

Care service inspection report

Full inspection

Abbeyfield Scotland Ltd Central Housing Support Service

14, New Mart Road
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abbeyfield Scotland Ltd

Service provider number: SP2003002529

Care service number: CS2008172855

Inspection Visit Type: Announced (Short Notice)

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

0345 600 9527

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	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

Abbeyfield Scotland Ltd Central provides supported accommodation to older people. People living within the properties told us they preferred to be called residents. This term will be adopted throughout the report.

The service supports residents to live as independently as possible within a homely environment. All residents contributing to this inspection spoke highly of the staff and the support they received. Residents told us they felt comfortable and safe living in the Abbeyfield Central houses. The properties visited were of a good standard, clean, comfortable and well maintained. We witnessed relaxed, good humoured interactions between staff and residents.

The Lockerbie service had recently received a Gold Award from the Elderly Accommodation Council, National Housing for Older People Awards. The nominations for this award are invited from people resident in older people accommodation properties.

What the service could do better

Since the previous inspection, the service had made improvements to the support plans. We found, however, that further work is required to bring them to the standard that the service sets itself and demonstrate person centred focus.

What the service has done since the last inspection

The service has implemented a Participation Strategy and is demonstrating well how it involves residents. Reviews are being carried out on a more regular basis and meeting the statutory requirement of carrying out reviews a minimum of six monthly.

The service has reviewed its' structure and now has seven properties within the Abbeyfield Central Service.

Conclusion

Residents living within Abbeyfield Central receive a good level of support from the service. Residents commented on a high level of satisfaction living within Abbeyfield Central properties.

The smaller community living setting was appreciated by residents and, they said they felt safe and well looked after in their homes.

Support planning had improved but further development was required to ensure the plans are person centred and fully reflect the wishes and needs of residents.

1 About the service we inspected

Abbeyfield Central is part of the Abbeyfield Ltd. Scotland group and consists of seven properties in Coatbridge, Greenock, Giffnock, North Berwick, Haddington, Dumfries and Lockerbie. At this inspection we visited Coatbridge, Giffnock and Greenock.

The accommodation is either purpose built or adapted to suit the needs of older people requiring supported accommodation. The properties have communal areas, well maintained gardens and are situated within residential areas offering good links with transport and services.

Each of the houses has a House Facilitator, and House Supervisors, with the registered manager having overall responsibility for all of the houses within Abbeyfield Central.

Support provided to the residents include; welfare visits, managing various aspects of daily life, preparation and cooking of meals, general housekeeping tasks. The staff do not provide personal care, this can be provided by external agencies if required. The staff provide support during the day and early evening with overnight on-call telecare service.

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 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

A short notice announced inspection was carried out to the service by one Care Inspector on

17 February 2016 and on the 18 February 2016.

We discussed the plan of inspection with the registered manager, provided details on the range of evidence we would look at and discussed the methods that would be used to capture the views of residents and any other key people. We gave feedback to the registered manager on the 8 March 2016.

Over the course of the inspection we carried out the following activities:

Spoke with:

- Residents
- Human Resources Manager
- Housing Facilitator
- House Supervisor (the term the service adopts for their support workers)

We also gathered evidence by looking at:

- Residents' support plans
- Risk assessments
- Direct observation of staff practice
- Information on Quality Assurance systems
- Questionnaires returned to the Care Inspectorate
- Minutes of residents/relatives/staff meetings
- Menus
- Information on notice boards
- Staff files and training records

- Training plan
- A sample of staff files
- Internal surveys
- Newsletters
- Relevant sections of policies/procedures/records/documents including complaints

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 Care Inspectorate received a fully completed self-assessment form from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

During this inspection we spoke with residents individually and in groups. Overall residents we spoke with were very happy with the service provided.

Comments from residents included:

"I enjoy living here. Everyone is so nice, the other residents and staff"

"The food is lovely with home baking most days"

"I couldn't ask for more, nice room, good food, well looked after, what more could you want"

"There's usually something going on. I just go to the things that I fancy"

"Not sure how long I have lived here but I enjoy staying here"

"I like that there's not too many people live here. It's small and comfortable"

"The staff are very kind and look after my needs well"

"We all have a good bit of banter with the staff, they're a nice bunch"

"I feel safe and looked after here. I know I can contact staff through the day, there's always someone here and I have the alarm for through the night"

"My relatives can come and go as they please, they are always made to feel welcome"

Taking carers' views into account

We were unable to get the views of carers at this inspection

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

At this inspection, we found that the performance of the service was good for this statement. We looked at the service user involvement policy, evaluation responses, minutes of review meetings, residents and relatives meeting minutes and spoke with people who use the service to assess this statement.

