

Care service inspection report

Adams House

Care Home Service Adults

Auchenlodment Road

Elderslie

Johnstone

PA5 9NX

Telephone: 01505 337322

Inspected by: Moira Agolini

Type of inspection: Unannounced

Inspection completed on: 31 May 2012



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Service provided by:

Church of Scotland Trading as Crossreach

Service provider number:

SP2004005785

Care service number:

CS2003001274

Contact details for the inspector who inspected this 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

Adams House has a skilled staff group who continue to place the needs of the resident at the centre of all service development.

As a result of an ongoing commitment to improvement this service has shown evidence of a very high level of performance.

What the service could do better

Improved risk assessment paperwork to include a more person-centred approach would better reflect the aims of the service; to provide individual care and improve quality of life.

Advice must be sought from the relevant professionals to make sure people cannot exit from the ground floor bedroom windows.

What the service has done since the last inspection

The management team and staff group continue to seek ways to improve residents' quality of life. They also continue to develop excellent relations with other agencies.

Conclusion

Adams House continues to provide a very high standard of care for people with dementia. The central objective is to increase independence where possible and improve quality of life.

Throughout the inspection we saw examples of regular service user/carer involvement using a range of methods. Emphasis is placed on understanding the service user's experience and robust measurement of service satisfaction.

Who did this inspection

Moira Agolini

Lay assessor: N/A

1 About the service we inspected

Adams House is a care home which provides care for up to 30 people who have dementia; two places are reserved for respite care. On the day of inspection there were 28 service users resident, one of which was a respite placement. The home is owned and managed by Crossreach; it was registered with the Care Commission in April 2002.

Before April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS. This is now known as the Care Inspectorate.

The service is in Elderslie and the house is situated in its own grounds. There is a large outdoor area with a putting green and sitting areas. Within the home there are also smaller garden/courtyard areas which are easily accessible for all service users. These areas offer increased independence as people can move from the indoors area with minimum supervision.

People have a choice of lounge, sitting areas and dining areas. There are also a number of quiet areas that people can sit if they prefer to be alone. Most bedrooms are single occupancy and have a toilet en suite. There are two shared bedrooms but these have a solid partition for privacy and two individual toilets.

A visitor's flat is available for people who may wish to stay nearer their relative in times of crisis.

The home holds the Charter Mark Award for excellence. This is an award issued by the government in recognition of excellent customer service. The home aims to "seek to retain and regain the highest quality of life of each individual is capable of experiencing at any given time".

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.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We completed this report following an unannounced inspection. The inspection was carried out by one Care Inspector Moira Agolini. The inspection took place on 30th May 2012 between the hours of 11:30 am and 19:30 pm. We again visited on the 31st May between the hours of 11:00 am and 14:00 pm.

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

We issued 10 questionnaires to relatives and carers and 20 to service users. A total of 7 were returned from relatives and 3 from service users.

The manager is currently on a leave of absence and the deputy has assumed responsibilities as acting manager.

We also gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

- * evidence from the service's most recent self assessment
- * support plans of people who use the service
- * training records
- * health and safety records
- * accident and incident records
- * complaints records
- * notifications
- * minutes from various team meetings
- * minutes from carers meetings
- * minutes from residents meetings
- * newsletter
- * residents surveys
- * carer surveys.

We also spent time with staff and residents in the dining areas and in the lounge areas during activities. During this time we spoke individually and in groups with a

number of residents. We had a telephone conversation with a Community Psychiatric Nurse. We also met with two carers who were visiting the care home.

After inspection we spoke with a Fire Officer re window access on the ground floor. He advised that window locks can safely be installed on windows as this is not regarded as a means of fire escape.

We spoke with the following staff during the inspection:

- * acting manager
- * 3 senior care workers
- * 3 care workers
- * activities worker
- * cook
- * handyman.

Throughout the inspection we observed how staff work with the residents.

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 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

From the three completed questionnaires we saw that people responded very positively to most of the questions about care and support, environment, staffing and leadership.

We have included comments from our discussions with residents and from the questionnaires throughout the report.

Taking carers' views into account

From the seven completed questionnaires we saw that all questions from the four categories had responses of "strongly agree or agree".

We have included comments in the report from the questionnaires and from our discussions with carers whom we met.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

On the basis of the evidence we gathered during this inspection we concluded that the service is performing very well in relation to the areas within this statement.

The service showed that they are skilled in looking at a variety of ways in which involvement can be extended to residents at all stages of the development of quality within the service.

We came to this conclusion after we looked at:

- * support plans
- * minutes of meetings
- * observed staff working with residents and
- * spoke with residents and carers.

