

Springhill Care Home Care Home Service

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Kilmarnock
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Type of inspection:
Unannounced

Completed on:
30 May 2024

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2016352761

About the service

Springhill Care Home is a care home for older people situated in a residential area near the centre of Kilmarnock and close to local transport links, shops, and community services. The service provides nursing and residential care for up to 61 people.

The service provides accommodation over four floors in single bedrooms, each with an en-suite toilet and shower. There are communal facilities on each floor, including lounges, dining room, shared toilets, and bathing facilities. There is a small secure garden area that can be accessed from the basement level of the building. The paths and slabs are uneven and pose a falls risk, therefore people who access this area independently may be at risk of falls and injury.

During this inspection visit, the top floor of the care home was in the process of being fully refurbished so people had been moved to other areas within the home. There were also other environmental improvements being undertaken such as replacing worn and stained carpets in bedrooms.

About the inspection

This was an unannounced inspection which took place on 22, 24, 27 and 28 May 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 five people using the service and five of their relatives
- Spoke with 15 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals

Key messages

- Despite previous concerns raised regarding the environment at their last inspection visit, improvement work has only just commenced. We will expect to see the continued upgrade and refurbishment programme continue.
- The care home has reduced occupancy during the refurbishment work.
- There is still a core group of staff with many years experience working at Springhill who have continued to work hard to ensure people are cared for.
- There have been several changes in management since previous inspection. This needs to improve and the provider needs to maintain some level of continuity and consistency of the management of this service.
- Communication between the home's management and people who live in the home and their relatives needs to improve to ensure people are kept informed and up to date with developments within the service.
- Staff training and supervision needs to improve to ensure there is a trained, skilled and competent staff team.
- The management need to develop positive supportive relationships with the staff to ensure good team work, so that they are able to continue to meet the needs of the people living in the care home.

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?	4 - Good
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?

4 - Good

We found strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

We observed warm, respectful and kind interactions between staff and people living in the care home. We saw that people were offered choices and were consulted. The staff interactions we observed were courteous and demonstrated good knowledge of people and their needs, allowing support to be personalised.

Due to the home having reduced occupancy as a result of environmental refurbishments the impact of the recent staff turnover has been mitigated by the remaining staff team who continue to work hard to ensure they provide good care and support to the people living there.

Staff we spoke to were knowledgeable about who to call on for support and advice regarding people's health needs. External healthcare professionals were called for advice and support when needed. We saw records detailing the outcomes of these visits. Advice and changes to treatment were reflected into plans of care to ensure people's healthcare needs were supported. Medication was being managed safely and effectively to support people's health needs.

We noted that the management of medication prescribed 'as required' should be improved. The development of more detailed protocols to guide staff regarding the management of this medication would ensure greater consistency with its administration.

We spent time observing mealtimes, we saw that staff were aware of people's dietary needs and offered choices of food and drink. We received some positive comments about the quality of the food. The standard of mealtime experience varied in different areas of the home we discussed the need to review and monitor this to ensure consistency across the service. (See Area for Improvement 1)

It is important that people have opportunities to be involved in meaningful activity which helps enhance their wellbeing and supports good mental health. We spoke with one of the activity coordinators, and there was an array of opportunities for people to engage and we heard of a cheese and wine event that the coordinator had arranged for the weekend.

We advised the service management that when the refurbishment of the top floor is completed and people move back in, they need to increase the activity staff to ensure that there is enough resources to meet the increased numbers of people in the home. (See Area of Improvement 2)

Areas for improvement

1. To support people's health and wellbeing, the provider should continue to ensure that the quality of people's mealtimes experiences is consistent across the different dining areas of the home and is well maintained. This should include, but is not limited to, regular observations of practice with evidence of action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33)

2. As the care home refurbishment programme is completed and the top floor has been re-opened with increased admissions there is a need to increase the activity staff to ensure that people have access to opportunities for activities, outings and events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can choose to have an active life and participate in a range of recreational , social, creative, and learning activities every day both indoors and outdoors." (HSCS 1.25)

How good is our leadership?

3 - Adequate

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

It is important that services have effective systems to assess and monitor the quality of the service provision. This helps drive service improvement, which results in better outcomes for people living in the home.

There were a range of quality audits being completed to assess and monitor the quality of the service provision. The actions from these audits were used to inform the service improvement plan with actions assigned to individuals. There was a system in place to monitor completion of these actions which ensured that positive outcomes for people were supported.

The outcome of audits should be reflected into a service improvement plan to ensure that actions are taken on any issues identified. The improvement plan should take account of the outcome of complaints and adverse events.

The new service management need to ensure they keep the Care Inspectorate up to date with any changes or developments within the home. (See Area for Improvement 1)

There was a need to re-establish the quality assurance systems to ensure that the quality-of-service provision meets acceptable standards to ensure good outcomes for people using the service. (See Area for Improvement 2)

An important part of assessing the quality of service provision is by using the views of people who live, visit and work in the service to inform improvement.