We heard from residents that their views and opinions are sought on a regular basis. We saw on the notice boards in each of the properties that there was a 'You Said, We Did' poster which highlighted the results of the most recent residents survey. The 'You Said We Did' results were also included as a flyer in the residents newsletter. This demonstrated to us that residents wishes had been considered and where appropriate, acted upon. General satisfaction levels were high.

Notice boards in each of the properties provided up to date information on what was happening within the properties and the community.

Residents were kept up to date about any changes happening within Abbeyfield Scotland and were invited to attend consultation meetings where, significant changes were proposed about the future of Abbeyfield properties. Meetings were held in each of the properties on a regular basis.

The service had a good, detailed participation strategy and, we could see that they were following the strategy in seeking the views and opinions of the residents and family members.

This was carried out through questionnaires and surveys, residents meetings, reviews and general informal discussions.

The provider had developed informative booklets for residents and family members including 'What you can expect from us', There was also a regular, well produced newsletter which gave information and stories about the different houses, community activities and in-house activities.

The manager actively encourages the involvement of the community by participating in 'Spare Chair', an initiative which invites older people living on their own to join families or groups of people for lunch or dinner.

All residents spoken with during the inspection felt confident to give their views on the service provided and confirmed that any issues raised were dealt with by the staff or manager quickly and to their satisfaction.

The service has improved their process for ensuring residents reviews are carried out. We sampled review notes and could see there was resident involvement in the review and that any changes or wishes were updated within the support plan. We determined that the regular review of residents support contributed to the quality of support being provided.

Areas for improvement

The service had a number of ways to involve the residents. It could further enhance this involvement by considering meaningful ways to include people who had cognitive difficulties or dementia.

To give ownership to the residents meeting, the service could consider having a resident chair the meetings.

When we looked at the support plans we felt that there was a lack of detail within the support plan and that the layout made it difficult to readily access relevant information. We discussed with the manager the format and content of the support plans.

We suggested that including a 'one page profile' could give a summarised, personalised aspect to the support plan providing information that was important to the resident.

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 found that this service was performing at a good level for this quality statement. We concluded this after we:

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records

Residents told us that their health care needs were being met and any problems or difficulties with health issues were dealt with appropriately by staff. We sampled ten support plans and associated assessments/records. We found that overall there was a good level of detail including information on the abilities of each tenant. We noted that in each of the support plans sampled the paperwork had been signed by the tenant or a representative that they were in agreement with the content of the support plans. This means that tenants and representatives are clear about the level and type of support provided by the service. We could see from support plans that staff contacted the relevant healthcare professional and recorded the contact within the care plan.

We spoke with residents at all of the properties about the quality of the meals on offer. We were told that they were of a good standard with choices being

offered and, that they were plentiful. Fresh fruit and home baking was also available. The staff recognised the importance and benefit of providing good quality home cooking. Residents also told us that although there is a weekly menu plan, changes to the plan can be made to accommodate individual requirements.

Staff were aware of how to contact services which supported older people, particularly those residents who may feel isolated. A few of the residents had built relationships with volunteer befrienders and were achieving positive outcomes. We could see there was a good community spirit within each of the houses with relaxed, friendly conversations between residents.

We saw that people were supported to attend activities within their homes and the community. Each of the properties had well presented gardens which residents could become involved in maintaining and developing.

When we spoke to residents about living within the properties of Abbeyfield Central, we were told that they liked that the houses were of a smaller size and accommodated few people. This gave the residents an opportunity to get to know other residents better and build friendships. They also commented on the support from staff. Residents felt that staff were available to meet their needs on a daily basis and, as there was consistency in the staff team, got to know their particular likes and dislikes.

Several residents shared that they feel safe living within the properties. Having staff around and an out of hours alarm system offered re-assurance that there would be someone to respond if an emergency was to occur.

Areas for improvement

When we looked at support plans we saw that the information regarding risk assessing and recording was limited. A more detailed risk assessment and recording should be carried out and updated regularly. We have made a recommendation about risk assessment.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. It is recommended the provider identifies potential risks to residents and that the risk is assessed and a detailed risk assessment included in the residents support plan and, that it is regularly reviewed.

National Care Standards, Housing Support Services - Standard 4

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 found that the performance of the service was good for this statement. To assess this we looked at questionnaires, feedback, relevant documents and spoke to residents and staff.

We saw that residents had the opportunity to participate in recruitment. Residents had a meaningful role within the process and feedback formally on their findings. We also saw information on the notice board about how residents could become involved in recruitment of staff.

The manager told us that a few people were interested and most recently one resident had been involved in the recruitment of staff. We sampled the written feedback from the resident on their involvement in the recruitment process.

The service has recently introduced a booklet which outlines the core behaviours and standards expected from their staff and service delivery. Feedback from residents and relatives have contributed to the standards' development. We will look at how this initiative is progressing at the next inspection.

