new staff have a six week induction programme which consists of working through the induction pack with a mentor. The induction pack consists of the home's policies and procedures which staff must read and sign to state they have understood the documents. New staff are supervised for at least two weeks or until they are deemed competent to work on their own.

All staff must undertake mandatory training on commencement and at least annually thereafter. The mandatory training consists of:

Fire Safety

Moving & Handling

First Aid

Infection Control

Food Hygiene

Abuse.

Other training undertaken since the previous inspection consists of:

Dementia Training - during the previous inspection all staff were undertaking a 12 week distance learning course at James Watt College. All staff have since completed the training.

8 staff have also completed Palliative Care distance learning training at James Watt College and are registered to undertake a 12 week distance learning training courses in Diabetes Awareness.

The Manager has arranged a local Podiatrist to attend the service in May to deliver training to staff. She is also organising medication training with the local Pharmacist. The Manager is responsible for identifying individual training needs and keeping staff training records. She is also responsible for the annual training plan.

On the day of the inspection four members of staff had attained an SVQ level II certificate and three members of staff were undertaking the training. Five members of staff had attained an SVQ level III certificate. The Provider and the Manager had SVQ level IV certificates in Management & Leadership and the Registered Managers Award. The Manager was undertaking SVQ level IV training in Health & Social Care.

Comments from residents included:

"The Carers couldn't be better"

"I have no problems with staff at all".

Comments from relatives included:

"They all have the skills and knowledge to meet her needs. She gets on with them all; we're all very happy with everything"

"We can't complain about the staff they are all very attentive and very loving. All the staff are very good".

Areas for improvement

The service highlighted in the self assessment document the need to continue to review and assess policies and procedures and to further develop staff's knowledge and understanding through training.

Grade awarded for this statement: 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

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1- Service Strengths above

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1- Areas for Improvement above.

Grade awarded for this statement: 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

The care service had an established auditing system for quality assurance. This included personal plans, complaints, accidents, incidents, medication, health and safety and the environment.

The senior care staff have a 'walkaround' the home every week (and randomly) with the Housekeeper to ensure the cleanliness of the home. Health & Safety checks and cleaning audits were completed weekly and reported to the Manager for any action to be taken.

Medication audits are also carried out weekly by the Senior Carers and randomly checked by the Manager.

Questionnaires, review meetings and resident/relative and staff meetings provided the Manager with views of the residents, relatives and staff to enable her to assess the quality of the service and develop an action plan for improvement. The Manager stated on the day of the inspection that she had opportunity to discuss issues

regularly with the Provider and she feels that she is listened to and supported. She also stated that she receives regular supervision. All staff received supervision every eight weeks and an annual appraisal which includes personal and professional development plans.

The Manager was aware of the SSSC (Scottish Social Services Council) Codes of Practice and her responsibility to report to the SSSC and the Care Inspectorate any dismissal on the grounds of misconduct including theft. She was also aware of her responsibility to ensure that guidelines for the registration of staff with the SSSC are followed. All staff are currently registered with the SSSC.

One relative commented:

"I can talk to the Manager any time. Any concerns are dealt with".

Areas for improvement

The service highlighted in the self assessment document the need to continue and develop where necessary the questionnaires they use. Also to ensure audits are completed and acted upon where necessary.

Grade awarded for this statement: 5 - Very 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

On the day of the inspection the following documents were on display in the care home:

A valid insurance certificate verifying liability insurance cover.

A staffing schedule agreed with the Care Inspectorate as a condition of registration.

A valid registration certificate.

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
1 May 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
15 Sep 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
17 May 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good

Inspection report continued

16 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
21 Dec 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good Not Assessed
5 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 4 - Good
22 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - 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 iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی ر خ ا ت اغ 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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