

Pitmurchie House Care Home Service

Torphins
Banchory
AB31 4JL

Telephone: 01339 882218

Type of inspection: Unannounced
Inspection completed on: 3 March 2017

Service provided by:
Pitmurchie Care Home Limited

Service provider number:
SP2012011765

Care service number:
CS2012306105

About the service

This service registered with the Care Inspectorate on 18 September 2012.

Pitmurchie House is owned and managed by Pitmurchie Care Home Limited and has been registered to provide a care service;

1. to a maximum of 32 older people; this includes 2 named adults under 65.
2. in 2 self-contained flats for up to 4 older people or adults with physical disabilities who wish to maintain more independence; each flat can only be shared by two people who have specifically requested this.

Pitmurchie House is a large Victorian country house connected to a more modern extension. It is set in large peaceful grounds with panoramic views over the surrounding countryside. It is situated near to the villages of Torphins and Kincardine O'Neil in rural Aberdeenshire. The accommodation comprises of communal sitting rooms and a dining room. Most of the single bedrooms had en-suite facilities with communal bathrooms and toilets.

The service's written statement of aims states "Pitmurchie House aims to provide service users with a secure, relaxed and homely environment in which their independence, wellbeing and comfort is of prime importance".

There were 26 people resident in the home at the time of inspection. The people who live in Pitmurchie House prefer to be known as 'residents', therefore this term has been used throughout this report.

This inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample. The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

We carried out this inspection along with a contracts and commissioning officer from Aberdeenshire Council.

What people told us

We spoke with ten resident and relatives during the inspection. We also received completed questionnaires from 13 residents and relatives prior to the start of the inspection. The feedback we received was mixed.

Some residents and relatives were very satisfied and told us that, whilst the home had been through a difficult period, they were confident that the new management team had the ability and commitment to make positive changes in the home.

Some residents and relatives who we spoke with told us that they were unhappy overall. They told us that the high volume of recent staff turnover had had a detrimental impact on the quality and consistency of the care and support provided. Some people told us that they were very disappointed that some staff, to whom they were very attached and who they felt knew residents' needs very well, had left the service. Some residents and relatives told us that they were disappointed that they had not been told who the new manager was and had not had the opportunity to be introduced.

Self assessment

There had been significant changes in the service since the self assessment had been completed in 2016. We recommend that the new management team update the self assessment once they have identified the priorities for improvement and have completed their action plan to progress these. The current self assessment was mainly focussed on processes. It would also be useful to include information about the outcomes for people who use the service and how these have been evaluated.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Observations

Some of the residents who we spoke with expressed a lot of praise for the care they received, particularly when it was provided by staff who they knew well and who they liked and trusted. We were told that the care and company provided by these staff made Pitmurchie House a good place to live. Residents who we spoke with told us that they missed some of the staff who had recently left and that they were still getting to know the new staff.

We observed that some staff had very good caring and communication skills and residents looked happier and calmer when these staff supported them. Other staff were less good at communicating which left some residents looking bored or anxious. There were times when staff were not on hand to help residents move around safely or to drink well.

We observed that the standards of support given to residents to be dressed presentably was variable and depended on which staff were on shift. The managers told us about a new dry hair-washing system which could be useful for any residents who find wet hair-washing distressing.

Personal Plans

Getting to know residents better and improving care plans was a priority for the nursing staff. We were pleased to hear that they valued what residents and relatives told them and used this information to write more accurate and person-centred care plans.

At the time of this inspection the provider had committed additional resources to enable the reviewing and updating of all residents' personal plans. This was in the early stages. The provider needs to ensure that all of the high risk areas for each resident have been identified and that priority is given to ensuring appropriate care plans are in place for these. The provider had a matrix which provided an overview for all the residents of areas

of high risk for their health and wellbeing. The provider should ensure that this is kept up-to-date and used to inform the priorities for care plan development.