Further comments in relation to this statement can be found under Quality Theme 1, Statement 1

Areas for improvement

The service should continue to build on the good level of involvement by residents in assessing the quality of staff. The service could consider ways in which it can obtain the views of residents about staff and develop a system in which the information can contribute to staff supervision and appraisal.

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

At this inspection, we found that the performance of the service was good for this statement.

To evaluate this statement we:

- spoke to residents
- spoke to staff
- looked at training records
- looked at staff files

When we looked at staff files and the recruitment process, we saw that the service followed the 'Safer Recruitment' Better Recruitment' guidelines (Scottish Executive 2007). A checklist was maintained by the Human Resources manager ensuring that all elements of the recruitment process are carried out.

Staff we spoke with told us about the training they receive at induction and throughout their employment. Staff felt the training was of value to the work

they carry out and that it enabled better understanding of the needs of residents. Sampling training records we saw that staff completed an evaluation overview of the training and overall the comments were positive about training received. An electronic alert to the manager highlights any training due. Training delivered to staff included, but not limited to:

- Adult Support and Protection
- Dementia Awareness
- Mental Health Awareness
- Customer Care
- Equality and Diversity
- Resident participation
- Evacuation procedures

Housing Supervisors are not, at this time, required to be registered with the Scottish Social Services Council (SSSC) but staff were aware of the need to register in due course and the requirements for registration.

Residents told us they were very happy with the staff supporting them. We heard positive comments from all residents we spoke to about staff within the three houses visited.

Staff told us they enjoyed working for Abbeyfield, felt well supported by management and that morale was high amongst staff.

Sampling team meeting minutes in each of the houses visited, we saw that meetings were carried out regularly with good input from staff.

Areas for improvement

We saw that supervision to Housing Facilitators was carried out regularly however this did not happen with House Supervisors. We spoke with the manager about the lack of staff supervision to Housing Supervisors. We were told that Housing Facilitators will be trained to carry out supervision. The introduction of the 'expected behaviours' document will enable the Housing Facilitators to assess the performance of staff against the standards and be included in supervision and appraisal. At the previous inspection a requirement about supervision had been made. This requirement has been carried forward for this inspection.

Grade

4 - Good

Requirements

Number of requirements - 1

1. The Provider must ensure that all staff have access to regular, individual, professional supervision and, that the frequency of supervision is in line with the services' supervision policy and procedure.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 210 15 (a), which is a requirement about suitably qualified and competent persons.

Timescales: to be fully implemented by 1st July 2016

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

The strengths recorded under Quality theme 1 Statement 1 are also relevant for this quality statement

The service has recently reduced the number of houses it provides for accommodation. We saw from minutes of meetings that residents living in the houses with proposed closures, were fully consulted on the process, kept up to date and offered alternative accommodation within Abbeyfield Central or supported to move on to other accommodation.

We saw from feedback that the service regularly seeks the views of residents and stakeholders on service delivery, staffing and management.

Areas for improvement

In order to build upon the good grade awarded for this statement, the service could look at ways in which leadership and management assessment is included in surveys and consultations. The service should also consider how it involves service users in contributing to the Care Inspectorates self assessment document.

Grade

4 - 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

At this inspection, we found that the performance of the service was good for this statement. We spoke with residents and staff, looked at policies and procedures, audits and outcomes to assess this statement.

We do not inspect the environment for this type of service but, we could see that regular safety checks and audits were being carried out on the environment.

We looked at accident and incidents records and saw that they were being recorded and dealt with appropriately. We sampled how the service recorded and responded to internal complaints. Records we sampled demonstrated that complaint outcomes were recorded and we found examples of good communication with people who raised concerns. Residents told us that any concerns or issues they had were dealt with quickly and efficiently.

Residents also receive regular newsletters which gives information on all services under Abbeyfield and residents can contribute to the newsletter and are actively encouraged to do so.

The manager at Abbeyfield central is very proactive in involving residents in their communities and, the local communities having contact with the residents within the Abbeyfield houses. Examples of community involvement include links with Contact the Elderly, Spare Chair, Afternoon tea parties. Feedback from the various activities was good.

A five year Strategic Plan had been developed with the vision on developments and sustaining the business. We could see that residents contributed to this document.

Areas for improvement

Although we saw good recording of accidents and incident, these events were not being notified to the Care Inspectorate. We discussed the guidance on reporting incidents to the Care Inspectorate and advised that notifiable incidents should be submitted to the Care Inspectorate within the specified timeframes.

The service does not have a specific audit tool for residents' reviews or care plans. The manager should develop an audit tool to enable assessment of the outcomes for residents. This recommendation from the previous inspection about support plan audits has been carried forward

Grade

4 - Good

Requirements

Number of requirements - 1

1. The Provider must ensure:

All accidents and incidents which are detrimental or have the potential to be detrimental to the health and welfare of service users are completed in a timely manner and where applicable, notification reports are sent to the Care Inspectorate

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users.

