

# Care service inspection report

Full inspection

## Bluebird Care Edinburgh Support Service

75a Peffer Place  
Craigmillar  
Edinburgh



HAPPY TO TRANSLATE

Service provided by: J & J Perry Limited Trading as Bluebird Care Edinburgh

Service provider number: SP2008009670

Care service number: CS2008172332

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.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## 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 staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

We met a motivated and well supported group of staff providing care in a way which encouraged choice and participation.

We found good systems in place to support care including well written personal plans which gave clear guidance to staff on the needs and preferences of the people who used the service.

We found examples of the service being flexible to meet the needs of its customers. We received a range of strong testimony from people who used the service and their carers expressing their confidence and satisfaction in the care provided.

We found a range of methods in place to monitor the quality of the care being provided.

The service continues to be innovative and forward thinking. An example of this was the introduction of the PASS call monitoring and information technology system. The service was also looking at how dependency levels are identified in care at home services.

### What the service could do better

Areas for improvement described in the report include the need to ensure that:

Written information in people's homes is up to date and any out of date information is removed.

Written care records held in homes are audited.

Staff have access to Adult Support and Protection training.

All incidents are correctly recorded and where necessary are notified to the Care Inspectorate.

### What the service has done since the last inspection

The service has made significant improvements since the last inspection. This is reflected in the increased grading's for all Quality Statements inspected. Communication had improved. Work had also been successfully undertaken to improve staff rotas. This had made the timings of visits achievable, improved the consistency of the service to individuals and reduced the stress on staff.

The service was in the process of introducing the PASS call monitoring and information system which provided staff with a range of information and allowed for the "real-time" monitoring of the care tasks including medication administration.

Three requirements and two recommendations were made arising from the previous inspection and subsequent complaints investigations. All but one had been met.

### Conclusion

We continued to find a strong commitment from directors, managers and care staff to provide a high standard of care to people who used this service.

We received a range of positive comments from people who used this service and their families.

# 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](http://www.careinspectorate.com).

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

Bluebird Care (Edinburgh) opened in 2008 and is part of the Bluebird Care franchise group of companies. Bluebird Care is a national provider of care in the home, specialising in working with customers and their families who require social care in their own homes. The service offers a unique service of tailored care visits from 30 minutes to full live-in support.

Care and support provided include:

- Assistance with personal care.
- Support managing medicines.
- Assistance with maintaining mobility.
- Support to prepare meals.
- Support with shopping.
- Domestic tasks.
- Outings.
- Short breaks for carers (Respite care).

The company's website states that:

'The ethos of Bluebird Care is good old fashioned service with a 'can do' attitude, which has been built around a passion to deliver high quality care and an excellent level of service'.

Customers may be funded through a variety of routes or they may purchase their care through a Direct Payment, an individual budget or personal fund.

## Recommendations

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

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

## Requirements

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

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

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

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We wrote this report following an unannounced inspection. This inspection was carried out by two inspectors.

The inspection took place on the 27 and 28 October 2015.

The inspection involved shadowing staff and visiting service users in their homes on 27 October 2015. This allowed for observation of the service being provided in people's homes at different times of the day and in different locations.

We gave feedback to the Registered Manager and Directors of the company on 9 November 2015.

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

We spoke with eleven people who use this service. We also spoke with two people who were relatives or friends of people who used the service.

We spoke with the Directors of the service, the registered Manager, the co-ordinator and seven care staff.

We issued 38 Care Standards Questionnaires to people who used the service and their families. We received eight completed returns. We issued 15 staff questionnaires and received four returns. We followed up some questionnaires with phone calls to the respondents. Comments made in returned questionnaires are referred to in this report.

Documentation sampled included:

- Personal plans, including risk assessments
- Information provided to people who use this service
- Customer newsletters
- Letters and memos to people using the service and staff.
- Organisational chart.
- Daily recording diaries.
- Significant incident reports.
- Staffing rotas.
- Training records.
- Staff meeting minutes and information provided to staff.
- Staff induction records.
- The services "Concerns log."
- "On call" records
- Policy and procedural guidance.
- Quality monitoring tool
- Call monitoring reports
- Dependency scales

### **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](http://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.

We received a fully completed self assessment document from the service provider. We were satisfied with the way that the service provider had completed this and with the relevant information that they had given us for each of the headings that we grade them under. The service provider identified what they thought they did well, some areas for development and any changes that they had planned.

## Taking the views of people using the care service into account

We received a range of positive comments from people who used the care service. This included people we spoke with or returned questionnaires. Typical of comments received were:

"The girls are marvellous, I take my hat off to them, I have no complaints."

