

# Care service inspection report

Full inspection

## Richmond House Care Home Service

Drummond Terrace  
Crieff



HAPPY TO TRANSLATE

Service provided by: Crieff & District Auxiliary Association

Service provider number: SP2003002121

Care service number: CS2003009766

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

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

The service offers a homely and inviting environment. Residents and staff had good relationships. There was a range of activities available for people.

### What the service could do better

The management team identified that care planning documentation needed to be improved. This was consistent with our findings at inspection.

The manager was in the process of introducing a new format, which we could see from those completed to date offered much greater person-centred information.

We also identified that some radiators in the home required to be fitted with covers. This was to ensure the safety of residents. Radiator covers had been purchased ready to be fitted.

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

Since the last inspection there had been a change of manager. She had identified a range of improvements which had been needed. This included updating and implementing new recruitment procedures, ensuring that these met best practice guidance.

A range of quality audits were also being introduced. This was to ensure that the service formally checked that standards and safety were being maintained. These were in the early stages of development and had yet to be fully evaluated.

## **Conclusion**

Overall, this was a well-respected service within the local community of Crieff. Residents received a good standard of care by a staff team with whom they got on well.

Aspects that we have noted as areas for improvement had mostly also been highlighted by the new manager.

# 1 About the service we inspected

Richmond House is a care home for 19 older people, run by the charity - The Crieff and District Auxiliary Association.

The service is operated in a large detached Victorian house in Crieff, with large grounds. This was originally a family home and later gifted to the Association.

The home's statement of functions and objectives is to enable residents to achieve their full capacity; physical, intellectual, spiritual, emotional and social by sensitive recognition and nurturing of the potential within each individual and by understanding that this may change in time.

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.

## 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 - 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](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 which was carried out by an inspector on 17 November and 2 December 2015. Feedback was given to the manager on 2 December.

An inspection volunteer and inspection volunteer co-ordinator supported with the inspection on 17 November.

An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspectors during the inspection process.

Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services.

The inspection volunteers' role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

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

We spoke with:

- residents
- the manager
- the deputy manager
- three care staff.

We looked at:

- care plans and associated documentation
- medication administration records
- meeting minutes
- accident and incident records
- training records
- staff supervision records
- quality audits, including care plan and medication audits and action plans.

## 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.

The Care Inspectorate received a completed self assessment document from the service provider. The service provider had completed this with the relevant information for each heading that we grade them under. The provider identified what they thought they did well, some areas for development and any changes they had planned.

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

The inspection volunteer spoke with several residents. They commented overall positively about the service. Their comments are included throughout this report.

## Taking carers' views into account

One relative commented in a returned care standard questionnaire:

'The atmosphere in the care home is friendly and caring'.

No relatives were present during the 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

We found the service to be performing to a very good standard in relation to this statement.

To do this we:

- Met with several residents and a cross-section of the staff team;
- Observed the way that staff supported and listened to residents and relatives;
- Reviewed the care standard questionnaires returned to us;
- Examined minutes of meetings and activity records.

We found that the service continued to use a variety of methods to gather the views of residents and their relatives. These include: formal care reviews, meetings with individuals and their social work representatives, resident and relative meetings, informal discussions, satisfaction surveys and through the service's complaints procedure.

The manager and staff knew that it was important to find out what residents thought and felt about their care.

The team improved the quality of care for people living with dementia by paying close attention to their interests, previous wishes, the views of their close relatives and representatives and the quality of their daily life.

As a result, small but important changes were made which made the residents feel more comfortable, safer and healthier.

A resident and a relative told us that it was easy to speak to the manager or the other staff if they were worried or there was a problem. They felt confident that what they said would be taken seriously and appropriate action taken.

Regular six monthly reviews which residents (who felt able to) and their relatives were invited to attend. Those who took part were asked for their views on the quality of care.

The format for reviews had been re-structured to clearly guide staff about how to support reviews and seek people's views of the service based on potential outcomes.