Timescale: with immediate effect and to be fully implemented by 1st June 2016

Recommendations

Number of recommendations - 1

1. Support plans should be audited to ensure out of date information is archived and other information removed to enable current support plan information to be accessed quickly and ensure that outcomes for residents are being met. National Care Standards. Housing Support Services. Standard 4. Housing Support Planning .

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

Previous requirements

1. The service provider must ensure that where the change in the condition of a tenant is noted support plans and risk assessments are updated. Information provided to staff must ensure that they can provide support in a way which minimises any risk to the tenant. 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 six weeks of the receipt of this report.

This requirement was made on 30 May 2014

We saw on the new support plan that there is a section to include any changes in a residents condition and the actions taken. Risks were identified and assessment recorded. The service has been working with the Joint Improvement Team and received training from them.

Met - Within Timescales

2. The service provider must ensure that any concerns relating to the protection of vulnerable adults are fully recorded and include any

communication with other organisations and any actions required to safeguard individuals.

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 two weeks of the receipt of this report.

This requirement was made on 30 May 2014

The service has a process for recording adult support and protection concerns. There were no further incidents of concerns regarding the safety of vulnerable people recorded.

Met - Within Timescales

3. The Provider must ensure that all staff have access to regular, individual, professional supervision.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) SSI 21015 (a), which is a requirement about suitably qualified and competent persons.

Timescale: within six weeks of receipt of this report.

This requirement was made on 30 May 2014

This requirement has not been met and is made again at this inspection under Quality Theme 3 Statement 3

Not Met

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

Previous recommendations

1. The service provider should ensure that the Resident Participation Strategy is implemented and all residents have access to a range of methods of being involved in planning the way support is provided.

This recommendation was made on 30 May 2014

The provider has implemented a Resident Participation Strategy. From evidence we sampled we saw that the service was carrying out surveys, questionnaires and 'You said, We did' questionnaires. Feedback from the surveys and questionnaires were provided to residents through information on notice boards, in newsletters and individually. Relatives were also able to comment through surveys and within the visitors book.

2. The options available to people about where they prefer to eat should be considered and clarified to ensure that people's choices are respected.

This recommendation was made on 30 May 2014

We observed residents at mealtimes being offered alternatives to the menu. The staff gave the residents different options if they did not like or want the option on offer. Resident could also suggest what they would prefer if none of the choices was suitable. We also heard from residents that if they wished they could have their meals in their rooms.

3. Opportunities for the service to consult the tenants about the skills and attributes of staff should be considered . This will enable tenants to influence who delivers their housing support needs.

This recommendation was made on 30 April 2014

We saw within the newsletter, from information on the notice board and feedback from a resident that, residents can participate in the recruitment process if they wish. Residents could also comment on staff within the surveys and questionnaires. The service is continuing to look at ways in which residents are more meaningfully involved in deciding who should deliver their support needs.

4. The service should develop methods to ensure tenants have the opportunity to be involved in menu planning.

This recommendation was made on 30 May 2014

The residents are involved in the menu planning through menu planning meetings, informal suggestions and individual choices being made.

5. The service should ensure that support plans contain enough information and detail for staff to provide the care needed.

This recommendation was made on 30 May 2014

A new care plan format has been introduced which the service calls the Housing Support Plan. The new format is more detailed and contains relevant information. At this inspection it was felt that the support plans could be better laid out and include a 'one page profile' which would further improve the personalisation of the support plan and the service delivery.

6. Support plans should be audited to ensure out of date information is archived and other information removed to enable current support plan information to be accessed quickly.

This recommendation was made on 30 May 2014

Support plan information was being archived however, we could not see an audit tool being used to assess the quality or relevance of information within the care plan. A further recommendation about auditing records has been made under Quality Theme 4 Statement 4

7. The service should consider carrying out a "stakeholder" survey of health and social care professions as part of their quality assurance systems.

This recommendation was made on 30 May 2014

The service had implemented a Stakeholder Survey. Although the response was not high from stakeholders, there was evidence that the service had taken steps to seek stakeholders views and feedback had been received from stakeholders.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

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

8 Additional Information

9 Inspection and grading history

Date	Type	Gradings
30 May 2014	Announced (Short Notice)	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
22 Feb 2013	Announced (Short Notice)	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
13 Oct 2011	Announced (Short Notice)	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 2 - Weak
14 Dec 2010	Announced	Care and support 2 - Weak Environment Not Assessed Staffing 2 - Weak Management and Leadership 2 - Weak
25 Mar 2010	Announced	Care and support 3 - Adequate Environment Not Assessed Staffing 2 - Weak Management and Leadership 2 - Weak

--	--	--

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

0345 600 9527

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.