

Balhousie Pitlochry Care Home Care Home Service

Bobbin Mill
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Pitlochry
PH16 5BP

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Type of inspection:
Unannounced

Completed on:
2 May 2023

Service provided by:
Advanced Specialist Care Limited

Service provider number:
SP2005007542

Service no:
CS2017358876

About the service

Balhousie Pitlochry is a care home for older people situated in Pitlochry, close to local transport links, shops and community services. The service provides nursing and residential care for up to 50 people.

It is a modern purpose-built care home and provides accommodation over two floors in single bedrooms each with ensuite shower rooms. The building is divided into four units each with an open plan sitting and dining room and an additional quiet room on each floor. Upstairs there is a large cafe style area as well as an activities room. There is an enclosed garden accessed from each of the ground floor units.

The provider's aim is to: "strive to capture the true essence of person-centred care and deliver the highest quality of care to our residents."

About the inspection

This was an unannounced inspection which took place on 27 and 29 April 2023. This inspection was carried out by two inspectors from the Care Inspectorate to check on progress made by the provider in meeting the required improvements identified on the improvement notice issued to the provider on 21 December 2022. An improvement notice was issued as we had significant concerns about the care and support that people were experiencing as Balhousie Pitlochry.

The concerns were in relation to five key areas, the improvements required are detailed below:

1. By 19 February 2023, extended from 15 January 2023, you must ensure service users experience compassionate palliative and end-of-life care that meets their health, safety, and wellbeing needs. In order to achieve this, you must demonstrate that:
 - a) Service users who need palliative and end-of-life care have accurate care plans which set out how their care needs and preferences, including physical, spiritual, and psychological needs are to be met.
 - b) Nursing and care staff are familiar with and implement a service user's palliative and end-of-life care plan.
 - c) Nursing and care staff are able to identify and respond to any change in a service user's care in a service user's physical and/or mental health needs, including, but not limited to, any sign that a service user is experiencing pain, discomfort and/or distress.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

After extending the timescale for completion this was complied with on 1 March 2023.

2. By 26 March 2023, extended from 19 February 2023 and 15 January 2023, you must ensure that service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences. In order to achieve this you must demonstrate that:
 - a) Service users' care plans record their nutrition and hydration needs and preferences.
 - b) Catering staff are familiar with each service user's nutrition and hydration needs and that they have the knowledge and skills to provide meals, snack and drinks which meet those needs.
 - c) Nursing and care staff are familiar with, and implement, service users' nutrition and hydration needs care plan.
 - d) Nursing and care staff are able to identify, and respond to, any change to a service user's nutrition and hydration needs.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

After extending the timescale for completion this was complied with on 4 April 2023.

3. By 23 April 2023, extended from 26 March 2023, and 19 February 2023, and 15 January 2023, you must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection. In particular you must demonstrate that:
- a) There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.
 - b) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
 - c) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.
 - d) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that current best practice guidance on how to prevent and control infection in a care home setting is always being followed.

This is to comply with Regulation 3, Regulations 4(1)(a) and (d), and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

After extending the timescale for completion this was complied with on 9 May 2023.

4. By 23 April 2023, extended from 19 February 2023, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet service users' health, safety, and wellbeing needs. In order to achieve this you must:
- a) Gather accurate information about service users' needs and use it to assess how many nursing and care staff are required on each shift and on each unit during the day and night.
 - b) Roster and deploy staff in accordance with your assessment informed by each service user's care plan.
 - c) Demonstrate that you effectively anticipate and respond to changes in service users' needs or significant events in the care home and amend staff numbers accordingly when required.

This is in order to comply with regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

After extending the timescale for completion this was complied with on 9 May 2023.

5. By 23 April 2023, extended from 19 February 2023, you must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met. In particular you must ensure that:
- a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of service users' care experiences, observation of staff practice and communication, seeking service user and staff views and review of care and housekeeping documentation.
 - b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to service users' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing service users' care plans.
 - c) The quality assurance must be used to identify any further staff training or support that is necessary

to ensure service users' health, safety and wellbeing needs are met.

d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on service users' experiences and outcomes.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

After extending the timescale for completion this was complied with on 9 May 2023.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered during our monitoring visits over the course of the improvement notice. We were onsite monitoring the provider's progress on 25 January, 7, 16, 20 and 21 February, 2, 15, 27 March and 13 April 2023.