A suggestion box which anyone could use to put forward their ideas. The manager checked it every week.

Some residents and relatives preferred not to attend meetings or fill in questionnaires. They did, however, let the manager know through care reviews that they were very satisfied with the quality of care. We found that residents and relatives preferred to talk directly to a member of staff when there was an issue they wanted to talk about.

### **Inspection volunteer observations**

A notice board in a lounge displayed lots of photographs and details of forthcoming events, but some lacked dates.

A large notice board is on another wall with notices of: dates of resident / relatives' / friends' meetings and minutes from former meetings; up to date Care Inspectorate information and ways to make a complaint; the results of a

resident's questionnaire held in June 2015.

There were also two notices, showing members of the garden committee and the fabrics committee as well as a large portable plan showing the proposed alterations to the gardens. Residents are encouraged to participate in any changes to their surroundings.

Several people I spoke to knew who the manager was, others did not. (We can confirm that the manager regularly meets, speaks with and supports residents)

One resident I spoke to have a relative who attends meetings on their behalf.

Minutes of the last residents' meeting showed that five residents attended, plus the activities co-ordinator and the manager.

## Areas for improvement

The service should continue to build on this very good practice involving residents. They should continue review the methods used regularly to ensure that these meet the changing needs of residents.

## 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

We found the service to be performing to a good standard in relation to this statement.

To assess this statement we:

- Spoke with residents and some staff.
- Observed how staff supported and engaged with residents.
- Assessed documents available to us (including care plans, daily recording notes, medication records, risk assessments and recordings and records of care reviews).

We sampled specific areas of four resident's care plans and supporting documentation. We saw that overall there was an adequate range of information available to guide staff in most plans.

This included regular health assessments of nutrition, skin care, falls and mobility. Where a health issue was identified from these assessments a care plan was in place to guide staff as to the care needed.

The residents' care plans showed that they benefited from specialist advice from visiting health care professionals such as the dietician, district nurses, speech and language therapist and GP.

Residents we spoke with told us that they were satisfied with the standard of care provided and that staff worked hard to meet their needs.

### **Inspection volunteer observations**

Some people I spoke with knew about their care plan but others did not. (We can confirm that residents and/or their family where appropriate are able to contribute to their care plan)

One resident I spoke with was aware of their keyworker's name.

I witnessed the chef knocking and entering a room to ask the resident their preference for lunch - which I was told he does with every resident each morning.

Each resident was asked if they needed to freshen up before lunch. Those who needed assistance were escorted to the bathroom and back to the lounge even though it would have been easier to go to the dining room.

The lunch itself was colourful and very tasty. There was a choice of gravy with roast chicken, or sauce with haddock. Small portions, and plate-guards were provided where needed.

Residents were supported where necessary and sandwiches were made for a resident who did not wish to have the lunch.

Lunch was well organised and no one was rushed. Tables had a small vase of fresh flowers and condiments. A choice of three juices was offered to residents.

Food was over all highly commended. Comments about food included:

"Excellent".

"Plenty of it".

"Good plain food - nicely cooked".

"Plenty of variety".

When asked if something else was on offer, (if the choices offered were not to their taste) one person answered:

"I'm told I can ask but to be honest the situation has never arisen, I have always liked one of the choices".

One resident commented on a curry night which had been a special event and was hugely enjoyed.

We saw one person helping in the kitchen doing the washing up and during the course of my visit the person told me;

"I help the girls in the kitchen".

Individual attention was paid to residents i.e. some enjoyed reading (newspapers, library books) and staff arranged that to suit each resident as necessary.

We overheard the same coordinator asking people if they needed their books changed at the library.

The mobile library visited the service regularly.

I did not observe any group activities, but in one lounge ladies were sitting reading, crocheting and another person was knitting. The television was on but at an acceptable sound level - not intrusive.

The activities co-ordinator was on duty and she keeps the ladies supplied with a stock of wool.