The provider had in place arrangements for recording the care and support given to residents. These included food and fluid, repositioning and topical medication (skin creams) charts. In order for the care provided to be more effectively evaluated the provider needs to ensure that staff maintain these records more diligently.

Whilst we found that there was evidence of caring attitudes and good intentions in the way in which care staff supported residents, we assessed that in some cases, staff were working on their own initiative and some staff did not know much about residents' assessed needs or plan of care. The provider needs to ensure that residents' care plans and records are accessible to staff and are used more consistently to plan, deliver, record and evaluate residents' care and support.

We observed that the new management team were working to develop and implement more consistent approaches to providing care and support, for example with a resident who was presenting stressed and distressed reactions. However, this was still in the early stages. **(See requirement 1).**

Meaningful Activities

The new management team had undertaken a review of the dining experience for residents and had started to put in place changes so that meal times would be more of an event for residents. For example the kitchen had been asked to prepare a range of popular home baking favourites which were thoughtfully presented.

We received good feedback about the positive contribution which was made by the activities coordinator to support residents to remain active and to spend their time meaningfully. This included some good one to one work with residents who could not take part in group activities. However, we saw little evidence of residents being supported to spend their time meaningfully beyond what was provided by the activities coordinator. **(See recommendation 1).**

Reviews of Residents' Personal Plans.

The arrangements to ensure that each resident was able to take part in a regular review of their personal plan had not been kept up-to-date. As a result some residents' reviews were significantly overdue. The new management team had started to take remedial action and had planned and carried out a number of reviews since the start of 2017. The provider needs to put in place effective arrangements to ensure that all residents and their representatives can take part in a review of their personal plans at least every six months. **(See requirement 2).**

Requirement from Recent Upheld Complaint

Three requirements were made as a result of a recent complaint investigation. These related to pre-admission assessment arrangements, personal plans and records. As there had only been one new admission to the home since these requirements were made, these requirements will be continued and will be followed up at a future inspection. We have received an updated action plan from the provider in relation to these matters.

Requirements

Number of requirements: 2

1. The provider must ensure that all residents have in place a suitable personal plan which supports their health and wellbeing needs being met. In order to achieve this the provider must ensure all residents' personal plans:

- contain sufficient and clear detail of each resident's needs and the plans to meet these
- contain details of any legal powers in respect of a service user, such as incapacity certificate or powers of attorney
- contain assessments and care plans which are informed by up-to-date best practice
- are regularly and promptly reviewed and amended in accordance with changes in residents' needs
- have been written taking account of residents and their representatives views and experiences
- are working documents which are actively used by staff to promote and inform consistent practice and to effectively evaluate the care and support provided.

Priority should be given to developing appropriate care plans for any identified areas of high risk for each resident.

This is in order to comply with:

SSI 2011/210 Regulations 4(1)(a), 5(1) and 5(2)(iii)

Timescale: All residents must have in place appropriate care plans for identified areas of high risk by 17 April 2017 and significant improvement must be evident across all areas of each resident's personal plan by 06 June 2017.

2. The provider must ensure that effective arrangements are in place for residents and their representatives to take part in a review of their care at least every six months.

This is in order to comply with:

SSI 2011/210 Regulations 4(1)(a), 5(1) and 5(2)(iii)

Timescale: By 17 April 2017.

Recommendations

Number of recommendations: 1

1. The provider should review and further develop the supports for residents to spend their time meaningfully. In doing so, account should be taken of the best practice guidance documents; 'Make Every Moment Count' and 'Make Every Movement Count'.

National Care Standards. Care Homes for Older People - Standard 6: Support arrangements.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found that the premises were superficially clean and tidy, however, further work was needed to ensure that scheduled tasks such as deep cleaning of skirting boards, edges and corners of flooring, and clinical equipment was effectively completed. The provider also needs to raise awareness with domestic staff about safe working practices which take account of the particular hazards for residents who may be living with mobility, visual, and cognitive impairments. Whilst domestic staff had completed on-line health and safety training, it would be useful if this was combined with face to face training to look at specific working practices and risks at Pitmurchie House.

