

## Constance Care South Lanarkshire Housing Support Service

Suite 2A, International House  
Stanley Boulevard  
Hamilton International Technology Park  
High Blantyre  
G72 0BN

Telephone: 01698 823 052

**Type of inspection:**  
Unannounced

**Completed on:**  
31 January 2024

**Service provided by:**  
Constance Care Limited

**Service provider number:**  
SP2003002276

**Service no:**  
CS2018369578

## About the service

Constance Care South Lanarkshire is registered as a support service, care at home and housing support service to people in their own homes.

The provider is City and County Healthcare Group- Scotland.

The service was supporting 236 people at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place from 24 to 31 January 2024. The inspection was carried out by two inspectors from the Care Inspectorate. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with 23 people using the service and 11 of their family
- spoke with 36 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two involved professionals.

## Key messages

- Staff were compassionate and respectful towards people, as a result people who use the service liked their support staff.
- Support from small staff teams meant people could build positive, trusting and caring relationships with them.
- Some people found their support times varied greatly which made planning daily life difficult. The service should improve consistency and communication around support times.
- The service needs to improve the medication management system and audit processes.
- The service was proactive in supporting people to access the right health professionals.
- People experiencing care and their relatives were fully involved in developing and reviewing personal plans, however outcomes need to be individualised.

## 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 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

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

We observed respectful and thoughtful interactions, staff knew people well, and provided guidance and reassurance. People we spoke to said they felt safe and protected, other comments included:

"The staff are very good, I would recommend Constance Care to anyone."

"The staff are lovely, I have no complaints."

"I find them all very nice, always respectful."

"I'm more than happy with Constance Care." "Constance Care are excellent, first class, no problems at all."

"They are just wonderful, the love and care I get couldn't be any better."

People have a right to make choices in their day-to-day life. Offering choice builds confidence and improves outcomes for people receiving support. Whilst we observed good interactions, people were not always offered choices particularly in relation to what food they wished to eat. Even though people may always choose the same thing, it is important there is discussion and choices offered.

The service regularly seeks feedback and involvement from people. This includes exploring how people feel about the service, and whether they feel safe and well supported and in control of their support. Overall, feedback was very positive and action taken where issues were identified.

Staff were aware of how to report concerns or issues in relation to people, through feedback and follow up forms, which were used to good effect. This enabled effective communication regarding further action or changes required in relation to people's support.

We saw good practice when areas of concern had been raised. Communication with families and the relevant health care professionals was important to finding positive outcomes for people receiving support. People could be confident that the service would report any aspects of safeguarding.

People could develop relationships through consistent visits. However, people told us that they weren't always informed when there was a change to their support times or the person providing their support. It is important that people are made aware of changes to their support and in particular if there is a new worker they have not yet met providing support.

People can lose confidence when there is lack of consistency in the support provided. People supported shared with us "I used to get really anxious, now I just wait and see who comes." "My care was 9am, now it's 9.30am but I was not informed." A relative told us "My mums' times are not as agreed for her medication." The service needs to improve how they communicate with people and ensure that people can be confident in their support.  
(See area for improvement 1).

The service utilised an electronic care planning system giving staff access to full support information

for people on the go. People supported and their relatives could also access this for information related to the agreed support plan, visit times and support provided. However, some relatives told us that they did not know about this or how to use the system. The service has agreed to communicate with people and their families and provide support to enable access. (See area for improvement 1).

The service had an electronic system for the management of medication (e-mars). The level of support required was detailed in people's care plan, which enabled support to be provided at the appropriate level. Whilst the e-mars system gives an overview of medication support that has been provided. From discussion though it was safe but not as effective as it should be.

All medication supported should be checked when received, and in particular blister packs as the e-mars system does not detail the medication to be administered.

When people are supported with a blister pack, the system does not detail the medication being given, only that it is a blister pack. As there were no checks to ensure the blister pack was correct when it was received, there was a risk that medication was accurate.

It is important that staff understand what they are giving, why and any side effects to look out for.