In making our evaluations of the service we:

- Spoke with five people using the service and six of their family/friends/representatives
- Spoke with 10 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- The service has worked hard to meet the required improvements included in the improvement notice.
- The service has a significant number of new staff who have joined the service and the provider has put in place induction and training to support this.
- There was effective oversight of people's health care needs.
- People had opportunities to engage in a range of activities.
- Further work was needed to rebuild trust and improve communication with families to ensure that they are meaningfully involved in their relatives care.
- The staff and leadership team were motivated to continue driving forward improvements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 19 December 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

People should experience compassion dignity and respect. Staff interactions were compassionate. Staff spent time going at the pace that was right for the person. It was positive to see that everyone had their name on their door and their rooms were personalised as they wished. Standards of cleaning in people's rooms had improved this helped to keep them safe and also promoted their dignity and respect.

Although staff practice demonstrated person centred values many were not familiar with the Health and Social Care Standards and we asked the provider to ensure that all staff know how the principles should inform their practice and the manager dealt with this immediately.

The provider had put in place a team of wellbeing co-ordinators to support people to engage in activities. A range of activities and groups were now in place and the service should continue to progress with developing both personalised individual activity plans and link these to the monthly activity planner. People had enjoyed social events, including celebrations for Mother's Day and Easter as well as a Pie and a Pint for St Patrick's Day. These events encouraged people to come out of their rooms and socialise. Regular social activities provide opportunities to have fun and develop social bonds, contributing to their sense of wellbeing. People told us they were happy there was more things to do. There was some mixed feedback from families about their relative's ability to participate in events and activities offered and the service should continue to develop and adapt personalised activities that engage with people's interests as well as their abilities. We have extended the timescale of the requirement (**see requirement 1**).

Dining experiences had been improved and were subject to ongoing review. Meal times were relaxed and people could make choices about where they ate. Choices were offered at meal times and meals were presented well. Where someone required support with eating and/or drinking, this was done in a dignified manner and was adapted throughout, based on the persons needs and abilities and this promoted their independence.

People's health and wellbeing should benefit from care and support which meets their needs and wishes. New support plans and risk assessments had been implemented and were used by staff when supporting people, to ensure the support delivered was right for them. It was clear from feedback from relatives that further work is needed to rebuild relationships and trust. Relatives told us that they had seen improvements in the service however there was a variation in people's views regarding communication with the service and some people felt that they were not being kept up to date or involved in their relative's care (**see area for improvement 1**).

There were good links with the wider multi-disciplinary team (MDT). If changes were identified in a person's health, referrals were made timeously. For example, we saw people who had been referred to the dietician for weight loss and actions taken in response to this. Wound care plans were being kept up to date, photos were taken and these were reviewed regularly. An area for improvement had been made in relation to medication and admission processes. As the service has not had any new admissions we have not been able to assess this so this area of improvement has been continued (**see area for improvement 2**).

Requirements

1. By 31 July 2023, in order to improve people's physical and mental wellbeing, the provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them.

To do this the provider must, at a minimum:

- a) Develop individual activity plans that inform the service weekly activity plan.
- b) Make the activity room available for use.
- c) focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

Areas for improvement

1. In order to ensure residents' representatives experience adequate communication regarding their general health and welfare, the service should:

- a) Ensure representatives are provided with updates when there are changes to health and wellbeing.
- b) Establish clear processes to record representative communications.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

2. The provider should ensure that admission processes are reviewed to ensure people's medication requirements are fully assessed and well managed.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

How good is our leadership?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 19 December 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

People's health, safety and wellbeing needs were being supported by the improvements in leadership and quality assurance within the service. The provider had supported and developed leadership skills of staff within the service with the support of the local health and social care partnership. Quality assurance processes had begun to be implemented to take into account people's experiences and the service should

continue to develop meaningful engagement with service users and their families in this process. Audits were supporting improvements to care and support to be maintained, for example in relation to recording of medication administration and the improvements made to nutrition and hydration and mealtime experiences.

Role modelling, observations of practice and reflective practice accounts were being utilised to develop staff skills and knowledge. The staff team had had a variety of in-person training over recent weeks that enhanced their approach and understanding. Regular team meetings and supervision were in place to support individual and team development.