The provider had recently completed a comprehensive infection control audit of the home. This identified a number of areas for improvement. Some of the identified areas for improvement had been addressed and others were in the process of being addressed. The provider told us that they had developed an action plan in relation to these matters. Improvements included; new storage arrangements for Personal Protective Equipment (gloves and aprons), sluicing facilities which were in the process of being upgraded, a replacement toilet for the downstairs shower room and plans to refurbish the treatment room. We noted that the action plan for carrying out deep cleaning and for maintaining the cleanliness of clinical equipment needed to be firmed up.

Work was almost completed on the installation of the three upgraded sluices with dedicated and adjacent hand washing facilities. This will improve the service's infection control and prevention arrangements. The provider is aware of the need to complete a risk assessment for transporting any waste through the dining room and lounge areas. This arrangement is due to the unconventional layout of the older part of the property.

Since the previous inspection of this service the programme of redecoration and upgrading of internal lighting had been continued. The areas which had been completed were significantly improved. Residents had been supported to make personalised door memory boxes and traditional style front doors had been fitted to all bedrooms to give the bedrooms a greater feeling of personal space. A number of rooms still needed to be redecorated and still had an inadequate standard of lighting. Work on redecorating the bedrooms was in progress at the time of this inspection. The provider told us that they also planned to upgrade lighting in bedrooms, install improved outside lighting and to sandblast and paint the outside metal work - fire escape - which was showing signs of extensive rust.

The provider had carried out regular health and safety inspections and checks of the home. We found that there were a number of potential environmental hazards which had not been identified through the organisation's auditing arrangements. This included; some portable electrical appliances which had not been recently inspected and tested (one was in need of repair or replacement due to damaged electrical insulation), exposed hot radiator pipes and areas of damaged paintwork and plasterwork which would not be able to be effectively cleaned and were unsightly.

The provider should review its arrangements for maintaining a safe environment to ensure that these are effective in identifying areas which need to be remedied and that prompt action is taken to ensure that necessary improvements are met. **(See requirement 1).**

The provider should complete an up-to-date dementia audit of the environment using a recognised audit tool such as The King's Fund dementia audit tool.

Requirements

Number of requirements: 1

1. The service provider must ensure that effective arrangements are in place to maintain a safe environment and to ensure that service users' health and wellbeing is not placed at unnecessary risk. In order to achieve this the service provider must ensure that:

- regular audits of the environment are undertaken which are effective at identify areas of risk including any potential hazards caused by the environment or working practices
- effective action plans are implemented to ensure that identified areas for improvement are promptly remedied
- particular consideration be given to infection control arrangements, internal and external lighting levels, hot surfaces and risk assessments for safely carrying out domestic tasks.

This is in order to comply with:

SSI 2011/210 Regulations 3, 4(1)(a) and 10(2)

Timescale. By 17 April 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Staff Turnover

The service had recently experienced significant staff turnover. As a result we found that there was a high level of dependency on agency staff to cover shifts. The provider had made efforts to get the same agency staff as far as possible, however, overall significantly greater numbers of different staff had been working in the service. This meant that many staff were less familiar with service users and their care and support needs and preferences. On frequent occasions over the past two months approximately 50% of the staff on shift had been agency staff and on a small number of occasions the number of agency staff was as high as 100%. We found that turnover amongst carers and nurse in the two months prior to this inspection had been approximately 40%. The provider needs to implement an effective staff retention strategy. This should include engagement with existing staff and consideration of carrying out exit interviews with staff who are leaving the service. **(See requirement 1).**

Safer Recruitment

We found significant shortcomings in the safer recruitment of staff who had been employed to work in the service. In the sample of recruitment records which we looked at we found that the provider's recruitment processes had not been properly adhered to and there was a failure to ensure that only suitable people with

appropriate attitudes and values were employed.