"The carers know what they are doing and they are good at checking with me. "

"We have been completely happy with service provided unlike other companies we tried previously."

"I am very pleased with the girls."

"All of the carers who visit are helpful and friendly."

## **Taking carers' views into account**

We received a range of positive comments from family members of people who used the care service. This included people we spoke with or returned questionnaires. Typical of comments received were:

"In the event of even minimal delay we are contacted by the office to be updated."

"Good continuity of provision helps us to have confidence."

"The organisation of Bluebird has been professional."

"The staff always ask my opinion, I feel involved."

"The staff who come into the house are generally very good."

We also found a range of thank you cards to the service.

Comments made included:

"Thanks to everyone involved in my relatives care over the past few years . My relative would not have managed in their own home all that time without the care provided."

"Thank you Bluebird for all the wonderful care and attention you gave to our relative over the years."

## 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 saw care being provided to a high standard with the participation of people who used the service and their relatives being actively promoted. We observed staff offering choices to people who used the service and checking with them that they were happy with the choices they had made. In speaking with staff it was evident they were aware of their role to promote choice and involvement. We observed staff providing care in a way which was respectful and promoted the dignity of people using the service.

We found evidence that people who used the service were routinely involved in the development of their support plans. Family members were also involved and consulted.

We could see evidence of the service working to ensure that people were being informed in advance about who would be coming to provide their care. Staff were introduced to people they would be caring for. This was done as part of the induction process. As a further safeguard people who used the service were asked to contact the office if they saw a name on their weekly schedule which they did not recognise. Staff were also asked to inform the office if they had been allocated a customer who they had not met before.

We received several positive comments about communication. People told us they were usually informed if a member of care staff was delayed or if changes in the person providing care had to be made at late notice.

The service had contacted people receiving care earlier in the year with a questionnaire to gauge their satisfaction with the service provided. Results had been collated and where appropriate individuals had been contacted to follow up on the comments they had made.

We found evidence that people who used the service had access to regular reviews. All records sampled evidenced reviews had been held at least once every six months with the exception of one review which had been cancelled due to a family member being unable to attend. Review records evidenced regular family involvement. The service had developed a good recording format for reviews. Areas covered included outcomes for people using the care service and the opportunity to ensure risk assessments were kept up to date. Reviews also gave people who used the service the opportunity to give their views on the quality of care they received. People were also given the opportunity to tell the service what they thought about the way care was provided during "spot check" visits by supervisory staff.

People who used the service were provided with a well presented and informative newsletter. The Spring/Summer newsletter 2015 provided information on changes in staff and invited people to contact the service if they wanted to comment on the way care was being provided. People who used the service were invited to be involved in the recruitment process for new staff. The service had also been open in their communication with their customers about the challenges they had faced earlier in the year and areas for development made in the previous inspection report and in feedback from their own customer survey.

We found examples of the care service being flexible to meet the needs of individuals changing times if necessary to fit in with appointments or other commitments.

## Areas for improvement

We found some out of date information was held in people's homes including information which referred to individual staff no longer employed in the care service. During inspection feedback we suggested it would be helpful if staff could check the information held in people's homes to ensure it was up to date and remove any out of date information..

Some individuals we spoke said they were usually, but not always, contacted about changes in staff providing their care. Lapses in communication were described as occasional rather than frequent. In general the people we spoke with described communication as an area that had improved significantly since the previous inspection.

A person using the service had been involved in the process of recruiting staff and further work was planned in this area. During the inspection we spoke with the manager about potential benefits of people using the service being involved in staff training /induction. This was seen as an area for future development.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

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

#### Service Strengths

All people using the service and family members spoken with expressed their confidence in the care provided.

The service had introduced the PASS system which worked as a call monitoring and information technology system allowing staff to receive and record information via an App on their mobile phone. The system had functions which allow for the live monitoring of care i.e. confirmation that visits have taken place, the times of visits. The system also confirmed tasks for example the administration of medication were being completed. Office based staff receive alerts if visits are not logged or tasks not completed to allow them to check why. We saw that staff were regularly checking with information on the PASS system to ensure they were up to date with support plan information

Plans were being put into place to ensure that as support plans are updated the paper copy provided to people to keep in their homes will be updated. People using the service and their relatives will also be able to access their own information electronically if they wished. All personal plans sampled were up to date and contained the appropriate level of detail to ensure staff had the information they needed to provide care correctly and consistently. This was important as the service provided care to a number of individuals with complex care needs.

Staff told us that the introduction of increased travel time had made keeping to their rotas more manageable. Where staff were having problems they could discuss this with the co-ordinator who was described as responsive and helpful. Staff said they could stay the full amount of time allocated for their visits and this was confirmed in conversation with people who used the service and family members.

