Care service inspection report

Full inspection

Capability Scotland - Fife Community Based Services
Housing Support Service

Unit 1
Halbeath Business Park
Kingseat Road
Halbeath
Dunfermline
Service provided by: Capability Scotland

Service provider number: SP2003000203

Care service number: CS2003055021

Inspection Visit Type: Unannounced

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

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

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Summary

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

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

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Quality of care and support</td>
<td>4</td>
<td>Good</td>
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<tr>
<td>Quality of environment</td>
<td>N/A</td>
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<tr>
<td>Quality of staffing</td>
<td>4</td>
<td>Good</td>
</tr>
<tr>
<td>Quality of management and leadership</td>
<td>4</td>
<td>Good</td>
</tr>
</tbody>
</table>

What the service does well

Staff are generally well trained and enabled to support customers well.

What the service could do better

The service needs to ensure all staff identify and promptly refer adult protection issues.

Some gaps in management cover over the past year led to both leadership and staff confidence being reduced in one part of the service.

What the service has done since the last inspection

The service has paid particular attention to the health needs of customers. It has helped prevent hospital admission by good practice and has arranged health checks such as breast examination by a nurse.

Conclusion

The service is generally customer focussed with a positive ethos.
1 About the service we inspected

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

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

The service has been registered with the Care Inspectorate since April 2011.

**Recommendations**

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

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

**Requirements**

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

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

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

**Quality of care and support** – Grade 4 – Good

**Quality of environment** – N/A
Quality of staffing - Grade 4 - Good
Quality of management and leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

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

What we did during the inspection
We visited the service over three days. We met with customers, staff and managers. We attended a customers’ activity and social event. We consulted with a relative and with a professional who visited the service. We studied a wide range of documents including personal plans, staff supervision and training records.
Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk
The annual return
Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service sent us a Keys to Life self assessment. Much of this was useful however, some sections appeared to be cut and pasted from a standard Capability Scotland response as some of the info. upon enquiry, did not apply to the service.

Taking the views of people using the care service into account
Almost all of those using the service have profound and complex needs and it is not possible to ascertain their views apart from via carers who guesstimate how they feel.

Taking carers' views into account
CSQ responses were fairly positive but the person we spoke to had an issue with lack of management oversight at the house his relative lived in.
3 The inspection

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

**Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 4 - Good

**Statement 1**

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

**Service Strengths**

We assessed the service as 'good' in this area. The evidence we saw included:

We were shown the local returns for a recent national customer survey done by Capability Scotland. Six people out of 15 locally had completed the survey. Their responses were positive. This showed Capability was interested to find out what customers opinions were.

We saw plenty of evidence that six monthly reviews of customers' needs were taking place and that relatives were involved. We noted that at these meetings customers and carers had the chance to give their views about the care they received. We read customer feedback forms filled in after reviews that showed customers' relatives and social workers making detailed comments about the care offered. This meant Capability prioritised finding out the views of families and professionals.

We saw evidence of the setting of goals with customers. This is very important to ensure support is meaningful and helps the person's life to progress in a way they want.
We read publicity that had been produced of 'good news' stories about progress customers had made. For example a gentleman had been supported to move on from needing 'peg' (stomach tube) feeding to enjoying eating meals. This showed good practice and also showed that the service understood that it is important to celebrate positive changes in peoples' lives.

A local social work assistant attended reviews regularly at one part of the service. She was enthusiastic about the standard of reviews and thought the involvement of customers and relatives was high. She told us that this was one of her favourite services to visit due to the positive atmosphere and standard of support offered to customers.

**Areas for improvement**

Documents meant to be used by and with customers like personal plans had some photos and symbols included. This meant the service cared about customers being able to be involved in their own care planning. However, these could be improved by using more personalised photos and symbols and perhaps using humour to make them more accessible.

In general we found that various consultation methods found elsewhere in the organisation were not being used here. There was a feeling that the majority of local customers having complex needs may mean these methods were not suitable. However if flexibility and imagination are applied, they can be. For example, Capability Scotland has a forum initiative called 'Capable Customers' that was not used here. The local manager advised us he had not been aware of this initiative. The organisation's 'Have Your Say' comments and feedback forms were also not in use.
Complaints leaflets were in personal files but the format was formal and not customer friendly. We did note there had been only one complaint, which was anonymous, to the local organisation this year. We suggest an easy access format complaints leaflet is made widely available to customers and families.