We identified the following shortcomings:

- gaps in candidates employment histories.
- missing dates, information and signatures throughout the recruitment records.
- missing records of what induction had been provided to new staff and any documentation to indicate that key competencies had been assessed prior to the end of the induction and probationary periods.
- PVG records had been filed in some staff records. These should have been destroyed once the recruitment process was completed.
- some staff had commenced employment prior to PVG checks being completed.
- standard references were supplied by a candidate instead of being requested by the provider.
- a reference was sought from a person who was not the person authorised by the candidate's most recent previous employer to provide a reference.
- the provider's PVG tracking form was not being completed contemporaneously to ensure it is accurate and is being used as a tool to track progress on completion of the recruitment process.
- there was a lack of any evidence of some staff having completed an interview to assess their suitability in terms of values and attitude.
- in one record there was a lack of documentation to evidence name changes.

We found that the staff recruitment records for the past two months evidenced a more robust approach to safer recruitment by the new management team. However, given the significant failings in the period prior to this we have made a requirement that the provider needs to implement more robust quality assurance arrangements to ensure that safer recruitment practices are maintained. **(See requirement 2).**

Staff Training

We found that the service had made some progress with the completion of on-line core training modules for all staff. However, a significant number of new staff will be required to start in the coming period and significant work will be needed to ensure all staff have completed all core training. It would be useful to have the information about staff training presented in a way which makes it easier to see what each staff member has completed and needs to do.

We found that there was not much evidence of recent face to face training. The approach to assessing and planning to meet the training needs of the staff team appears until recently to have been quite ad hoc. The recently appointed manager had started to develop a clearer training plan. The provider needs to assess what the priorities for face to face training are and use the quality assurance processes and overview of staff's existing knowledge to assess the gaps and what range of skills and knowledge are needed across the service. The provider needs to develop both short and longer term staff development objectives for the service. The new management team had recently undertaken formal supervisions with existing staff. These had previously not taken place regularly for some time. They now planned to implement a schedule of regular supervisions which will be used to identify and support staff training and development needs. **(See requirement 3).**

Staff Qualifications

Three carers had achieved the qualifications which are a condition of their registration with the Scottish Social Services Council (SSSC). This was approximately 20% of the number that will eventually need to achieve qualifications. The provider was in the process of identifying new SVQ verification arrangements to enable a new programme of qualifications for care staff to commence. We will check progress on this at the next inspection.

Checks of Professional Registers

We found that checks of nurses PIN numbers had been completed. However, arrangements for checking staff who required to achieve and maintain registration with the SSSC and to meet registration conditions contained a number of gaps. Clearer documentary evidence is required to demonstrate that on-going checks of the SSSC register for all care staff are robust. **(See requirement 4).**

Adult Support and Protection

We found that there were a number of concerns or allegations which should have been; reported to the management, investigated, and in some cases should have been reported to the local authority adult support and protection team. In addition information about the outcome of an adult support and protection conference in respect of a resident had not been passed onto the new management team. We assessed that there was an urgent need for the provider to take action to raise awareness amongst staff and management about their responsibilities in relation to possible adult protection matters and about the processes which need to be followed in relation to this. We have asked the provider to keep us updated about progress in relation to a number of cases which required further actions to investigate and report to relevant bodies. **(See requirement 5).**

Requirements

Number of requirements: 5

1. In order to ensure that service users receive care and support from a consistent and stable staff team who have a good understanding of their needs and how these should be met, the provider needs to implement an effective staff recruitment and retention strategy. This should include:

- reducing staff turnover to within normal levels
- reducing the use of agency staff to exceptional circumstances only
- ensuring that suitable people are attracted to work in the service who are supported to maintain a longer term commitment to the service.

This is in order to comply with:

SSI 2011/210 Regulations 3, 4(1)(a) and 15

Timescale: A significant improvement must be evident by 06 June 2017.