We observed good staff care practice around Health and Safety. We saw staff checking with people that they had access to their community care alarms. Staff also checked to ensure sufficient lighting was available and that people were warm. We saw correct use of gloves and aprons. The service had a good format for environmental risk assessments. Risk assessments sampled were well maintained and up to date.

Care records evidenced that staff were aware of their role to observe people for any apparent health or sensory problems and to report any concerns to the office. Records indicated that where concerns had been reported these were passed on to the relevant family member or healthcare professional.

Records sampled evidenced that the consistency of staffing provided to individuals had improved, one person told us that receiving care from a small group of staff over the past six months had helped them enormously.

The service had improved contingency planning with a standby member of care staff available at weekends to cover for late notice sickness or other problems.

Records of the services "on call" out of office hours support system for staff indicated that staff were receiving appropriate support if they contacted the on call operator for advice. A good recording system was in place to ensure that calls were logged and any follow up action needed was recorded. Follow up actions were being recorded when completed.

### Areas for improvement

One person who we met told us they had been supported by a high number of staff over a short period in the weeks prior to the inspection. With their permission we discussed this with service. We were told there had been a problem created by a member of staff who had called in sick at late notice on several occasions. The service had recognised and responded to this problem. Records indicated a consistent core team of staff were now providing care to this individual.

While shadowing staff it became apparent that some staff were unsure about how to access previous care notes typed into the PASS system. Paper records were also being kept in some homes where communication with families or other care agencies was needed. We discussed this during the inspection feedback. The service providers were aware that the PASS system was "bedding in" and staff were continuing to learn about its full potential. We discussed that while paper records remained in the homes of people using the service these would need to be audited. We found one occasion where the reason for postponing a review had been recorded on a paper system in the person's home but not electronically so that the manager was unaware it had happened.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

Comments made in Quality Theme 1. Quality Statement 1. are also relevant to this Quality Statement.

We have also applied the grading of five "Very Good" awarded in that Quality Statement to this Quality Statement.

### Areas for improvement

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

#### Service Strengths

Staff described the support they received to carry out their duties in positive terms. Individuals told us communication with office based managers and their coordinator had improved. Staff described feeling listened to and confident that they could discuss any concerns they might have with their managers. We found staff morale had improved significantly since the previous inspection. Staff told us they felt valued. Staff we spoke with were motivated and committed to meeting the needs of the people they provided care and support to.

We sampled recruitment records and found they were well maintained. The care service had adopted an "Assessment Centre" approach which allowed them to assess the suitability of job candidates and give applicants more information about what the job might entail. Recruitment procedures were recorded on a checklist. The service was taking up references on job applicants. References were being verified and where necessary additional information was being sought.

We looked at documentation for four individuals who had commenced employment recently. All had received induction training which had been extended from five to seven days to include an additional two days that included a mixture of both office based activities and shadowing experienced staff. New staff had to complete a three month probationary period. We found evidence that they received additional support during this period including shadowing, probationary supervision meetings and telephone support calls. At the end of the probationary period a meeting was held to acknowledge completion.

Training records confirmed that mandatory training was being maintained. We also saw examples of training to meet the specific needs of people using the service including training in cooking for younger staff who might not have the necessary cooking skills to prepare food in the manner preferred by older people.

Staff described supervision as helpful and the majority of people we spoke with had received supervision in the previous three months.

We saw evidence staff who were newly in post being involved in the "Step into leadership" programme. This encouraged staff to reflect on their skills and care proactive and record what learning they had gained. We were impressed by the quality of work done in this area to promote a confident and reflective workforce.

Staff meetings had been held in July and September 2015 and although attendance was low all staff were given copies of the meeting minutes.

Three members of care staff had been appointed as "Lead care assistants" to provide additional support to care staff.

### **Areas for improvement**

All of the staff we looked at as part of the sample for staffing training had received Adult Support and Protection training however for some individuals this was back in 2012.

(See recommendation 1 )

The service provider was in the process of arranging refresher infection control and food hygiene training for staff.

Medication competency assessments had been implemented for staff coming into post. The provider had also embarked on a programme of providing this for all staff however in the files we sampled several staff were still waiting for this.

The recording of care staff meetings could be improved. Where actions needed are identified these should be recorded with the names of the people responsible and timescales for action. Action points from previous meetings could also be included on the meeting agenda.

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. All staff should have access to regular Adult Support and Protection training. National Care Standards. Care At home. Standard 4, Management and staffing.

## 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

Comments made in Quality Theme 1. Quality Statement 1. are also relevant to this Quality Statement.

We have also applied the grading of five "Very Good" awarded in that Quality Statement to this Quality Statement.