The manager had explained he has now clarified what the policy and procedures are about staff accompanying customers on their holidays. A support staff member had suggested to us that the organisation should ensure customers and families are advised in writing about this. In the interests of transparency we agreed with this and discussed it with the service manager who decided to draw up a ‘Frequently Asked Questions’ sheet for families about support on holiday. This showed the organisation was able to adjust practice quickly in the light of feedback. We did find that positive quality on several occasions during this inspection.

In summary, we suggested that the service consider creating ways to further involve customers and families. We will be looking for improvements in this area next time.

Grade
4 - Good

Number of requirements - 0
Number of recommendations - 0
Statement 3
“We ensure that service users’ health and wellbeing needs are met.”

Service Strengths
We assessed the service as ‘adequate’ in this area. Some of the evidence we found to support this was:

We were impressed to find that the service had asked the local GP and a nurse to do basic health checks such as blood pressure and breast examination with customers. Often people with profound needs who cannot ask themselves, miss out on such routine checks. The support staff and managers acknowledged they would like to do more in this area. It was agreed that consent issues for examinations especially where the person has no welfare guardianship order in place, can be complex.

Staff had supported customers at home during periods of ill health, preventing hospital admission. In one case they had assisted the NHS to provide a ‘Hospital At Home’ service. That was good practice as it meant the person stayed in their own familiar environment despite being very unwell.

We saw that customers had Health Passports on file. This meant if they had to go into hospital, key information about them would be clearly set out for NHS staff. We also saw evidence that customers had access to specialist health services such as speech therapists and dentists. Again, it is known that people with disabilities often receive a poorer service than average.

We looked at medication practice, training and observation of practice by managers. We found this was of a good standard.
Areas for improvement

Unfortunately, we found that the good practice noted above was, at the time of this inspection, offset by areas where improvement was required.

A customer with complex needs asked to speak to us about not wishing to attend his service in the community (from another provider). We found that he had allegedly suffered neglect at that service over previous months. He had made repeated requests for personal care that it was alleged were not listened to by staff at that other service. This had culminated in the gentleman returning home from that service in discomfort due to alleged lack of care. The manager agreed with us that this was an Adult Protection matter. The gentleman’s social worker already knew about the general issues of poor care at the community service. However, the authorities had not been advised of a more serious issue that had taken place a week prior to our meeting with the customer. We advised that the matter should be reported and this was done. We also reported the matter to the Care Inspectorate Inspector for the other service.

It is very important that support staff and their team leaders are sufficiently aware and knowledgeable about Adult Protection to assess accurately when poor care has escalated to Adult Protection that needs to be reported to the authorities as a matter of urgency. The service must ensure that Adult Protection practice (both staff and managers) and management oversight are of a high enough standard to protect vulnerable adults from potential and actual harm. We have made a requirement about this. (See requirement 1).

This matter should also have been reported as an 'incident' to the Care Inspectorate but had not (this has now been done). We found that the service had recorded serious incidents within its own systems during the past year. However not all had been reported to the Care Inspectorate. It is very important that services notify the regulator of all serious incidents that caused harm or had the potential to cause harm or loss. In that way we can monitor any trends or patterns and pick up any serious matters at the time or follow them up at the next inspection. We have made a recommendation about this issue. (See recommendation 1).
We noted that only a minority of local customers had welfare guardianship orders in place (all files we looked at did have up to date S47 certificates in place). This can disadvantage vulnerable people. We suggested that this be taken forward as a priority with the local authority, perhaps via the Learning Disability Team.

We saw on file that one person’s behavioural plan that had been prepared by a psychologist was seven years old. The team leader agreed it would be good practice to ask for an updated one.

**Grade**

3 - Adequate

**Requirements**

**Number of requirements - 1**

1. The provider must ensure that all staff follow its own procedures and the multi agency procedures for adult support and protection to ensure appropriate action is taken to protect people from potential or actual harm. This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Service) Regulations 2011 SSI 2011/210 Regulation 4 (1) (a)

Timescale: immediately upon receipt of this report.

**Recommendations**

**Number of recommendations - 1**

1. The provider should ensure that the Care Inspectorate is notified of all serious incidents that caused harm or had the potential to cause harm to customers.

National Care Standards 4 Care at Home - Management and Staffing (proper record keeping, including incidents and complaints).
Statement 5
“We respond to service users' care and support needs using person centered values.”

Service Strengths
This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings:

We assessed the service as 'very good' in this area. Here is some of the evidence we found:

It can be taken as a sign of concern for person centred values when personal plans are written by staff (on behalf of the person with complex needs), in the first person. We found that here.