A good example is the sampled support plans which showed that people's needs, preferences and goals are clearly identified. The care planning process is person-centred with an emphasis on individual care in the following key areas of good practice:

- * involvement of residents in all aspects of the care home
- * provision of a range of enjoyable and stimulating activities
- * provision of nutritional food in a stress free environment and
- * opportunities to socialise.

Life story books provide a source of stimulation for conversations. We saw that staff use a number of communication tools including, pictorial choices cards and a

dementia toolkit which contains questions, word prompts and pictures that relate to various aspects of the care home.

Day-to-day living is made into an activity with some residents. For example we saw people helping to set the tables in the dining area, and observed the positive way people were involved in routine activities.

In our observations we saw that staff aim to provide a care setting that assists people to achieve their full potential. All key-worker staff has received training on how to promote person-centred care.

We saw excellent examples of how carers are included by staff and involved in the activities and events within the home. The relatives' forum has been adapted to offer carers training.

It was clear that the service took action on issues that have been raised by the residents and their relatives.

The charter mark referred to in the introduction also assists to provide evidence that the service provision meets specified written standards. Improving the quality of life of residents is central to the service's aims.

Areas for improvement

As discussed with the senior staff they should continue to review/audit their support plans to improve filing and recording methods.

The service should continue to monitor and maintain the very high standards of quality that were evident in this inspection.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We saw evidence of good practice in relation to the areas covered by this statement. It was clear from the evidence we gathered and from our discussions with residents, carers and staff that people are treated as individuals with skills, needs and wishes.

There were many instances where resident's individual interests were identified and forgotten skills were regained. For example, for a man who had enjoyed playing golf an area of the garden was made into a putting green; a lady who had been a talented artist now attends an art class and has art tools in her room where she has resumed her love of painting.

A pre-recorded message by a relative helped to minimise a resident's distress when their relative had to return home.

We saw residents participating in activities that are structured to maintain and improve health and well-being, including art therapy, drama, and music. The activities worker is skilled at exploring ways to involve all residents, including those with advanced dementia.

The following comment from a relative offers some indication of the success of the activity programme:

"My mother has become much more socially active in this supportive environment".

Records also showed that staff have a good understanding of resident's health problems and seek medical advice appropriately.

Support plans included records of Body Mass Index (BMI), weight and fluid intake. Communication and pain management were also well recorded.

We spoke with the cook from the service and observed a very good choice of nutritional meals. We saw that staff offer snacks and drinks are throughout the day.

We also saw evidence that residents influence the menu and suggestions are welcomed by the kitchen staff. Meetings are held with kitchen staff and residents and minutes of the meetings are taken.

All care staff had received appropriate training on food hygiene.

We spoke with a community psychiatric nurse (cpn) who has worked with the care home staff for a number of years. He spoke highly of the staff and advised that their

skills and experience mean they can adequately assist people with advancing needs and reduce the need for hospitalisation.

Medication records sampled showed that the service was following best practice guidance. The sampled records showed a well organised system that staff reported was clear to follow.

We saw evidence of good links with a range of health professionals including, chiropodist, optician, dentist, speech therapist and dietician.

We saw that there are strong links with the local hospice and staff have attended joint palliative care training.

For those people with end stage dementia there are plans to complete a dedicated room which will provide a range of treatments and therapies in a calm environment.

The staff we met showed a good understanding of people's spiritual and religious needs. Recordings and observations showed that these topics inform the culture of this service.

Areas for improvement

See recommendation 1 of Quality Theme 1 Statement 3

Staff must ensure that Section 47 certificates for service users are renewed within the authorised timescales. (Section 47 of the Adults with Incapacity (Scotland) Act 2000 refers to the need for a certificate if the adult is not capable of taking decisions on medical matters; the certificate is issued by a registered medical practitioner).

See recommendation 2 of Quality Theme 1 Statement 3

Staff must ensure that there is a recorded fluid target on the charts for those residents who require fluid charts.

See Requirement 1 of Quality Theme 1 Statement 3

We consider that the current risk assessments require some improvements to make sure these documents are more person-centred and reflective of the individual risk in all aspects of care provision. We noted a number of additional gaps in the risk assessments for respite users and would suggest an immediate review of the document.

Kitchen staff should continue their plans to develop menus in a pictorial format.

The 'Missing resident policy' should be reviewed to amend when relatives are informed. An agreement as to when contact should be made should be included in the resident's support plan.

Management and senior care workers should continue to develop positive relations

with social work to improve their attendance at reviews. This is not currently a regular occurrence and staff voiced concerns about their absence in resident's long-term care planning.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The service must develop a risk assessment for each resident, including those that have a respite placement that reflects individual risk in all areas of care provision. The risk assessment must be compiled using information from all agencies. The individual and their relative, where possible, should be involved in the process pre-admission. Risk assessments should be reviewed six monthly or as required.