2. The provider must effectively implement safer recruitment procedures to ensure that all people employed in the provision of the service have suitable values and attitudes and the ability to develop the necessary knowledge and skills. In order to achieve this the provider must ensure:

- staff are recruited in line with good practice guidance - Safer Recruitment Through Better Recruitment
- a full employment history is provided
- two appropriate references, including a reference from a person authorised by the candidate's previous employer, are provided
- professional qualifications have been checked
- that a new PVG membership check has been undertaken at the time of recruitment
- that documentary evidence of any change of name has been provided

- all recruitment checks are satisfactorily completed prior to each candidate commencing employment
- regular audits are undertaken of all recruitment records.

This is in order to comply with:

SSI 2011/210 Regulations 9

Timescale: By 17 April 2017.

3. The provider must put in place effective arrangements to ensure that all staff maintain appropriate skills and knowledge and to support staff's continuous professional development. In order to achieve this the provider must:

- maintain an accurate and up to date overview of the training completed
- develop and implement systematic arrangements for assessing the competency of staff who work on all shifts including structured observed practices
- develop individual training and development plans which identify gaps and priorities for training for each member of staff
- develop an effective plan to deliver core training to all staff within appropriate timescales
- ensure that staff complete training in the most critical topics without delay including face to face training in; moving and assisting, medication administration and Adult Support and Protection
- ensure all staff receive regular formal supervision and annual appraisals and that these are used pro-actively to address any performance concerns and to support staff development.

This is in order to comply with:

SSI 2011/210 Regulations 4(1)(a), 4(1)(b), 7 (2)(c), 9(2)(b) and 15(b)(i)

Timescale: A significant improvement must be evident by 06 June 2017.

4. The provider must ensure that effective arrangements are in place to ensure that all staff who require to be registered with a professional body achieve registration within the necessary timescale and maintain their registration including taking action to meet any conditions. In order to achieve this routine checks of all relevant registers should be implemented and arrangements should be put in place for checking the progress of new applications for registration and on conditions which need to be met.

This is in order to comply with:

SSI 2011/210 Regulations 9

Timescale. By 17 April 2017.

5. In order to ensure that proper provision is made for the health, welfare and safety of service users and that service users are protected from the risk of abuse or neglect, the provider should ensure that all staff and management have an understanding of adult support and protection arrangements and are clear about their specific responsibilities for identifying and reporting any concerns they may have. In order to achieve this the provider must;

- review the service's adult support and protection procedures to ensure these are clear, up-to-date and accessible
- ensure all staff have a clear understanding of the contents of the service's adult support procedure
- arrange training for all staff in accordance with their roles and responsibilities.

This is in order to comply with:

SSI 2011/210 Regulations 9

Timescale. By 06 June 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

At the time of this inspection a new management team had recently taken up post and were in the early stages of trying to turn around a service which had significantly declined in recent months. Addressing a number of concerns around the performance and conduct of some staff members and dealing with high levels of staff turn-over appeared to have taken up a lot of the manager's time. We have taken account of these extraordinary demands on the new management team in our overall assessment of the management and leadership of the service.

The management team had recently completed a number quality assurance processes to support improvements in the service. These included audits covering the following areas:

- the environment
- infection control
- personal plans
- medication
- the meal time experience
- pressure ulcer prevention.

Useful action plans had been developed in order to plan and track actions to meet identified areas for improvement. We found that overall these had been helpful in progressing improvements and ensuring safe practice was maintained in the areas covered. The provider advised that a new quality manager had been appointed to further support improvements in quality management in the services operated by the provider.

We found that there were significant omissions in some key management tasks. This related to a number of incidents or allegations which should have been:

- investigated
- notified to the Care Inspectorate

- reported to relevant bodies such as the local authority or professional registration body
- shared with us at the start of the inspection.