We observed directly that support staff and team leaders responded with respect and concentrated attention to customers. For example, we observed a support worker carefully interpreting the sounds, signals and body language of a customer with complex needs who was seeking to communicate with us.

It is accepted that behaviour is a means of communication. For example if a person bangs their head or cries out. We found that staff showed in their work that they understood this and did not see such behaviours as a barrier to supporting a customer.
We read documentary evidence of team leaders observing and evaluating the practice of staff on a regular basis. This happened as part of SVQ assessment and also after medication training and prior to the support worker being allowed to undertake medication work with customers. This showed the team leaders prioritised ensuring staff practice with customers was of a good standard.

Areas for improvement
One of the houses lived in by customers also contained staff offices on the upper floor. As well as daily routine administrative work taking place there and the housing of computers and files, staff meetings were also regularly held there. The Care Inspectorate recommends that providers do not have offices or staff meetings or hold formal supervision meetings within people's own homes. The team leader took our comments on board and made the helpful proposal that separate door bells could be installed for the house and office and that a separate lock be put on the inner door that gives access to the house. We agreed these simple steps would make a positive difference. We did suggest that in the longer term consideration be given to removing staff offices from the house. The service does also have several offices locally elsewhere, away from customers' own homes.

Grade
5 - Very Good
Number of requirements - 0
Number of recommendations - 0
Quality Theme 2: Quality of Environment
Quality theme not assessed
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

Statement 1
“We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.”

Service Strengths
We assessed the service as ‘good’ for this area. Some of the evidence we found included:

Customers had been involved in the most recent round of recruitment for relief staff. One person had taken part in a group interview of several candidates. Customers were also asked if there was a question they would like to have asked. Relatives had been asked to put forward questions for support staff interviews and one person had submitted a question. This showed that the service understood the importance of participation by customers and carers in improving the quality of staffing.

We saw evidence from review minutes that customers and relatives were asked during their reviews if they had opinions about staff and staffing. This was a good opportunity to involve people.

We spoke to the service manager about Capability’s practices and policies in terms of Safer Recruitment. That means managers being very careful to make sure that the staff they appoint will be safe and properly qualified to work with vulnerable people. The service manager explained this is a priority for him and he has learned from direct experience how important this issue is. It can mean that the recruitment process takes up to 12 weeks but he saw that as still quite efficient and well worth it to ensure the best and most trustworthy staff were appointed.
**Areas for improvement**

Although the service had some involvement of customers and relatives in the interview process, we thought that this could be extended. Those with more profound needs could be asked to contribute to a wish list of the kind of qualities they would like to see in a staff member and these could be added to the person specification. Some customers in the service would be well able to be on the interview panel itself.

We noted that customers were not able to choose their key worker. This can be a good way of increasing choice and empowerment. It was thought that the staff groups were too small for this to be practical but it was agreed consideration would be given.

There had been some support worker vacancies at one part of the service on and off over the past year. Both support staff and a relative told us they considered this had affected the quality of the service at times, particularly when only one person was on a shift or part of a shift instead of the complement of two. Managers considered this had not occurred frequently but took on board that was the view expressed.

**Grade**

4 - 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
We assessed the service as ‘good’ for this area. Here is some of the supporting evidence:

‘Keys to Life’ is an important government document that seeks to improve the quality of life for people with learning disabilities. We found that staff we spoke to knew about ‘Keys to Life’, valued the chance to discuss the issues and understood why they were important. All three team leaders had specific discussions in team meetings about ‘Keys to Life’. We saw evidence of notes and ideas from one of the meetings. This showed that the service identified ‘Keys to Life’ as a priority to enhance staff learning and practice.

Staff we spoke to were also aware of National Care Standards and knew where to access a copy in the office if they needed to consult it.

We found that staff were generally qualified to SVQ 2 or 3 standard.

Apart from the staff group at the houses where there had been vacancies and gaps in management cover (see below), all other staff we spoke to were enthusiastic and upbeat about their work and considered they had frequent training of a suitable standard.
Areas for improvement

In one part of the service we found that there had been gaps in supervision and management cover leading to lack of overview, leadership and staff confidence. The team leader had been seconded on a temporary part time basis to another service whilst still covering her own service. We found from staff CSQs, speaking to staff and looking at supervision records that backfill cover had been inadequate. Between autumn 2014 and spring 2015 in particular, there was a lack of staff supervision and team meetings for that part of the service. Staff gave examples of some important customer related paperwork that had not been dealt with in good time by the team leader. Some staff in this team said they were behind with core training refreshers. Training records we saw confirmed there were gaps. Overall we were informed of and observed low morale in this part of the service. All this was in contrast to the other two teams in the service where standards were good and morale was high.

