

Care service inspection report

Full inspection

Abbeycare Foundation Care Home Service

Murdostoun House
Bonkle
Newmains
Wishaw



HAPPY TO TRANSLATE

Service provided by: Abbeycare Scotland Limited

Service provider number: SP2012011851

Care service number: CS2012308815

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.

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Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

Abbeycare is good at providing a range of therapeutic activity, aftercare and promoting recovery. They have a well trained and dedicated staff team who are motivated to support people with their recovery.

What the service could do better

A dependency assessment tool should be used to ensure that the service is appropriately staffed to meet the various support and safety needs of people using the service at any given time.

The environment is in need of some minor redecoration to freshen up some areas which are needing attention.

What the service has done since the last inspection

The service has been very busy since the last inspection adjusting to their new premises and changes in the staff team that happened with the move.

The managers of the service have been meeting with local councils with a view to becoming an approved provider in the area.

The manager has met with a consultancy service to look at commissioning a project on the outcomes of the service.

The service has introduced new aftercare documents including an aftercare plan and report.

We made five recommendations in the last inspection report. Three of these recommendations have been met and work has been started to meet the other two. Further information on these can be found in the body of the report under the appropriate quality themes.

Conclusion

Abbeycare continues to provide a good service where people are able to access a range of therapeutic activities to aid detoxification and promote recovery supported by a motivated staff team.

1 About the service we inspected

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

This service registered with the Care Inspectorate on 13 August 2012.

The service vision is to provide a quality detoxification and rehabilitation service that is available to those suffering from substance misuse and addictive behaviours. The Abbeycare Scotland approach to treatment aims to treat the whole person in mind, body and spirit.

Therapeutic interventions are made using both cognitive behavioural therapy combined with a 12 Step approach. Support is provided in both individual and group settings. The service objectives are to promote abstinence based recovery which encourages service users to take responsibility in the development and implementation of their own treatment and recovery.

The service is provided from a large residential setting providing 21 beds. The house is a listed building with access to grounds surrounding the building.

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 environment - Grade 4 - Good

Quality of staffing - Grade 5 - Very 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The inspection was undertaken by one inspector 6 August 2015 9:45am-7:10pm. The inspection was completed and feedback was given to the operational and unit managers 13 August 2015.

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

- Insurance and registration certificates
- Staffing schedule
- Welcome/information pack
- Participation strategy
- Questionnaires
- Two service user files
- Medication records and audits
- Care plan audits
- Minutes of staff meetings
- Minutes of service user forums
- Training records
- Health and safety audit and records
- Accident and incident records
- Risk assessments
- Quality assurance policy
- Policies including medication, adult protection, supervision and quality assurance.

During the course of the inspection we met and spoke with:

- The operational manager
- Unit manager
- Seven people who use the service
- Three recovery support workers
- Two senior recovery support workers.

We attended a service user forum, observed administration of medication and interactions between staff and people who use the service.

We sent care standard questionnaires to the manager to distribute to staff and people using the service. We received completed questionnaires from seven members of staff and eight people using the service.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

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 provider identified what they thought they did well and areas for development. The self-assessment contained a range of information which mostly reflected what we found on our visits. Further areas for development could include more specific information on what outcomes have been achieved for service users and the evidence to support this.

Taking the views of people using the care service into account

We spoke to all six people currently staying at the service and one person who was leaving as we arrived to undertake the inspection.

The views and opinions expressed by people using the service were very positive, especially about the staff, support and therapy they received.

We have taken account of service users views when commenting on each of the quality themes and statements.

Taking carers' views into account

We did not meet any relatives or carers during the course of 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: 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

Abbeycare continue to display a very good level of practice when it comes to ensuring that service users participate in assessing and improving the quality of the care and support provided. We came to this conclusion after talking to staff, service users and considering the following documents:

- Service user exit questionnaires
- Participation policy
- Client service pack
- Service user files
- Minutes of service user meetings.

We saw the minutes from service user meetings which showed discussion of areas such as catering, housekeeping, therapeutic duties and old/new business. New sections have now been included to enable people to comment specifically on staff and managers. Service users meet without staff present at a pre meeting before the service users forum so that they can discuss any issues they wish to and then elect a spokesperson to feedback any issues at the main meeting.