We also noted that staff were not aware of the PRN (as required medication) protocols in place. The use of 'as required' medication was not clearly laid out or in line with good practice guidance.

We would expect to see PRN protocols for those that have as required medication in place.

The PRN protocol outlines the purpose and outcome, and should be used as a tool for good practice.

The protocol guides staff when as required medication should be given, the expected impact, and the thresholds of when further action should be taken. The protocol also records feedback on the effectiveness of the medicine. It also reviews if it has been required more regular than this should be acted on and a review requested.

The electronic medication records (e-mars) states blister pack to be given, with no details of the medication that the person is being supported with.

We also noted that the service did not have access to anyone's section 47 Certificate of Incapacity for whom they were responsible for administering level 3 medication. When a person lacks capacity to make decisions and consent to treatment, the GP should write a section 47 for any treatments for which person lacks capacity to decide. It is good practice for any care service expected to administer medicines at level 3 covered by the s47 should have access to a copy of it.

On looking at evidence how the service safely manages medication, we did not find a system in place to check in medication, including blister packs into people's homes. To ensure that people are being supported with the right medication at the right time, there needs to be a check in and sign off sheet for all medication that Constance Care are responsible for. (See area for improvement 2).

People experience care and support that benefits their health and well-being because they are supported by small teams of staff who knew them well. Where people's needs were changing, the service was proactive in communicating actual or potential difficulties with health professionals, care managers and commissioners, and in following up any necessary action.

A local authority colleague praised the service for working with them to ensure support packages continue to meet people's needs.

The service provided staff with condition specific fact sheets to ensure that staff have access to information for health conditions, including dementia, diabetes, epilepsy. This meant they could read

them to assist in their understanding of how best to support people.

Meals were often prepared as part of peoples' support, people enjoyed meals or snacks and drinks that reflected their cultural and dietary needs and preferences. Following feedback from people, in relation to some staff not being sure about preferred foods and how to cook them, the service compiled a food preparation booklet to guide and direct staff. It was good to see how responsive the service has been in relation to this feedback.

## Areas for improvement

1. The service should improve the consistency of support for people. Where there are changes to support this should be communicated to ensure the safety and wellbeing of people and to improve the quality of the service.

To do this the service should ensure:

- a) People are provided a schedule of support times and the names of staff who will attend in advance of visits.
- b) Changes to support times are kept to a minimum and provided as close to preferred support time as possible. Changes of times or staff should be communicated to people (or their families if appropriate) and a record kept of the discussion.
- c) People are made aware if there will be a staff member they have yet to be introduced to visiting.
- d) Robust and regular oversight of the service by the organisation.

2. The service should have robust systems in place to ensure safe and effective management of medication, following good practice guidance.

To do this the service should ensure:

- a) Detailed as required protocols are in place for each medication that has been prescribed "as and when required". They should include information on when it has to be given and the effectiveness of the medication.
- b) There should be an effective system in place for checking and logging medication received is as expected.
- c) It is good practice to have access to the 47 paperwork when supporting a person level 3 medication.
- d) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

People should benefit from a culture of continuous improvement. There was a service development plan in place, identifying areas for improvement across the service. The service have been carrying out a self assessment, which has also supported identification of improvement areas.

The service had a range of quality assurance systems in place, however the registered manager was not fully enabled to access what was required. It is important to give assurance of the quality of support and that quality assurance systems are effective in driving improvement.

A range of audits were in place identifying areas of good practice and improvement. However, there were no audits in place in relation to support with finances. In relation to medication audits, these require to be more

robust to ensure the manager has oversight of safe support with medication. Care plan audits were also in place, however it was not clear that these were always identifying and putting in place actions to improve the quality of recording.

There was an electronic quality assurance system in place, which directed timescales and tracked completion. The service had senior staff in place to check quality of care and recording. Whilst the systems were effective in identifying some area for development, we were not always able to track improvement actions taken and the impact on practice. It is important that audits ask the right questions to identify where actions are needed. All staff involved in quality assurance need to fully understand their roles and responsibilities in relation to quality activities, to continue to drive improvement forward.