We saw that more work needed to be done to ensure that people's views were being sought and that these views were being used to inform service development (See Area for Improvement 3)

Areas for improvement

1. The provider should ensure that the Care Inspectorate receives the right information at the right time. This should include, but is not limited to, ensuring that appropriate notifications are submitted through the eforms system in accordance with the notification guidance, publication date February 2012 as amended 30 April 2020.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

2. The provider must continue to ensure that quality assurance and improvement work is well led and supports good outcomes for people. The new manager, quality manager, nurses and senior staff need to continue to implement and develop the quality assurance systems so that they are effective in evaluating the quality of service provided and help to create appropriate action plans to address any issues identified by the auditing activities.

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)

3. People living in the care home and their relatives and friends should have regular and meaningful opportunities to provide their views on the service they receive so that any improvements can be identified and acted upon. If relatives or representatives cannot attend meetings, the manager should ensure opportunities are made available either when visiting or by other means of communication to ensure people feel able to contribute their views and opinions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7)

4. To improve connections and communication between people, their families and staff, the provider should develop a keyworker system in the home. Staff assigned as keyworkers should have clear guidance regarding their role and responsibilities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.61).

'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)

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

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

People should have confidence that they are supported by staff who are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes

We spoke to several staff throughout this inspection process. There was a mix of experienced staff who had worked in the care home for many years and newer staff. We particularly noted that several staff have worked for many years in the home in all departments from domestic to kitchen, laundry and care staff teams. From discussions with the various staff throughout the home, they all demonstrated a wealth of knowledge of the various individuals in the home including their specific support needs.

We also noted some nice, kind and caring approaches by these experienced staff when they were interacting with people. This was really good to see. They also demonstrated a positive approach to sharing this knowledge with newer staff and helping some of the overseas staff to engage better and helping them to interact with people and integrate into the care home environment.

There has been a high turnover of staff recently. However, due to the reduced occupancy by the closure of the top floor due to refurbishment. The impact on care has been minimised by the existing staff maintaining an overall good standard of care being provided to the remaining people in the care home.

However, we spoke at length with the management about working together to address the staffing concerns and move forward in a positive and supportive manner. This will need further review when the home returns to full occupancy, staffing levels will need to increase to meet the demand.

We reviewed training records and noted that although this had started to address some of the areas of improvement, this will take time to fully implement across the staff team. We discussed the need to ensure that training in dementia was at a level required for the staff and other specific topics of training under stress and distress management need to be improved.

The service need to continue to develop and support the various staff teams through on-going training and supervision programmes. We have made two areas of improvement under this theme (See Areas for Improvement 1 and 2)

Areas for improvement

1. The new management should continue to implement and develop the supervision programme with the aim of ensuring that staff are supported, motivated and helped to develop their skills and knowledge through reflective practice. This should include reflecting on practice and professional registration requirements including recognising learning and development 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 and follow their professional and organisational codes' (HSCS 3.14)

2. To further help and support effective development of the staff team by providing opportunities for advancement and encourage good role models within staff teams, the provider should consider the development of a 'champions' roles covering a range of care and support issues.

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)

How good is our setting?

3 - Adequate

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

People living in a care setting should expect to live in an environment that is adapted, equipped and furnished to meet their needs and wishes. This should be safe and secure, with well maintained premises, clean and tidy and free from avoidable and intrusive noise and smells.

We noted that the provider had only just started to attend to major improvement work that we highlighted at the previous inspection over a year ago. Whilst we recognise the extensive improvement work being undertaken, the length of time this had required is not good. We have therefore continued with this as an area of improvement and would urge the provider to ensure that future improvement identified is carried out timeously. (See Area of Improvement 1)

However, we would note that during our inspection visits we observed domestic staff working very hard to keep the environment clean and tidy. We also noted, in particular, how well they interacted with people living in the care home. Providing a friendly, helpful and caring approach, demonstrating an ethos of kindness and compassion that was welcoming and comforting to see

There were good standards of cleanliness throughout the home. The housekeeping team had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that good standards of cleanliness were maintained.

The maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance workers, although new to the service, demonstrated previous experience and a good understanding of their roles and responsibilities in ensuring that the home was safe and secure, and people were protected.

Areas for improvement

1. To ensure that people benefit from an environment that has been designed or adapted for high quality care and support. The provider should implement a programme of improvements and refurbishment to the areas we discussed at feedback meeting. This should include but not limited to; the top floor Rosewood unit, the garden areas including safety barrier on access steps, replace stained and worn carpeting and general upgrading of the decor and replacing worn and tattered furnishings. As previously stated, the care home would benefit from a comprehensive self-assessment that refers to the good practice guidance such as the King's Fund 'Is your care home dementia friendly?' assessment tool.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

How well is our care and support planned?