Minutes of weekly forums were available outlining actions, who is responsible for these and timescales. Evidence of actions being followed up from previous meetings was seen as was an agenda template.

There is a suggestion box that service users and their visitors, family or friends are able to use to feedback any comments or concerns. This enables people to submit anonymous concerns/comments if they are not confident to raise them in person or verbally.

Questionnaires are given to service users to complete when they leave the service. These questionnaires are used to evaluate the service and cover areas such as staff, catering, environment and therapy. This showed us that the service values the feedback from service users experience of the service provided and is looking for ways in which they can improve the service they provide. The feedback was generally very positive, especially about staff and the therapy received. Since the last inspection, a project has been completed led by students from Strathclyde university to redesign the exit questionnaire. A service user forum was organised to gather people's views on what the new system should look like and if a questionnaire was the most appropriate format. We saw the transcripts from the forum and the proposed new template which has been devised using information from the National Care Standards and the Scottish Recovery Indicator tool. The new format also includes a question asking people to grade the service using the grading system used by the Care Inspectorate and covers the four quality themes that we inspect services on.

We saw that service users get to choose from a limited selection of meals that they would like for the following week off menus from a local hotel that provides catering services. Service users we spoke to were very complimentary about the food.

We saw that service users were given a service pack when they first came to the service. This contained comprehensive information about living in the service, what to expect from staff and the service in general, expectations of service users, and details of how to get involved in what happens in the service and what treatments and therapies are available. There was also information about how to make a complaint. The welcome pack included information on the programme, policies included visitors, smoking, fire evacuation, complaints

including to the Care Inspectorate, client outings, participation, adult protection, confidentiality and internet use. This showed us that the service was committed to ensuring all service users have an understanding of what they can expect from the staff and service and how to complain or ways of voicing their opinion if they feel these expectations are not being fulfilled.

We saw evidence that service users have identified keyworkers that they were able to spend regular, dedicated time with and use this time to discuss their concerns, their progress with therapy and their goals, agendas were agreed by the service user and staff.

We saw that the service had reviewed its participation policy to more accurately reflect the different ways that service users can be involved in and feedback about the service.

Service users we spoke to told us that they felt listened to and that staff are responsive to suggestions that are made.

We heard from staff that new sessions had now been introduced following on feedback that during the initial detox period where people were not able to leave the grounds, they were sometimes bored when other service users were out at meetings or the gym. There are now structured sessions at those times using ideas from service users such as recovery related book readings and dvds followed by discussions. Staff report this is working really well and they have had positive feedback from the sessions. It was good to see how service user feedback had resulted in a positive change being made that will affect not only the people having made the suggestions but also future admissions to the service.

Areas for improvement

Ongoing consideration should be given to how participation could be increased and maintained given the nature of the service and the necessary structure and boundaries of the service.

The Manager told us that they are introducing a 'you said, we did' board as a means of feeding back information from participation methods and plans have been made for this to be taken forward. We look forward to seeing progress on this as a means of relaying feedback to service users and visitors at the next inspection.

We also look forward to seeing the new exit questionnaire implemented and how feedback from service users is then integrated into the service's self assessment.

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 that the service was performing at a very good level in ensuring that the health and wellbeing needs of service users are met. We concluded this after speaking to service users, staff, observing medication being administered and considering the following documents:

- Service user files
- Medication records
- Audits and relevant policies and procedures.

We saw that there was a clear therapeutic programme in place and the service had previously commissioned a piece of research to evaluate its efficacy. The service is also looking into commissioning further research into the outcomes of the service. This demonstrated to us that the service was committed to ensuring that the service they provide is based on proven outcomes and best practice.

The service employs (on a consultancy basis) experienced therapists, a Doctor and nurse specialising in detox and recovery and a dietician.

We saw and heard about a range of therapeutic activities that are available to service users ranging from complementary therapies such as massage and reiki to cognitive behaviour therapy.

People are also supported to attend regular Alcoholics, narcotics and cocaine anonymous meetings. This showed us that the service recognises the value of a holistic approach to care and support.

Feedback about therapy sessions was all very positive and we saw this from the exit questionnaires as well as being told this by the service users we spoke to.