We suggest that in future, care is taken by managers to ensure team leader cover is adequate at all times, to support good service delivery.

We also recommend that supervision takes place on a regular basis as stated in Capability Scotland policy and is of a good standard. See recommendation 1.

Grade
4 - Good

Number of requirements - 0

Recommendations
Number of recommendations - 1

1. The provider should ensure that staff supervision and support are carried out regularly and according to Capability Scotland policy.

National Care Standards 4 Care at Home - Management and Staffing
Statement 4
“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths
We assessed this area as 'very good'. Some of the evidence we found was:

The social work assistant from the local authority who had contact with the service considered that the staff showed a respectful ethos. We also found evidence of that when we interviewed staff. Staff were very thoughtful and reflective about what was in customers' best interests.

New staff were required to complete a Capability Scotland 'Valuing People' workbook. It was reported to us that the content of the workbook was also discussed within supervision sessions for more experienced staff. This was very good practice.

Areas for improvement
The provider should ensure that gaps in management cover do not lead to low staff morale or gaps in training updates which in turn may lead to the very positive ethos being eroded.

Grade
5 - Very Good
Number of requirements - 0
Number of recommendations - 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 4 - 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
We assessed this area as ‘good’. Some of the evidence we found was:

As well as the positive elements we noted under statement 1.1, we noted that family members had been asked to take part in the recruitment process to appoint a new team leader. However, none was able to do this. Interview questions put forward by family members were used in the interviews. This showed that the service prioritised asking relatives to become involved.

Areas for improvement
The self assessment completed by the service refers to a National Group of customers. None of the customers supported by this service is part of that group. The provider used a customer feedback form called ‘Have Your Say’. This was not being used by the service. We discussed that with support, that form could be used.
The provider encouraged services to start a ‘Capable Customers’ group that we have seen in action in other Capability Scotland services. This service has not had a 'Capable Customers' group. We suggested that be looked into.

We would like to see more extensive and meaningful consultation of customers and family members at our next inspection.

**Grade**
4 - Good

**Number of requirements** - 0
**Number of recommendations** - 0
Statement 3
“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths
We assessed this area as 'good'. Some of the evidence we found included:

The manager showed us in discussion that he sought to encourage staff to consider promotion. A support worker put themselves forward recently to apply successfully for an temporary part time team leader position with the manager’s encouragement.

Staff told us they had been supported and encouraged to take personal and professional responsibility and to show leadership. For example, support staff have taken on roles in health and safety and as fire marshalls. Two of the staff concerned told us they felt proud that they were doing this over and above their day to day tasks.

This showed the provider understood the importance of promoting leadership qualities amongst staff, to improve the standard of service delivery.

Areas for improvement
The manager’s view was that he had assessed some staff as being reluctant to take on board the ethos of ‘leadership throughout the organisation’. Some examples were discussed concerning staff not speaking out if they felt a matter was not their direct responsibility. This could affect outcomes for customers. It was agreed further training would be helpful, to enable staff to see how their lack of action can affect customers.
The service’s self assessment submission referred to staff training on ‘Outcomes Focussed Delivery’. This could help staff always to prioritise the needs and aspirations of customers. This training has yet to be rolled out locally. We look forward to seeing being achieved by the next inspection.

**Grade**
4 - Good

**Number of requirements** - 0
**Number of recommendations** - 0
4  What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6  Complaints

There was one anonymous complaint about staffing that we were advised has now been resolved.

7  Enforcements

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

8  Additional Information
# Inspection and grading history

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<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<td>12 May 2014</td>
<td>Unannounced</td>
<td>Care and support: 5 - Very Good</td>
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<td>Management and Leadership: 5 - Very Good</td>
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Tha am foillseachadh seo fhaighinn ann an cruthannan is c?nain eile ma
nithear iarrtas.

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Bekijk de onderzoeksrapporten en andere formaten op verzoek.

Tämä on käytettävissä muilla kielillä ja muilla muodoilla pyynnöstä.

Thess wthíqí thåtwfír thåwfgat ñnmåhíq ñxåwmrhíq öñwñ trick wpthñw

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