3 - Adequate

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

Individuals who receive care should have personal support plans that clearly set out how their personal needs are assessed and met. This should include their wishes and choices. This information ensures that staff are able to provide appropriate support to people living in the care home with reference to their individual preferences, abilities and care needs. This ensures that staff have appropriate guidance and effectively directed to support people in a consistent and agreed approach.

The care and support plans we sampled reflected some good background and personal histories including details and descriptions of the person's wishes and care needs. These plans documented the involvement of family members was evidenced and their participation in supporting their loved ones encouraged. We saw that people living in the care home and their relatives were involved in regular care reviews. This gives people opportunity to formally discuss their care and support and make decisions about their future care.

We found the standard of personal planning and recording was adequate. However, specific areas of need such as stress and distress plans needed to be enhanced. This also included better reference to stating the desired outcomes from the care and support provided and where a person's need or presentation changes and the actions taken to address this. (See Areas for Improvement 1 and 2)

The plans we sampled included appropriate documentation in place to ensure that individual's legal rights were being protected. This included information about who the home should contact regarding the care of the person. We saw that people had plans in place with reference to end of life care needs. This would guide staff to ensure that individual's choices regarding their end-of-life care were respected.

Areas for improvement

1. The provider should ensure that all people experiencing care have up-to-date care plans, which are accurate and responsive to changes in a person's presentation. This should include, but is not limited to, identifying their person-centred wellbeing and behavioural needs and how these will be managed.

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

2. The service should continue to develop the consistency of the content of the electronic care plan system and ensure that all staff know the information regarding the individual support needs of the people they provide care and support to.

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

By 10 May 2024, the provider must ensure that all staff are appropriately trained, competent and skilled to deliver adequate support to people who display levels of stress and distress. To do this, the provider must, at a minimum ensure:

- a) all staff receive dementia training beyond that of basic online awareness
- b) all staff receive stress and distress management training.

To be completed by: 10 May 2024

This is in order to comply with: Health and Social Care Standard 3.14: 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. 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 requirement was made on 12 March 2024.

Action taken on previous requirement

We undertook an overview of the training completed by the staff.

CHPST Care Home Support Team had provided a number of training opportunities covering areas such as dementia, continence and tissue viability.

We noted that further training dates had been arranged with rotas for training programme.

Their own dementia training needs improvement. We noted that although some training had been provided under the Promoting Excellence programme, this was only at the informed basic level and elevation to higher level of enhanced and skilled level training for the staff working within the home was needed.

There was positive feedback about the staff who attended any training being offered saying they were willing to work towards better knowledge and understanding.

There was commitment from management to invest in the staff training to ensure they have the right skills and knowledge to support people in the home.

Met - outwith timescales

Requirement 2

By 19 April 2024, the provider must ensure that a robust tissue viability and wound management system is in place. To do this, the provider must, at a minimum ensure:

- a) that staff are aware of, understand and follow the service pressure ulcer and wound care management policies and procedures
- b) wound and pressure ulcer management care plans are regularly reviewed and are responsive to meet the needs of people experiencing care when their presentation changes
- c) staff implement and record any planned support relating to skin care
- d) ensure that managers, or other appropriate staff, engage in the monitoring and audit of wound and pressure ulcer records. To be completed by: 19 April 2024

This is in order to comply with: Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

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 requirement was made on 12 March 2024.

Action taken on previous requirement

We saw that there were appropriate quality wound management audits in place. We reviewed a sample of the monthly audits for April and May 2024 and recorded this in our notebooks.

The nurses and senior staff have completed TURAS modules on pressure ulcer prevention and tissue viability.

We saw that there were quality compliance systems in place for the assessment of pressure ulcer risks. Staff had also completed the RESTORE 2 training which helped them document the changing needs of an individual and also recognising when to escalate concerns.

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

The provider should ensure that all people experiencing care have up-to-date care plans, which are accurate and responsive to changes in a person's presentation. This should include, but is not limited to, identifying their person-centred wellbeing and behavioural needs and how these will be managed.

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 12 March 2024.

Action taken since then

We noted that the service had provided some RESTORE 2 training for the staff team to help them evidence and document when someone's needs or physical presentation changes and also how best to escalate concerns. Whilst we noted this was good this will take time to fully embed this practice within the service.

This area for improvement is unmet

Previous area for improvement 2

The provider should ensure that people receiving care, or their representatives, receive the right information at the right time. This should include, but is not limited to, ensuring that staff are open, honest and transparent in their timely communication with people receiving care, or their representatives, when an area of concern arises relating to the person being supported.

This is in order to comply with:

Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account

This area for improvement was made on 12 March 2024.