We saw that service users had a clear and comprehensive person centred assessment document which lead to identified actions and outcomes for them. These were documented in the recovery support plan which also included a detailed risk assessment. Progress notes were documented weekly for all identified goals and areas of risk. Twice a week people have one to one sessions with their keyworkers which gives them the opportunity to discuss how they are getting on in the therapy sessions and progressing towards their goals. It is also an opportunity to review the CORE 34 assessment (self report assessment designed to measure outcomes before and after therapy), work on their aftercare plan, discuss and document any additional issues that have identified and how the person is getting on in the service in general.

We heard about the aftercare programme that has been set up to offer support to people who have left the service and that there is a support group available to families of people using the service. Further work has recently been undertaken around aftercare and the service now sends out a detailed aftercare report to the person's GP and other relevant professionals. This report explains what therapies the person has participated in, progress made and any issues at the point of discharge. It also contains all relevant medical information and what medications have been used or may still be required.

The new aftercare plan gives more structure and detail to the next steps for the person. These are completed with keyworkers and enable the person to plan how they will make the transition back home and covers issues such as benefits, work, family, housing and ensures the appropriate links to community resources are established. This is important to ensure a smooth transition and have continued support once they leave the service which continues to support their recovery.

This again showed us how the holistic and ongoing needs of the person were being considered and the impact that might have in their recovery.

Staff have received additional medication training and the service has worked on improving their systems. Weekly medication audits have shown that errors have reduced significantly since the last inspection. There is a new incident form to be completed for medication errors that investigates and identifies the source of the error and any management actions required as a result. The contents of these forms are discussed with and signed by all individuals involved in the error to use as a learning aid to prevent future errors.

Areas for improvement

Given that service users stay for relatively short periods of time and there is a constant intake of new service users, it is worth considering the use of photographs on medication administration sheets to avoid any issues of medication being offered to the wrong person.

It was also suggested that the service consider how it could offer the option of service users medication being stored in their own rooms (subject to the relevant risk assessments) which would comply with best practice guidance.

On our initial visit to the service we observed poor practice relating to the storage of controlled drugs. This was raised with the senior recovery worker and the manager who immediately took steps to rectify the situation with the service's GP. When we returned to the service there were not any controlled drugs on site so we were unable to observe any changes but we were reassured by the managers explanation of the steps that had been taken to address the issues raised and promote better practice in the future.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. For the safety of service users and to comply with identified standards, the manager should ensure that all medication including controlled drugs are stored in line with current legislation and best practice guidance.

National Care Standards: Care Homes for People with Drug and Alcohol Misuse Problems: Care Standard 12 - Keeping well, Healthcare

Quality Theme 2: Quality of Environment

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 environment within the service."

Service Strengths

We felt that the service continued to perform at a good level in ensuring that service users and carers participated in assessing and improving the quality of the environment within the service.

The strengths noted under Quality Theme 1 - Statement 1 also apply to this statement.

We saw that service users views on the environment are sought in the exit questionnaires and through service user forums.

Service users we spoke to were generally happy with the facilities and their rooms.

Areas for improvement

Although the environment is much improved, we discussed with the manager that some areas of the new building are a little tired looking and in need of some redecoration. The lounge has peeling wallpaper and some wallpaper in the corridors on the ground floor appears to be water damaged.

Although we saw that people were being asked for feedback on the environment, there was very minimal opportunity for anyone to actually effect any changes. This is firstly due to the short term nature of people's stays and also that it is a listed building that is only leased by the organisation. When we raised some issues, the operational manager acknowledged that they were

restricted as it was a listed building and they needed permission from the owners. This is something that the organisation need to consider in terms of how they can ensure the environment remains in line with current legislation and best practice standards.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service Strengths

We found the service to be good at making sure that the environment is safe and that service users are protected.

We saw that there were some good systems in place to ensure that service users were kept safe and protected. These included:

- Regular health and safety checks
- Environment and repair checks
- Accident and incident reporting systems
- Adult support and protection training and guidance
- Environmental risk assessments.

We saw that service users are encouraged to report any maintenance issues at the weekly meetings, any repairs are reported and responded to promptly and there is an on site maintenance service that is able to quickly deal with most issues raised.

There is a secure entry system for the house and visitors are asked to sign in on entry.