She was also encouraging another resident to colour in a pre-printed picture. Her interest in each residents welfare was demonstrated when she gently asked if they would like the new 'Strictly' CD playing; the resident was hesitant, so the co-ordinator calmly said "have a while to think and I'll ask you again".

The hairdresser had been in the home that day and several of the ladies had taken advantage of this. There is also a barber who attends the home.

One resident I spoke to have a group of church friends who come to visit. They commented:

"I'm very lucky and they are made very welcome".

### **Areas for improvement**

Whilst we saw that most residents' medication was managed appropriately we highlighted some areas for improvement. These included:

- Some pain relieving medication was prescribed as a variable dose. There needs to be a record kept of the actual amount administered each time.
- Topical medication charts were not in place for all prescribed creams. Where charts were in place these were not always completed to demonstrate that these had been given.
- Where residents are prescribed medication for stress or distress to be used as

required a specific protocol should be in place to describe when this should be given.

### **(See Recommendation 1)**

The manager identified that the existing care planning system was no longer suitable. They did not allow for sufficient detail or review of care. She had developed a new care plan system which would support a person-centred approach.

We could see that where the new plans had been implemented they provided much more relevant detail about the care and support required by people. This was in the early stages of development and was due to be fully rolled out in the coming months.

### **(See Recommendation 2)**

#### **Grade**

4 - Good

**Number of requirements - 0**

#### **Recommendations**

**Number of recommendations - 2**

1. The provider should ensure that the medication system is reviewed to ensure that staff are following best practice guidance, that all topical applications are applied timeously and that specific protocols are in place for as required medications.

**National Care Standards Care Homes for Older People - Standard 15: Keeping Well - Medication.**

**Practice Guidance for Reference:**

- Handling Medicines in Social Care 2007.
- Care Inspectorate Health Guidance - 'Maintenance of Medication Records'.



2. The provider should continue to implement the new care planning system and ensure that relevant staff have the skills and knowledge to complete these and all staff read and can demonstrate an understanding of them.

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



## Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

### Statement 2

“We make sure that the environment is safe and service users are protected.”

#### Service strengths

We found the service to work to a good standard in relation to this statement.

The team demonstrated a commitment to maintaining a homely and comfortable environment for residents.

The home was very clean and free of odour. Residents told us that they were satisfied with the environment and that the domestic team worked hard to keep things clean and tidy.

There were good quality furnishings which appeared to be well maintained. There was a variety of different seating options to suit the differing needs of residents.

The service regularly carried out redecoration around the home, with ongoing works throughout the year.

The service had a maintenance officer who ensured that minor repairs were carried out promptly. There were service contracts in place for larger works such as specialist equipment checks.

#### Areas for improvement

During a walk through of the environment we noted that there were several radiators that did not have safety covers on. The manager informed us that this had been identified and radiator covers had been purchased and were awaiting fitting.

**(See Recommendation 1)**

At the last inspection we highlighted some examples which did not meet good practice for infection control. This included supplies of gloves/aprons/hand towels being stored on top of cisterns.

This area had still to be addressed. The manager was aware of these issues and was seeking a safe storage resolution for this.

This continued to mean that the risk of cross infection was not as low as it could be.

**(See Recommendation 2)**

**Grade**

4 - Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 2**

1. It is recommended that the radiator safety covers are fitted in a timely manner to minimise risks to residents. The management team should continue to develop and implement the health and safety audit and risk assessment systems.

**National Care Standards Care Homes for Older People - Standard 4: Your Environment.**

2. It is recommended that all protective equipment and hand towels are stored in a suitable way to minimise the risk of cross infection.

**National Care Standards Care Homes for Older People - Standard 4: Your Environment.**

### Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

#### Service strengths

We found the service to be performing to a very good standard in relation to this statement.

There was a friendly and welcoming atmosphere in the home. This was commented on several times by residents during the inspection process.

The team demonstrated a commitment to maintaining a homely and comfortable environment for residents.