It would be beneficial to have a clear overview of what quality assurance activities are required and when, to ensure this is streamlined, effective and identified improvements.

There needs to be robust audits of medication, finance, care plans, reviews and training to highlight any risks associated for people and staff. The registered manager needs to be enabled and equipped to understand the quality assurance requirements and to become competent in their management of them. The service needs to be clear about what is required and why, resulting in an action plan to improve quality assurance and the outcomes for people. (See requirement 1)

Effective processes were in place to record accidents, incidents and complaints. These incidents were reported to families, the relevant authority and to the Care Inspectorate. Family members we spoke with told us of the improvements in communication in relation to any incidents or concerns regarding their loved ones. To support ongoing development, the service should ensure there is an opportunity for the support team to learn from adverse events, including regular supervision and team meetings. (See area for improvement 1).

All staff said they felt listened to and able to report things in the confidence that they would be dealt with.

Comments included:

"We get good support from the office."

"Senior staff are really supportive, keep you right with anything you need to do."

"We get contacted if there are any compliments from people now which is nice as this didn't used to happen."

"Dementia training was really helpful."

"I really enjoyed the Dementia training, found it beneficial."

Staff reported that they get regular supervision, as well as discussing key topics, get the chance to talk about any concerns. The senior team were supportive and as well as discussing key topics get the chance to talk about concerns and developments. Staff commented on the open door policy and felt welcome in the office.

There were several Scottish Social Services Council (SSSC) registrations not in place for staff as there should be. The service must put measures in place to ensure that any issues of this nature are identified and acted upon within the required timescale, to reduce the risk of staff not being registered as required. (See requirement 2).

## Requirements

1. By 1 July 2024, the provider must ensure that quality assurance and improvement is well led to ensure people experience consistently good outcomes.

To do this, the provider must, at a minimum:

- a. the registered manager has complete oversight of the service and ongoing key activities
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service
- c. quality audits and action plans, including finance, care planning and medication, must be accurate, up-to-date and ensure they lead to the necessary action to achieve improvements without delay
- d. ensure that the outcomes of audits, people's views and adverse events are used to inform the service improvement plan.

This is to comply with Regulation 4 (1)(a) (Welfare of users) 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 the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 1 July 2024 the provider must ensure that they have a robust process for ensuring that all staff are appropriately registered with the SSSC.

To do this, the provider must, at a minimum:

- a. the registered manager must have a process for regularly checking staffs registration status and acting upon any anomalies asap
- b. there must be a system put in place to ensure that new staff commence the process timeously.

This is to comply with Regulation 4 (1)(a) (Welfare of users) 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 the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. The provider should ensure the complaints process is followed through to completion in accordance with organisational policy, ensuring those involved are made aware of the outcome.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

People can expect to have confidence in their staff team, because they are trained, competent and skilled. The service had a training plan in place. However, over the course of the inspection, we were not able to see a full overview of training and timescales of completed courses by all staff, including senior staff.

A training needs analysis was in place for the organisation, detailing training that was required to be undertaken for each post. It would be helpful to revisit this to ensure it is reflective of the current skills and knowledge for each post, particularly in relation to supervision, coaching and mentoring.

Training should be effectively evaluated to determine if the content was helpful and reflection encouraged at supervision to ensure learning impacts on practice.

Spot checks were carried out regularly exploring a wide number of areas, identifying both good practice and areas for improvement. However, we were not always able to see where actions and improvements required were identified.

Induction training was in place for new staff. This included seven hours e-learning covering a wide range of topics, alongside one day face-to-face training. The organisation had recently moved to delivering their induction training in this way in recognition of different learning styles. However, we were not confident that 7 hrs of e-learning covering 23 topics, was sufficient or safe to prepare staff to support people. The service should ensure that they are assured staff are equipped to carry out the role required safely.

The service has practice partners in place to coach and mentor new staff but we were not able to track any new staffs journey into the organisation. It would have been good to see a record of learning and reflection opportunities.