Action taken since then

There has been another change to the manager and senior management of the service and this will take them time to build up and improve the quality of the contact and ensure that relatives and families feel confident about the new management structure. Due to the frequent changes that have occurred within this service this will take time and effort to build up trust and respect in the new management.

This area of improvement remains unmet.

Previous area for improvement 3

The provider should ensure that the Care Inspectorate receive the right information at the right time. This should include, but is not limited to, ensuring that appropriate notifications are submitted through the eforms system in accordance with the notification guidance, publication date February 2012 as amended 30 April 2020.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice

This area for improvement was made on 12 March 2024.

Action taken since then

The new management have been keeping the Care Inspectorate up to date with developments within the service and will ensure this information flow continues.

This area of improvement has been met.

Previous area for improvement 4

To support people's health and wellbeing, the provider should continue to ensure that the quality of people's mealtime experiences is consistent across the different dining areas of the home and is well maintained. This should include, but is not limited to, regular observations of practice with evidence of action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33)

This area for improvement was made on 22 May 2023.

Action taken since then

We observed several different areas of the home during mealtimes and noted some variances in terms of quality in relation to the dining experience. We observed some good interactions with staff in some areas whilst others could be improved.

This area of improvement remains unmet.

Previous area for improvement 5

The provider must continue to ensure that quality assurance and improvement work is well led and supports good outcomes for people. The new manager, quality manager, nurses and senior staff need to continue to implement and develop the quality assurance systems so that they are effective in evaluating the quality of service provided and help to create appropriate action plans to address any issues identified by the auditing activities.

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)

This area for improvement was made on 22 May 2023.

Action taken since then

As another new manager and senior management takes over the running of this care home, there has been minimal time to be able to evidence much in the way of quality assurance and improvement work. The new management will need time to build up their quality assurance systems and procedures to produce evidence to support on going improvement and development of the service. This area of improvement remains unmet.

Previous area for improvement 6

People living in the care home and their relatives and friends should have regular and meaningful opportunities to provide their views on the service they receive so that any improvements can be identified and acted upon. If relatives or representatives cannot attend meetings the manager should ensure opportunities are made available either when visiting or by other means of communication to ensure people feel able to contribute their views and opinions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7)

This area for improvement was made on 22 May 2023.

Action taken since then

As the service has another new manager in place and an opportunity to involve and communicate with relatives and families of people living in the care home. This again may take time for relatives to get to know the manager and the senior management team. We would urge that regular open communication be priority of the management to ensure that relatives and families feel able to communicate and know who they are communicating with would be of great advantage in progressing forward with this service. Feedback from relatives and families indicated a need for this to improve.

Therefore this area of improvement remains unmet.

Previous area for improvement 7

The new management should continue to implement and develop the supervision programme with the aim of ensuring that staff are supported, motivated and helped to develop their skills and knowledge through reflective practice. This should include reflecting on practice and professional registration requirements including recognising learning and development 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 and follow their professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 22 May 2023.

Action taken since then

There has been again more changes to the management of the home and this again brings up issues and concerns over the continuity and consistency of the management of the service. Whilst we recognise the challenges faced for both a yet another new management structure and the existing staff team. There needs to be a collective approach and mutual respect in the way forward to ensure the people living in the care home receive the best care possible.

This area of improvement remains again unmet.

Previous area for improvement 8

To ensure that people benefit from an environment that has been designed or adapted for high quality care and support. The provider should implement a programme of improvements and refurbishment to the areas we discussed at feedback meeting. This should include but not limited to; the top floor Rosewood unit, the garden areas including safety barrier on access steps, replace stained and worn carpeting and general upgrading of the decor and replacing worn and tattered furnishings. As previously stated, the care home would benefit from a comprehensive self-assessment that refers to the good practice guidance such as the King's Fund 'Is your care home dementia friendly?' assessment tool.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

This area for improvement was made on 22 May 2023.

Action taken since then

Work has only just started to address some of these issues raised in this area of improvement. This was made over a year ago and it has taken this length of time for the provider to implement any action or changes to address these issues. +

Although we were pleased to see the extensive work being carried out on the top floor of the care home's Rosewood unit, this area of improvement remains unmet and will be repeated.

We will continue to review this at future inspections and we urge the provider to ensure they do not take so long to respond to actions we advise during our inspections visits.

Previous area for improvement 9

The service should continue to develop the consistency of the content of the electronic care plan system and ensure that all staff know the information regarding the individual support needs of the people they provide care and support to.

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)

This area for improvement was made on 22 May 2023.

Action taken since then

We reviewed a sample of the care planning documentation during our inspection visits we noted that some had good levels of information and detail others needed to be further improved.

This area for improvement was made at previous inspection and remains unmet.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Leaders collaborate to support people	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
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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