The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), regulation 4
Welfare of Users - a provider must
(1) (a) make proper provision for the health, welfare and safety of service users.

Timescale - on receipt of report

Recommendations

1. The service should introduce an audit tool to make sure that Section 47 certificates are renewed within the authorised timescales. NCS - Care homes for older people - Standard 15 - Keeping well - medication.
2. When compiling fluid charts there must be a clear recording of the daily fluid target for the individual. NCS - Care homes for older people - Standard 13 - Eating well

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

Based on our discussions with residents, staff, relatives and a review of sampled written evidence, the service was found to have an excellent performance in relation to this statement.

We found that there was a very good standard of hygiene and housekeeping throughout Adams House.

All bedrooms have been newly decorated and the residents were involved in choosing fabrics and furnishings.

A digital television has been installed in the main reception area. This is hoped to provide additional ways to inform the residents. On the day of inspection we observed that staff had used the television to broadcast photographs from a recent holiday that was arranged for some of the residents.

There are very good displays of relevant information in the main entrance area.

Evidence to support further strengths in this quality statement is detailed under Quality Theme 1 Statement 1.

Areas for improvement

The service should continue to monitor and maintain the very high standards of quality in line with its service development plan.

Staff may wish to consider the height and font size of some of the survey results that are displayed.

Grade awarded for this statement: 6 - Excellent

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 had comprehensive health and safety audits that are completed annually covering accident and incident reporting, risk assessment, fire safety, electrical safety, machinery and equipment. We saw evidence that a planned annual maintenance programme is provided by the organisation.

A daily visual check is completed by the handyman to identify any health and safety issues. A repairs log details all identified concerns and there is a corresponding action plan.

There are risk assessments completed for all areas of the care home, including ventilation, lighting, stairways and floors.

There are fire risk assessments and evacuation plans in place for each resident.

Practice fire drills/evacuation exercises are regularly arranged in line with guidance from fire safety officer.

We saw an action plan that addresses the recommendations made after two fire safety assessments.

The service has an appropriate system to record accidents and incidents.

The signage throughout the home has been designed with input from a research professional on best practice for people with dementia.

We saw evidence that staff explore ways to maximise resident's safety. For example one person now has a bed sensor mat to alert staff when she gets out of bed.

Appropriate records were in place to show there is an annual check on all portable electrical appliances within the care home.

The staff we spoke with showed knowledge of falls prevention guidance and safe use of hoists.

The residents we spoke with all stated that they felt safe and the staff looked after them well.

Areas for improvement

See requirement 1 Quality Theme 2 Statement 2

During the inspection we visited one of the rooms used for respite. We also identified a potential problem in the ground floor rooms after the service told us of an incident in August 2011. We have now asked the service to look at ways of providing safe window security that will prevent an individual from using this as an exit area.

Staff should regularly review the inventory sheet to make sure there is an up to date record of all personal items and valuables.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider should explore ways to make sure that any resident whose accommodation is located on the ground floor cannot exit by the windows within those rooms.

The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), regulation 4

Welfare of users - a provider must

4 - (1) (a) make proper provision for the health, welfare and safety of service users

Timescale-on receipt of report

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

We found the performance of the service was very good in the areas covered by this statement. We decided this after we spoke with residents and their relatives. We also considered the comments in the returned questionnaires.

We looked at the minutes of resident's meetings and we saw that staffing is included in these meetings and in key-worker meetings.

Residents are assisted to explore some questions they may wish to ask people who are interviewed to work in the care home.

We spoke to ten residents and two carers over the two inspection days and all stated they were very happy with staff.

Comments from one-to-one discussions and from the completed questionnaires included:

"I think staff are very caring and look after me well"

"I have no complaints, the staff are good to me"

"The staff are great, very nice girls who laugh a lot"

"I am very happy with the care my Dad gets in the home and everyone is very nice to me and my family when we visit"

"Staff here are extremely friendly and professional in dealing with my mother"

"Our family have been impressed with the quality of care and high standards met within this environment".

We looked at service questionnaires and surveys. We noted that any comments or concerns were acted on. These were displayed in the entrance area within a response document, 'You said we did'.

Each quarterly newsletter contains personal details of a staff member which helps relatives and service users become familiar with staff, particularly those who are new to the service.

Evidence to support further strengths in this quality statement is detailed under Quality Theme 1 Statement 1.

Areas for improvement

The senior staff should consider using resident and carer feedback to inform staff appraisals and supervision.

The service should continue their training development plans that include carers.

Staff may wish to consider carers being involved in future job interviews at the care home.