Ongoing annual e-learning refresher training is required for all staff, as well as bi-annual moving and assisting. To ensure staff are skilled and able to respond to the needs of people, the service should ensure that ongoing condition specific training is available for staff when required, including dementia and epilepsy.

Several staff commented on the value they got from the dementia training last year. "It helped me understand and support people better." "It totally enhanced my practice." "It is important that staff are able to put their learning into practice. (See requirement 1).

Almost all supervisions and appraisals were in date, with a colour coding system in place to highlight when overdue or coming up to being overdue. Staff commented that they were having supervision; however the notes were not encouraging reflective practice, the message was more organisational and not geared towards the individual.

Supervision should be planned and arranged, to take place at a time and date mutual to the attendees. The service and staff would get more out of the process if it was planned.

Staff meetings have been inconsistent. Meetings should continue on a regular planned basis, so staff are clear about how to feed into these and there is a clear process for following up actions agreed. Team meetings are good development opportunities for staff having the opportunity to link with colleagues to learn and reflect on their practice. (See area for improvement 2).

## Requirements

1. By 1 July 2024, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this the provider should at a minimum:

- a. ensure staff receive ongoing training as directed by the needs analysis - including stress / distress, dementia and condition specific training, such as Epilepsy
- b. ensure the manager has accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 15 (Staffing) 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 the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Areas for improvement

1. To ensure that staff have regular opportunities for reflection they must have supervision and team meetings to discuss their practice, workload and opportunities.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice' (HSCS 3.14).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

People should benefit from support plans which are person-centred, up-to-date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. Although this was not always documented in care plans.

Whilst everybody had a support plan, the information contained was variable. For some people there was useful, person-centred information in relation to their health and support needs, but this was not always strengths based, reflective of information gathered since the plans were created or the support currently being provided.

Support plans need to be more outcomes focused, we found that each persons outcomes were the same as every one else's, therefore not person-specific.

For support plans to be effective, it is important they are clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments to manage identified risks. It would be helpful to detail how carers support people in line with their needs and preferences. (See area

for improvement 1).

People and, where relevant, their families, are fully involved in developing their personal plans. All personal plans should be updated on an at least six-monthly basis.

Carers were good at completing daily notes being clear if a person has been offered care and declined or been supported by family. Recording and reporting had been discussed in a recent team meeting and improvements made.

### Areas for improvement

1. To make sure that people receive care and support that is right for them, the provider should ensure that:

- a. each person receiving care has a detailed support plan which reflects a person-centred and outcome focused approach
- b. support plans contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c. support plans are regularly reviewed and updated with involvement from relatives and advocates
- d. detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is 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).

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

### Requirements

#### Requirement 1

Where a significant event involving a service user occurs, the provider must ensure that relevant others are informed as appropriate taking account of policies and procedures, agreements, personal plans and statutory responsibilities.

This is to comply with regulation 4 (Welfare of users) of Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations SS1 2011/210

A provider must make proper provision for the health, welfare and safety of service users.

Health and Social Care Standard- My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. (HSCS 4.14).

**This requirement was made on 31 May 2019.**

## Action taken on previous requirement

The service have responded promptly to significant events; staff made good use of feedback and follow up forms to highlight concerns. We also saw that prompt action was then taken in close conjunction with professionals within the partnership. All action was recorded, communicated and shared in line with policies and procedures and statutory requirements.

**Met - within timescales**

## Requirement 2

By 10 September 2019 the provider must ensure that quality assurance audits support a culture of continuous improvement by being effective and completed to a good standard.

This is to comply with: Regulation Social Care and Social Work improvement Scotland (Requirements for care services) Regulations SS1 2011/210.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states that- I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

**This requirement was made on 10 September 2019.**

## Action taken on previous requirement

The service has a quality team and had put several systems in place to improve their quality assurance. Unfortunately, we did not evaluate this requirement during previous inspection; therefore we have met it and added a revised requirement to reflect the current issues.

**Met - within 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

To ensure that service users needs are met in line with their plan of care the service should ensure that records of care required and provided are accurate and fully complete.