We saw that there is a system of environmental risk assessments in place to identify any issues which require attention and any necessary actions required to reduce identified risks.

We saw that there had been improvements made in the identification and completion of management actions on the incident reporting forms to record where follow up actions had been taken and changes made to risk assessment documents.

One of the senior recovery workers has been supported to access additional IOSH (The Institution of Occupational Safety and Health) training to enable them to undertake responsibility for Health and Safety workplace issues. This training will give staff the tools they need to be more effective in managing health and safety issues and supporting the development of other staff in this area.

Areas for improvement

Whilst we saw that environmental risk assessments were in place, we discussed with the health and safety representative that these were due to be updated and when doing so would benefit from some additional details to be added

We observed that one of the rooms still appeared to have a problem with flies, this was raised at the last inspection and at registration.

We also observed some issues with flooring in two of the rooms where, there was a marked sloping of the floor which could be disorientating for those with, some sensory or mobility issues. This is particularly relevant considering the nature of the client group and that they are undergoing a detoxification programme and likely to be unsteady and /or disorientated at times.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The manager should ensure that all registered rooms are appropriately risk assessed and fit for purpose in line with National Care Standards and in relation to the identified needs of the client group.

National Care Standards: Care Homes for People with Drug and Alcohol Misuse Problems: Care Standard 3 - Your environment

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

We found evidence that the service was very good ensuring service users and carers participate in assessing and improving the quality of staff in the service.

The strengths noted under Quality Theme 1 - Statement 1 also apply to this statement.

The service users we spoke to were very positive about the staff in the service and the support that they provide. This was reflected in the positive feedback we saw in the services exit questionnaires.

The manager told us that at the recent recruitment sessions, two questions put forward by service users were used in the interview process and some service users were involved in meeting and showing candidates around the service.

Areas for improvement

We saw that service users had been asked for feedback on staff to contribute to their appraisals but we felt this could be developed further by ensuring the feedback was evidenced as being discussed in the appraisal rather than simply having the feedback forms sit alongside the process.

The service should continue to explore ways to further involve clients or former clients in staff recruitment, induction and training processes.

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

We found the performance by the service in this area to be very good. We decided this after speaking to staff, the manager, service users and considering evidence relating to the quality of staff training, supervision and team meetings.

The staff that we spoke to came across as being passionate and motivated about their roles and the service they provide.

We saw that there were regular team meetings which often included training sessions on various topics. Staff told us that training was often sourced by the manager in response to specific service user needs and staff felt that they could request any training they felt they required and were confident it would be sourced for them.

We saw that staff had attended a specific three day induction and training programme (for new and existing staff) to help staff familiarise themselves with the new building and facilities and also as a team building exercise as there are a number of new staff joining the team.

We saw evidence that the manager had identified areas where the staff team required additional training and had provided this. This showed us that staff development was taken seriously and areas for development were acknowledged by both, individual staff and the managers ensuring that they were able to respond to the needs of people using the service. Generally training was up to date with dates to identify refreshers due.

We saw that the new appraisal system has now been implemented and almost all staff have had an appraisal. Staff we spoke to felt that this had been a useful process and had identified areas of development for them.

All staff had completed the necessary qualifications for registration with the Scottish Social Services Council (SSSC), the body responsible for ensuring that people working in social care services were suitably qualified. Staff were either registered or awaiting confirmation of registration with the SSSC.

Areas for improvement

The manager should ensure that staff continue to be supported to access training and development opportunities in line with the requirements for the SSSC.

We heard that senior recovery workers are being supported to take on more responsibility for supervisions which will help ensure that the service is able to maintain the supervision and appraisal process which has been put in place. We look forward to seeing how this has been taken forward at the next inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service Strengths

We found that that the service performs at a good standard in ensuring the service users and carers participate in assessing and improving the quality of management and leadership of the service. We decided this after speaking with service users, staff and managers and considering supporting documentation.

The strengths noted under Quality Theme 1 - Statement 1 also apply to this statement.

We saw that service users were provided with clear guidance about the complaints process on admission and there were copies of the services policies and procedures available in service users rooms. This showed us that service users are given information to enable them to build expectations about what the service provides and how it works.