The home offers mainly single bedroom accommodation (some en suite toilet) and one double rooms which allows couples to share if preferred. There are sufficient toilets and bathrooms available for residents use.

The home was very clean, with good quality furnishings and appeared to be well-maintained.

We saw that bedrooms were personalised with personal items of furniture, pictures and photographs.

Residents we spoke with told us that they had been encouraged to bring things to make their room homely and to their personal taste.

There was space available throughout the care home for residents to meet with relatives in private and for having quiet time.

We saw that there was a wide range of activities available in the home. On the second day of inspection many residents were busy. Some were taking part in a knitting group with a volunteer, others were making Christmas table arrangements with the activity co-ordinator and one person was making cards with a student on placement.

**(See also Quality Theme 1 - Statement 3 for information on activities)**

### **Inspection volunteer observations**

On arrival at the service we entered through a controlled entrance. The Victorian tiled hallway was very clean and tidy.

The entrance hall is bright with a Friendship tree mural on one wall - made by local school children and residents.

Visitors are welcomed, but one resident told me that evening visiting is no longer encouraged as some were staying late and residents need their bed. I got the impression this was welcomed by some residents.

Of the areas I witnessed, all were very clean, bright and warm and in good order. Of the two bedrooms I saw, both were personalised to the resident's liking. There were lots of photographs & personal items e.g. clocks, radio, CD player.

Both residents had their buzzers very near to them and assured me if they used them to call staff, they were quickly answered.

The garden is accessible "if you want to go out there" residents told me and during lunch, they really enjoyed watching a pigeon on the roof and a dog running on the lawn.

The sun lounge is rather cold at present - a new one is due to be built. There was a bundle of throws/rugs/wraps in one corner to ensure the comfort of any resident still wanting to use the room at this time of year.

In the lounge areas, each resident seemed to have their own chair and table or stool nearby.

A resident who had been sent flowers had them in a vase on a table next to her so she was able to enjoy them.

When asked if they enjoyed living there, one person summed it up;

"If you need to be in a care setting - this is a good place to be".

### Areas for improvement

One relative returning a care standard questionnaire commented that the garden area was not accessible easily to residents as they had to rely on a staff member to accompany them. They thought that there were plans in place to rectify this.

The manager confirmed that a local youth group had been working with residents to design a new garden. Works were planned to make this independently accessible for residents. They aimed to have this work completed by Spring 2016.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

### Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

#### Service strengths

The service demonstrated that they had recruited for new staff in a safe and robust way.

The new manager had reviewed and updated the recruitment policy as well as the staff induction programme.

We examined three staff files. These showed that each candidate for a post had completed an application form, had been formally interviewed by the manager and/or, had two references and a PVG safety check had been carried out prior to being offered a post.

Essential training including health and safety and moving and handling were provided prior to working with people.

The induction pack which had been recently developed and was worked through with a supervisor over the probationary period in post. This built-in a clear structure for reviewing staff progress in their role and identifying any additional support needed.

We examined staff registration status with both the Scottish Social Services Council (for care staff working in the care field)

All care staff either were registered with or in the process of registering with the Scottish Social Services Council.



The manager carried out monthly audits of this to ensure that there had been no changes to registrations and that none had been allowed to lapse.

## Areas for improvement

Since commencing in post the manager had identified mandatory training needed for all staff and developed a training plan. This was in the process of being fully implemented.

The service should continue to build on this very good practice.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

## Service strengths

We found the service to be performing to a good standard in relation to this statement. We came to this conclusion following discussions with residents, relatives and through our observations over the two day inspection.

Residents and their staff teams appeared to have very good relationships. There was an informal and friendly atmosphere in the home. We found that staff were very good at ensuring residents were comfortable and had everything they needed.

Residents we met with looked well, and there was good attention to personal appearance. We observed staff delivering personal care ensuring the residents' dignity as maintained.