This is in order to comply with: Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. 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 area for improvement was made on 20 November 2022.**

**Action taken since then**

We saw that people's needs were met by small staff teams who knew them well. The electronic system in place supported staff to be able to report and respond in real time. Care notes were sampled and found to be fully complete and accurate.

This area for improvement was met.

**Previous area for improvement 2**

The provider must ensure that people requiring support to manage their medication receive the level of support agreed and that records of this support are accurate and up-to-date.

The provider should review the current format of practice observations and spot checks to strengthen the focus on medication and improve outcomes for people requiring this support.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 10 December 2019.**

**Action taken since then**

We noted that people's care plan clearly stated the level of support required with medication. This information was monitored and reviewed regularly.

Spot checks were done regularly to ensure that staff practice was in line with people's needs, therefore improving their outcomes.

This area for improvement was met.

**Previous area for improvement 3**

To ensure good outcomes for people experiencing care, the service should ensure people's care packages are adhered to in accordance with the agreement or undertake a formal review if aspects of the care package cannot be delivered.

The service should ensure effective care planning when managing nutritional care for people living with dementia. To support this, the service should ensure that staff have a clear understanding about expectations with regard to the formulation of robust care planning pertinent to nutritional support.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 8 February 2022.**

**Action taken since then**

We saw that people's care packages were adhered to in accordance with the agreement. If aspects of the care package cannot be delivered, the service liaises with the local authority to review the person's needs.

The Risk Assessment part 3 covers all nutritional needs. Care tasks for meals/drinks as well as monitoring meals/drinks where required, this is then monitored.

Staff attend Dementia awareness training and Nutritional themed supervision.

This area for improvement was met

## Previous area for improvement 4

To ensure effective communication with the family of people experiencing care, the care plan should confirm when the family should be contacted, and all communication should be accurately recorded.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 20 November 2022.**

### Action taken since then

This information is fully detailed in part one of risk assessment who to communicate with and on what.

This area for improvement was met.

## Previous area for improvement 5

People experiencing care should experience high quality support in accordance with their assessed needs and care plan. The service should ensure they monitor the support provided and respond appropriately when necessary.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 17 March 2023.**

### Action taken since then

We saw monitoring of the service by carers, field care supervisors, coordinators and VOC forms, the service were responsive to things that were brought to their attention.

This area for improvement was met.

## Previous area for improvement 6

People experiencing care should be supported by staff who are trained, skilled and competent.

The service should ensure;

- a. staff access training appropriate to their role and apply training in their day-to-day practice
- b. staff are competency assessed to provide effective care and support in accordance with an individual's needs.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

Area for Improvement Category

3.2 Staff have the right knowledge, competence and development to care for and support people

**This area for improvement was made on 17 March 2023.**

**Action taken since then**

Staff access training appropriate to their role and apply training in their day-to-day practice. Although there is a range of training provided we felt that the service should be more responsive to specific condition training for staff e.g. Epilepsy to ensure they keep people safe.

This previous area for improvement was not met. This has now been incorporated into a requirement.

**Previous area for improvement 7**

People experiencing care should experience high quality care and support with medication. The service should ensure all prescribed medications, including topical creams/ointments, are clearly recorded and medication risk assessments are up-to-date and reviewed regularly when changes happen.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

Area for Improvement Category

1.3 People's health benefits from their care and support 1.3 Children and young people's health benefits from their care and support they experience

**This area for improvement was made on 17 March 2023.**

**Action taken since then**

On sampling medication records we noted that the electronic system had helped to reduce any errors or item being missed. Risk assessments were reviewed and updated regularly.

This area for improvement has been met

**Previous area for improvement 8**

To ensure complaints are managed effectively, the provider should ensure all complaints are recorded, fully investigated and written responses sent in accordance with their own complaints policy and procedure.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 17 March 2023.**

**Action taken since then**

Complaints are logged and relevant action taken to investigate. We were, however, not always able to see improvement actions identified and passed onto relevant parties.

This area for improvement has not been fully met and will be reinstated

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
3.2 Staff have the right knowledge, competence and development to care for and support people	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

## To find out more

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

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

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

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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