We heard positive feedback from staff and service users about how approachable the managers are and that they are able to discuss any issues they have and feel that they are listened to. The manager takes the morning meeting each day which means that he is able to keep up to date with what is happening and the support that is being provided. This also makes him available to service users if they wish to discuss any issues.

Areas for improvement

We saw that the exit questionnaires and service user forums give the opportunity to feedback about the management and leadership of the service, but it is unclear how these comments are used to inform practice. It is also unclear how the results of this feedback are disseminated to others (staff, families and stakeholders). The service should consider how it uses the feedback it receives and evidence how this has informed practice and been disseminated to relevant parties.

The areas for development noted under Quality Theme 1 - Statement 1 also apply to this statement.

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

We found that the performance of the service was good in this area. We decided this after speaking to staff, service users and relatives and looking at evidence relating to the monitoring and auditing of quality processes.

We saw that the service development plan provides structure for the development of the service, identifying areas that need work and improvement. This showed us that the service was committed to continuous development of the staff and service and able, through its already established quality assurance methods, to identify the areas where further development is required.

There was evidence of clear auditing and monitoring systems in place and accompanying risk assessments. We saw that the quality assurance policy covered areas such as participation, health and safety and the auditing process. We saw that there were regular audits taking place and the manager had completed spread sheets to monitor these.

The manager has developed a quality assurance policy which describes the different ways in which the service assesses the quality of service it provides.

The participation methods mentioned in other sections of this report such as service user meetings and service questionnaires, evidence that service users are enabled to provide feedback and assess the quality of service provided.

Areas for improvement

We saw that there are some systems in place for monitoring quality and auditing processes and that these cover relevant areas such as medication and service user files. Whilst these processes are good for identifying any issues, we felt that these could be developed further to make clear reference to what the standards and expectations are that are being measured against.

There is currently no quality assurance mechanism for the manager to monitor staff performance directly and ascertain feedback about individual staffs work with service users. The manager could consider ways of assessing staff practice and how this feeds into the quality monitoring processes for the service.

The manager could consider how it collates the information gained from the different quality assurance methods and takes forward any issues identified and disseminates this information to relevant parties. For example through an annual report or stakeholder events.

At the last inspection we discussed with the manager and managing director that there needs to be a dependency or needs assessment in place to evidence how staffing levels are decided based on the support needs of individual service users and for the safe running of the service in general. The recommendation we made in the previous report regarding this area has not yet been met and is therefore repeated in this report.

Grade

4 - Good

Number of requirements - 0**Recommendations****Number of recommendations - 1**

1. The manager must ensure there is a dependency or needs assessment in place to evidence how staffing levels are decided based on the support needs of individual service users to ensure the health and welfare of those using the service at any given time.

This is to comply with the guidance document issued to services by the Care Inspectorate entitled "the Records that all registered care services (except childminding) must keep and guidance on notification reporting." The manager must ensure there is a dependency or needs assessment in place to evidence how staffing levels are decided based on the support needs of individual service users to ensure the health and welfare of those using the service at any given time.

This is to comply with the guidance document issued to services by the Care Inspectorate entitled "the Records that all registered care services (except childminding) must keep and guidance on notification reporting."

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. The manager should continue to monitor and investigate all medication errors and show evidence of how action has been taken to reduce the incidence. This includes any recording errors or errors in stock checking (mathematical errors).

National Care Standards: Care Homes for People with Drug and Alcohol Misuse Problems: Care Standard 12 - Keeping well, Healthcare

This recommendation was made on 17 April 2015

Met - Investigation and monitoring forms now in place to address any incidents.

2. The manager should ensure that all food is appropriately stored and labelled and that there is information for service users in relation to the identification of allergens.

National Care Standards: Care Homes for People with Drug and Alcohol Misuse Problems: Care Standard 3 - Your environment

This recommendation was made on 17 April 2015

Met - All food now appropriately stored labelled and regular checks in place to monitor

3. Arrangements should be made for an appropriate process to be in place for undertaking staff appraisals.

National Care Standards: Care Homes for People with Drug and Alcohol Misuse Problems: Care Standard Number 4 - Management and staffing arrangements

This recommendation was made on 17 April 2015

Met - Appraisals now in place and supervisions being undertaken regularly

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	
27 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
25 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
27 Aug 2013	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good

To find out more

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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۔

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