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 staff spoken with had a good understanding of the national care standards and the Scottish Social Services Council (SSSC) codes of practice. Training that all staff must complete includes:

- * fire training
- * moving and handling
- * infection control
- * health and safety and
- * food hygiene.

We saw good links between training, support, supervision and individual personal development. During inspection we saw that this has assisted the staff group to reflect the needs of the residents in a way that improves quality of life.

We read the staff meeting minutes and saw that these are held regularly. The core agenda includes looking at standards within individual rooms and the overall environment, training and practice updates.

Staff receive supervision every eight to ten weeks. They also have an annual appraisal. They each have a professional development folder, 'Your journey to registration and beyond'.

Around 96% of staff have completed their SVQ 3 qualification which is required for registration with SSSC.

The manager, deputy and senior care workers are registered with SSSC.

There was evidence that workers are supported to follow best practice guidance in a number of areas including, medication, falls management, and nutrition.

We observed that staff are very skilled at listening to and understanding the views of residents. It was clear that people's views are respected and heard.

We also saw that people are comfortable in expressing their views and wishes. Staff make sure that residents are fully involved in the daily activities of everyday living.

All staff within the home including the kitchen staff, domestic staff and the handyman had received dementia awareness training.

There is also a mental health provider focus group held every two months for all older people's services. This gives staff an opportunity to share practice and develop skills and knowledge from their colleagues.

We saw records that all senior staff had completed Adult Support and Protection training.

The provider completes an annual internal quality assurance and satisfaction survey. Overall staff responses were positive with a good job satisfaction rating.

Areas for improvement

All staff should attend adult support and protection training.

Protection of Vulnerable Adults should relate to Adult Support and Protection West of Scotland guidance and detail specific contacts; social work and police.

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

As well as the evidence within Quality Theme 1 Statement 1 we saw that the comments, compliments and suggestions policy allows residents and carers to voice their opinions on all areas of service provision and development.

The suggestion box located within the entrance area is another way that people can comment on any part of the service.

There are two areas in the unit that have 'ideas, innovations and suggestions' boards. People can use these as another way to improve service development. The staff team regularly look at these boards and take action when needed.

The open door policy of the management team is regarded by staff as a positive aspect of team building.

Areas for improvement

The management team should consider collating all the feedback from residents, carers, staff and professionals and produce a service annual report. This feedback could then inform a development plan and would give the staff team a clear focus for service development for the forthcoming year.

Involvement in the self-assessment process should be more clearly identified within the submitted document and quality assurance documents.

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

As stated throughout the report the management team and staff members are very good at making sure everyone involved in the service has an opportunity to voice their opinion.

There are a number of ways, clearly identified within the quality statements 1.1 2.1 and 3.1, that the service has evidenced a commitment to improving service delivery.

Feedback from resident's surveys, carers' surveys and visiting professionals show that the service continually aims to improve. Key-worker meetings, staff meetings and forums where practice issues are discussed are central to service improvement.

Evidence of continued investment in training for staff, the excellent relationships with professionals, and the ongoing aim of staff to provide a high standard of care for residents, reflects the desire of the management team to continually seek ways to improve an already high standard of care.

Areas for improvement

As stated above feedback from all the surveys, questionnaires and other ways opinion is sought should be collated and produced in an annual report and /or directly inform a development plan.

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

None.

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	4 - Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	4 - 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	
17 Nov 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
7 Jul 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	Not Assessed
22 Jan 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed

Inspection report continued

25 Jun 2009	Announced	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Care and support</td> <td style="width: 40%;">6 - Excellent</td> </tr> <tr> <td>Environment</td> <td>5 - Very Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>6 - Excellent</td> </tr> </table>	Care and support	6 - Excellent	Environment	5 - Very Good	Staffing	5 - Very Good	Management and Leadership	6 - Excellent
Care and support	6 - Excellent									
Environment	5 - Very Good									
Staffing	5 - Very Good									
Management and Leadership	6 - Excellent									
27 Oct 2008	Unannounced	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Care and support</td> <td style="width: 40%;">5 - Very Good</td> </tr> <tr> <td>Environment</td> <td>5 - Very Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Environment	5 - Very Good	Staffing	5 - Very Good	Management and Leadership	5 - Very Good
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Staffing	5 - Very Good									
Management and Leadership	5 - Very Good									
30 Jun 2008	Announced	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Care and support</td> <td style="width: 40%;">5 - Very Good</td> </tr> <tr> <td>Environment</td> <td>5 - Very Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Environment	5 - Very Good	Staffing	5 - Very Good	Management and Leadership	5 - Very Good
Care and support	5 - Very Good									
Environment	5 - Very Good									
Staffing	5 - Very Good									
Management and Leadership	5 - Very Good									

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بایتسد میم ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

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

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