The provider, leadership team and staff group had worked together to implement the actions of the improvement plan to support the service to improve. This meant that people's experiences of care at Pitlochry had improved. This work is ongoing, and the service has a plan in place to further develop the quality of care experience in Balhousie Pitlochry. Feedback from families recognised that there had been improvements in the service however the provider has further work to do to rebuild trust and improve communication with families. The leadership team should further develop the involvement of people and their families in ongoing development plans so that they can be meaningfully involved in how the service works and develops.

How good is our staff team?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 19 December 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows:

By 23 April 2023, extended from 19 February 2023, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet service users' health, safety, and wellbeing needs. In order to achieve this you must:

- a) Gather accurate information about service users' needs and use it to assess how many nursing and care staff are required on each shift and on each unit during the day and night.
- b) Roster and deploy staff in accordance with your assessment informed by each service user's care plan.
- c) Demonstrate that you effectively anticipate and respond to changes in service users' needs or significant events in the care home and amend staff numbers accordingly when required.

This is in order to comply with regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The provider had recruited a significant number of new staff to the team at Balhousie Pitlochry. This meant that the service was no longer reliant on agency staff and was able to provide a stable and consistent staff team to support service users. This provided continuity and meant people were being supported by people who knew them. The provider had developed induction training and ensured that new staff had shadowing opportunities and were paired up with more experienced staff to help them develop their skills and abilities.

The provider had a tool in place to assess people's needs that was updated regularly as people's needs changed. This tool was used to support decision making regarding staff levels to meet the health, safety

and wellbeing of service users. We could see that annual leave was now planned with staff covering absence, and where staff sickness occurred that was unplanned, where possible, members of the team were brought on duty to provide cover.

The service now had a flexible approach to staffing and team members were able to identify that they would work where needed in response to people's needs or significant events in the home. Staff told us that they felt supported at work and we saw that people worked well together. Staff were allocated specific responsibilities each day and this helped to ensure that these were completed and standards were being maintained.

How good is our setting?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 19 December 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

The required improvement was as follows:

By 23 April 2023, extended from 26 March 2023, and 19 February 2023, and 15 January 2023, you must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection. In particular you must demonstrate that:

- There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.
- The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.
- Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that current best practice guidance on how to prevent and control infection in a care home setting is always being followed.

This is to comply with Regulation 3, Regulations 4(1)(a) and (d), and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

The service now had sufficient staff members within the domestic team to maintain a clean and safe environment. The domestic team worked well together to ensure tasks were completed in accordance with the cleaning schedules. The provider had made a range of improvements to the environment and furnishings and equipment have been replaced as needed. This enhanced the environment for people and helped maintain their safety and wellbeing.

The staff team had additional training and support to develop their skills and knowledge and were implementing current best practice guidance to prevent and control infection in the home.

A range of staff implemented regular quality assurance checks of the environment and of staff practice. These checks helped to ensure that staff practice as well as levels of cleanliness of the home environment and equipment are maintained.

The provider had enhanced the environment to make it more homely. The activity room was now being well used by people and the cafe area was being used for social events, providing the opportunity for people to socialise with people from each unit as well as inviting families to attend.

We discussed the importance of continuing to develop the garden to ensure that it is accessible for people and a relaxing and pleasant place for people to enjoy fresh air, exercise and relax.

How well is our care and support planned?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 19 December 2022, we evaluated this key question as adequate, this recognised that the service has been through a significant period of transition and requires further time to demonstrate sustained improvement.

Comprehensive support plans had been developed for people living in the service. These contained relevant information on each person and were actively used by staff when they were supporting people. People therefore benefited from support which reflected the information in their support plans. Support plans were being updated regularly, however it was not always easy to find copies of documentation to support formal reviews which had taken place. This was discussed with the manager and action was taken to rectify this following the inspection. People should be supported to be involved in planning and reviewing their care and support, in the way that suits them, to ensure that they consistently experience care and support in line with their wishes and experiences and the service should further develop approaches to involving people and their families in planning and reviewing their care.

Risk assessments were in place for all identified risks and included actions to minimise these risks. The service should continue to develop these, to ensure that they enable positive risk taking so that people can be as independent and in control of their life as they want and can be.