### Areas for improvement

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

### Service Strengths

We found strengths described in the previous inspection report had been consolidated and built on. We saw the service had made improved use of the information provided by its call monitoring system for assessing the quality of the service provided including the consistency of care provided to individuals. When fully implemented the new "PASS" system has the potential to provide the service with a greater range of information which can be utilised for Quality Assurance. This will include outcomes and tasks completed and missed. Operational statistics will include reviews and staff supervision as well as analysis of nutritional and hydration information entered by staff.

A Quality Monitoring tool was being used which included in a range of checks:

- A completed support plan in place which reflects the needs of the individual.
- Risk assessments maintained up to date.
- Equipment checked where relevant.
- Medication support plan in place.
- Medication records being audited.
- Reviews being completed within desired frequency.

The monitoring tool alerted staff to when any of the above tasks required to be updated.

We found a well organised office. All of the information needed for the inspection was easily accessed including a range of information held on the service's computer systems. This level of organisation supports Quality Assurance.

## Areas for improvement

The need to improve the notifications sent to the Care Inspectorate was discussed in the previous report. Notifications were being submitted appropriately however we continued to find examples of incidents, albeit isolated examples, where medication errors should have been recorded as an incident and further investigated. In these cases a notification should have been sent to the Care Inspectorate. The requirement made in the previous report is repeated to ensure this area is monitored during future inspections. (See requirement 1 )

## Grade

5 - Very Good

## Requirements

### Number of requirements - 1

1. The provider must ensure that the Care Inspectorate are informed about all notifiable events using the eform notification system in line with Care Inspectorate Guidance.

This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: within 24 hours of the receipt of this report.

### Number of recommendations - 0

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

### Previous requirements

1. The provider must ensure that the Care Inspectorate are informed about all notifiable events using the eform notification system in line with Care Inspectorate Guidance.

This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: within 24 hours of the receipt of this report.

### This requirement was made on 03 June 2015

Notifications had improved however we did find some examples of notifiable events which had not been processed correctly. This requirement is repeated in Quality Theme 4. Statement 4.

### Not Met

2. The service provider must ensure that sufficient staffing is in place to meet the needs of all of the people who use this service. Staffing must be organised and scheduled in a way which ensures all service users are, in the main, receiving consistent support from people they have had time to form a working relationship with. Staffing schedules must be developed to ensure staff can meet the timings and duration of allocated visits.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

**Timescale for implementation: within four weeks of the receipt of this report.**

**This requirement was made on 03 June 2015**

The service had made significant improvements in all of the areas referred to in the requirement. Records sampled indicated improved punctuality and length of stay . We received considerable improvements in customer feedback when we spoke to people about the timings and consistency of staffing. Staff told us their rotas were now achievable and any problems which arose could be quickly ironed out.

**Met - Within Timescales**

**3. The provider must ensure that all service users receive their care visits as planned and agreed in their support plans. To do this they must they must improve their contingency plan for occasions when support workers are unavailable at short notice. The provider should send the Care Inspectorate an action plan to show how they intend to achieve this.**

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

**This requirement was made on 28 May 2015**

The service had made significant improvements in all of the areas referred to in the requirement. Records sampled indicated improved punctuality and length of stay . We received considerable improvements in customer feedback when we spoke to people about the timings and consistency of staffing. Staff told us their rotas were now achievable and any problems which arose could be quickly ironed out.

**Met - Within Timescales**

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

### Previous recommendations

1. There should be a reliable system in place to introduce service users to staff before working with them for the first time. This would include a contingency plan to cover staff absence.

**National Care Standards for Care at Home; Standard 4 (6): Management and staffing**

**This recommendation was made on 03 September 2015**

The service had put systems into place to ensure staff were being introduced to people before working with them. We also found evidence of contingency planning to cover for staff absences.

**This recommendation is: Met**

2. Good communication should be consistently maintained with people who use the service and they should be contacted in advance if changes are being made to scheduled visits or staff are running late.

**National Care Standards. Standard 4. Management and staffing.**

**This recommendation was made on 03 June 2015**

We saw evidence of improved communication.

**This recommendation is: Met**

## 6 Complaints

There have been three complaints which have been upheld or partially upheld since the last inspection. You can find out more information about complaints which have been upheld or partially upheld on our website [www.careinspectorate.com](http://www.careinspectorate.com).

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
16 Feb 2015	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
7 Mar 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	6 - Excellent
		Management and Leadership	5 - Very Good
6 Mar 2013	Unannounced	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
28 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	2 - Weak
		Management and Leadership	2 - Weak
7 Oct 2010	Announced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
20 Aug 2009	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

### Other languages and formats

**This report is available in other languages and formats on request.**

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.