There were other concerns or allegations which should have been passed onto or reported to the management team but had not. The provider needs to ensure that more robust arrangements are in place for following up on any safeguarding concerns, matters for investigation, staff conduct and performance concerns. **(See requirement 1).**

Discussions with staff, residents and relatives indicated that there was a need to improve management engagement with these groups and to demonstrate a more open and listening approach. The provider advised that they were planning to carry out a relatives' meeting shortly and that the manager has been attending daily staff planning meetings.

Whilst the provider had now put in place additional supports and scrutiny to support the service to improve, overall we found that the provider's governance of the service had not been previously effective at promptly identifying problems with how the service was operating.

The provider needs to:

- ensure that any concerns about how the service is being managed are promptly identified and the level of scrutiny is increased and additional supports are provided where necessary
- regular scrutiny of how the service is performing includes face to face time with staff, service users and relatives
- safeguards are put in place which will ensure that any manager of the service will be required to implement safer recruitment practices at all times. It is suggested that the provider's human resources department should have final approval of each candidate's start date once they are satisfied and have received evidence that all recruitment checks have been satisfactorily completed. **(See requirement 2).**

Requirements

Number of requirements: 2

1. In order to ensure that the welfare of service users is protected, the provider must ensure that effective arrangements are in place to respond to any concerns or allegations of abuse, neglect or serious poor practice or performance. This shall include:

- making initial enquiries and, where appropriate, completing and recording a thorough investigation into any allegations
- notifying relevant matters to the Care Inspectorate in accordance with current guidance including within specified timescales
- reporting relevant matters to other agencies including the local authority and professional bodies
- demonstrating an open and collaborative approach to sharing relevant information with appropriate agencies in order to promote the safety and best outcomes for people who use care services
- ensuring that all members of the management team have a clear understanding of the matters which require to be; investigated, reported to other agencies and the required timescales for reporting.

This is in order to comply with:

SSI 2011/210 Regulations 3 and 4(1)(a)

Timescale: By 17 April 2017 the provider must provide confirmation that all outstanding matters for investigation, notification and reporting have been completed including any new matters which may be identified following the inspection.

2. In order to ensure that the service is being effectively managed at all times and that minimum standards are being maintained and continuous improvements are being supported, the service provider must implement effective governance arrangements. This shall include robust reporting arrangements and regular scrutiny by the provider's senior management, quality team and human resources personnel.

This is in order to comply with:

SSI 2011/210 Regulations 3, 4(1)(a), 4(1)(b) and 7(2)(b)

Timescale. A significant improvement must be evident by 06 June 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

In order to ensure that the environment is safe and promotes residents' independence and general quality of life, the provider needs to develop a detailed plan for the refurbishment of the home which includes specific timescales for each element. The plan should address the following areas:

- Upgrade lighting throughout the premises and outside areas to ensure that all areas are provided with adequate lighting.
- The light switch in bedroom 17 to be relocated to ensure that it is easily accessible to service users using this room.
- Review of sluicing facilities including facilities for hand washing following dealing with waste.

This is in order to comply with:

SSI 2011/210 Regulations 3, 4(1)(a) and 10(2)

Timescale. The plan is to be submitted by 31 January 2016.

This requirement was made on 16 November 2015.

Action taken on previous requirement

We assessed that some progress had been made in meeting this area for improvement, but that further work was still needed with particular reference to ensuring the environment is safe and does not place service users at risk. We have replaced this requirement with a new requirement. **(See Quality of Environment).**

Not met

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

Previous recommendations

Recommendation 1

In order to support on-going staff professional development the provider needs to:-

ensure that all staff receive appraisals and formal supervision in accordance with the provider's policy - develop and implement systematic arrangements for assessing the competency of staff who work on all shifts including formal observed practices - develop individual training and development plans for each staff member.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing.

This recommendation was made on 16 November 2015.

Action taken on previous recommendation

We assessed that the provider had made some progress in meeting this area for improvement but that further work was still needed. We have therefore continued this recommendation. **(See Quality of Staffing).**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
19 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
7 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
13 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
14 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
9 May 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Nov 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate

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