Legal documents were now accessible with the care plans, however we identified some which contained incorrect information, such as a previous address. It is important that legal documents contain up to date information, to ensure if they are used, they contain the accurate information about that person and that any decisions made are appropriate.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users. In particular, the provider must:

- a) Ensure adequate falls prevention and falls management procedures are in place.
- b) Ensure the falls risk assessment and falls reduction care plan are reviewed and updated following falls.
- c) Ensure timely and adequate post fall investigations are undertaken following a fall.

e) Ensure accident reports are fully and accurately completed.

To be completed by 27 January 2023, this is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 30 September 2022.

Action taken on previous requirement

The majority of staff had participated in falls prevention training and this had enhanced their knowledge and practice. As a result we saw that people were being supported to move around more.

Risk assessments were in place for people and updated on a regular basis and falling any fall. Falls were reported on internal and external systems as appropriate.

A weekly clinical risk meeting was in place where falls were reviewed and analysed.

Met - outwith timescales

Requirement 2

By 31 March 2023, in order to improve people's physical and mental wellbeing, the provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them.

To do this the provider must, at a minimum

- a) Develop individual activity plans that inform the service weekly activity plan.
- b) Make the activity room available for use.
- c) Focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This requirement was made on 22 August 2022.

Action taken on previous requirement

The provider had put in place a team of wellbeing co-ordinators to support people to engage in activities. A range of activities and groups were now in place. The service should continue to progress with developing both personalised individual activity plans and link these to an accessible monthly activity planner.

People had enjoyed social events, including celebrations for Mother's Day and Easter as well as a Pie and a Pint for St Patrick's Day. These events encouraged people to come out of their rooms and socialise. Regular social activities provide opportunities to have fun and develop social bonds, contributing to their sense of wellbeing.

Links had begun to be made with the local community and the service should continue to develop this. People could access seated exercise on a weekly basis and it was positive to see people going out occasionally for walks. The service must ensure that people have individual activity plans that support people's need for physical and social activity and we have extended the timescale to enable individual activity plans to be fully developed and implemented .

Not met

Requirement 3

By 31 March 2023, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) Accurately reflect the assessed current health and care needs of the person.
- b) Describe in detail the need and abilities of the person and the support required to meet those needs.
- c) Accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
- d) Are always implemented; and
- e) Are reviewed every six months.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 22 August 2022.

Action taken on previous requirement

Comprehensive support plans had been developed for people living in the service. These contained relevant information on each person and were actively used by staff when they were supporting people. People therefore benefitted from support which was right for them. Support plans were being updated regularly, however it was not always easy to find copies of documentation to support formal reviews which had taken place. This was discussed with the manager and action was taken to rectify this following the inspection.

Risk assessments were in place for all identified risks and included actions to minimise these risks. The service should continue to develop these, to ensure that they enable positive risk taking.

Legal documents were now accessible with the care plans, however we identified some which contained incorrect information, such as a previous address. It is important that legal documents contain up to date information, to ensure if they are used, they contain the accurate information about that person and that any decisions made are appropriate.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure residents' representatives experience adequate communication regarding their general health and welfare, the service should:

- a) Ensure representatives are provided with updates when there are changes to health and wellbeing.
- b) Establish clear processes to record representative communications.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

This area for improvement was made on 30 September 2022.

Action taken since then

Although there have been improvements in relation to this, it was clear from feedback from relatives that further work is needed to rebuild relationships and trust. Relatives told us that they had seen improvements in the service however there was a variation in people's views regarding communication with the service and some people felt that they were not being kept up to date or involved in their relative's care. We have restated this area for improvement.

Previous area for improvement 2

To ensure people are supported to maintain their daily hydration needs, the service should ensure there is sufficient oversight and effective management of people's fluid intake.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 30 September 2022.

Action taken since then

The service has undertaken a significant amount of work to ensure that people are supported with their hydration. All people have a hydration assessment in place and drinks are accessible and available throughout the day. There is effective oversight of people's fluid intakes in daily handover meetings as well as weekly clinical review meetings.

Previous area for improvement 3

The provider should ensure that admission processes are reviewed to ensure people's medication requirements are fully assessed, and well managed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 5 February 2022.

Action taken since then

There have been no new admissions since this area for improvement was made so we cannot assess. This area for improvement has been continued.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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