We saw one person being supported in a hoist to transfer. Staff were very reassuring to the person describing what they were doing and making them feel as comfortable as possible.

## Inspection volunteer observations

Staff were highly praised by those I spoke with and those I saw interacting with residents were very pleasant and inclusive of all as they passed through a room.

When a resident requiring support wanted to move, they were given light instruction and encouraged as they walked and if a resident required more than one person to assist then that was not a problem.

One person told me;

"One of the girls came and asked me if I would like to come to the lounge and she would help me write my Christmas cards".

Comments were:

"They are all great".

"Nothing is a bother".

"Every one of them are great".

"Awfully nice".

"Wonderful and very pleasant".

Most residents commented they were able to go to bed when they wished but felt they had to get up when wakened in the morning.

### Areas for improvement

Most residents we spoke with commented they were able to go to bed at night when they wished and had choices in their daily lives, however, three commented that they felt they had to get up when awakened in the morning.

We discussed this with the manager. She confirmed that this was an area which had been addressed with staff previously. She assured us that she would investigate this again as residents should have the choice of when to rise in the morning.

**(See Recommendation 1)**

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. It is recommended that the provider ensure that service users have a full range of choices in relation to their lives. This should include choices of rising times in the morning. This should further include training/guidance to staff about residents' rights and choices.

**National Care Standards Care Homes for Older People - Standard 8: Making Choices.**

## 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

Please see Quality Theme 1 - Statement 1 for areas of strength which are also relevant to this statement.

#### Areas for improvement

Please see Quality Theme 1 - Statement 1 areas for improvement which are also relevant to this statement.

#### 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 good evidence in support of this statement.

Since the last inspection there had been a new manager appointed. She had taken time to get to know residents, relatives and the staff team.

We were satisfied that the recommendation we made at the last inspection had been addressed. This was in relation to a plan for auditing all aspects of the service.

The manager had introduced a new range of quality audit systems to reflect current best practice guidance. This included audits of care plans, medication management, health and safety and recruitment procedures.

As a result of these audits some changes had been identified as needed to update and improve practices within the home.

For example a new care planning system was in the process of being implemented. Several care plans had been developed on the new format and these demonstrated a much more person-centred focus on resident care.

We also saw that review formats had been updated to try to capture what was working well and what needed further development (focusing on good outcomes for people).

In assessing this statement we also took into account the findings of Quality Theme 1 - Statement 1 in relation to how the service supported involvement from residents and relatives.

### Areas for improvement

Whilst we found that the new manager had developed a suite of quality audits these were in the early stages of development. Most had been implemented and would be reviewed by the management team.

### 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

1. Residents and relatives should be consulted on all possible issues about developments in the home. There should be more opportunities for this using a range of methods.

National Care standards - Care Homes for Older People - Standard 11  
Expressing your views.

This recommendation was made on 06 February 2015

The service were building on a range of opportunities for residents to be involved in. An example of this was the development of the garden area.

Residents we spoke with felt that they had good opportunities to comment on the service. The manager was committed to increasing the range of ways in which residents could comment.

**2. There should be an accurate record that topical medications have been applied and clear instruction for staff about how to do this.**

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

**This recommendation was made on 06 February 2015**

This recommendation had still to be fully met, see Quality Theme 1 - Statement 3 for further details.

**3. Care plans should provide accurate information about each resident's current care needs.**

**National Care Standards - Care Homes for Older People - Standard 6 Support Arrangements.**

**This recommendation was made on 06 February 2015**

A new care plan system was in process of being developed.

**4. There should be a plan for auditing all aspects of the service. This should be implemented followed by actions for areas which need improvement.**

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

**This recommendation was made on 06 February 2015**

A range of quality audits had been developed and were in the early stages of implementation. See Quality Theme 4 - Statement 4.

## 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

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
6 Feb 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
25 Feb 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
16 Jan 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good



26 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
1 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
4 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
28 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
31 Mar 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
6 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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