

# Birchwood Highland Recovery Centre Care Home Service

Muirfield Lane  
Inverness  
IV2 4AX

Telephone: 01463 716 600

**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2024

**Service provided by:**  
Centred(Scotland) Ltd

**Service provider number:**  
SP2003001717

**Service no:**  
CS2003010543

## About the service

Birchwood Highland Recovery Centre provides a service for up to 23 adults with mental health support needs. A maximum of 3 places may be used for respite care. The provider is Centred (Scotland) Ltd.

The service registered with the Care Inspectorate on 1 April 2011.

The care home is located in a residential area of Inverness with easy access to the centre of the city. The purpose built, one storey building is set in attractive gardens. The accommodation consists of 22 rooms which comprise of self-contained, one bedroom flats; studio flats, and single bedroom accommodation with ensuite facilities. Additionally, there are two communal wet rooms with showers and a communal bathroom; shared kitchen, lounge dining room and spacious sun room. There is also a one bedroom cottage within the grounds that is used as first stage, move on accommodation. The purpose built home is set in its own attractive garden with different areas for people to enjoy and relax in.

The service's statement of aims and objectives had recently been updated and included:

- Provide a supporting, empowering, welcoming and safe environment for adults living with mental ill health.
- Promote people's independence so they have as much agency and control over their lives as possible.
- Treat people fairly, with dignity and respect.
- Promote a model of inclusion and equality, and welcoming diversity.

## About the inspection

This was an unannounced inspection which took place between 1 and 12 August 2024.

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;
- spoke with eight staff and management;
- toured the building;
- observed interactions between staff and the people they supported;
- reviewed documents.

## Key messages

- We saw continued improvements throughout the service.
- People's choices and wishes were listened to and respected.
- There was a strong staff team that worked well together and felt supported by the management team.
- Staff provided compassionate care and support to people.
- Staff worked well with external health professionals to keep people safe and manage their psychological and emotional needs.
- Further work was needed in relation to developing robust quality assurance processes.
- Support planning needed further development to accurately reflect the support people and any risks identified. needed

## 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?	4 - Good
How good is our setting?	4 - Good
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 evaluated this key question overall as good. This applies to performance where there are a number of important strengths that clearly outweigh areas for improvement. However, some improvements were needed.

It was clear that people using the service were treated with compassion, dignity and respect. We observed warm and engaging interactions between staff and supported people and staff demonstrated a good understanding of people's needs and wishes. There were strong, trusting relationships between staff and the people they supported. We heard positive examples about the care and support people received, for example: one person told us that they trusted the staff and could speak to them without judgement. Another person said 'you can talk to them and they don't look at you like you were nothing'. This meant that people felt safe.

People's health and wellbeing benefited from the support of a competent and confident staff team. Staff were knowledgeable and responsive to people's health needs. There were strong professional working relationships with community mental health teams, and community health services such as dentists and GP services. People had support from qualified nursing staff employed in the centre. The close liaison with mental health professionals ensured that people were supported to keep well and get the appropriate support if they became unwell.

The service had robust systems in place to manage people's medication. We saw that staff supported people with medication in a well organised and safe way. Staff were competent when administering medication and their practice was regularly assessed to ensure it continued to meet good practice standards.

People were supported with a range of activities which contributes positively to promoting good physical and mental health. This helped people to develop skills to support a successful return to independent living in their communities. The service had started to publish regular newsletters. Information included which activities were on and when so that people could make informed choices.

People were enabled to make informed health and lifestyle choices, including choices about their diet and exercise routines. If needed, support with meal preparation and cooking was part of the service and reflected a balanced approach to meeting people's dietary needs and preferences. However, this was not consistently reflected in people's care plans. We have made a requirement about improving support planning and assessment under key question 5.

## How good is our leadership?

3 - Adequate

For the purpose of this key question, we focused on quality assurance. Quality assurance are checks that make sure any issues are identified and action taken to make improvements. We evaluated this quality indicator as adequate where there are some strengths which may still have a positive impact but the likelihood of achieving consistently positive experiences and outcomes for people is reduced because key areas of performance need to improve.

Although there were systems in place to monitor quality, these were limited and lacked required analysis to

evidence a robust quality assurance system was in place, embedded practice and evidenced improvement through targeted action by the provider.

The manager and senior staff were visible and approachable to both staff and people living in the care home. We heard from people about how managers would spend time with them on a 1:1 basis. This meant that people felt heard and that their ideas and suggestions were welcomed and valued. Two monthly meetings with people living in the home had started. This provided opportunities for people to comment on all aspects of the service and make suggestions about positive changes. However, the outcomes from these meetings had not yet started to inform the service improvement plan. **(See area for improvement 1).**

We saw ongoing progress in developing a quality assurance system. This included regular auditing procedures and the development of an improvement plan. However, this was limited in its scope and lacked cohesion. For example, medication, fire and infection prevention were audited regularly, but care files, supervision records, staff training and recruitment were not audited at all. At the last inspection, we made a requirement that quality assurance processes were carried out competently and effectively. This requirement has not been met and shall be restated with an extended timescale. **(See requirement 1).**

From the audits sampled, most lacked analysis which identifies areas of strength and where there were gaps which needed action to improve. The outcomes from audits did not inform the service improvement plan to lead the service forward and ensure service improvement and development; or to review the changes to ensure that the changes made had achieved the planned outcomes and improvement. **(See area for improvement 2).**

Accident and incident records detailed a number of incidents and accidents and near misses. This was well managed and the process for sign off meant that a manager was monitoring incidents /accidents closely and ensured that any action needed to reduce risk was followed up.

At the last inspection there was an issue with data management. Some good progress had been made in this area. A review of general data protection regulations (GDPR), had been completed which helped ensure that people's personal data was protected. However, not all personal data had been transferred to the new system. This area for improvement is not yet met and will be restated. **(See area for improvement 3).**

## Requirements

1. By 31 January 2025, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

To do this, the provider must ensure:

- a) regular meetings are in place to enable focussed discussions on quality assurance activity and review of actions identified within the service improvement plan;
- b) routine and regular management audits are being completed across all areas of the service being provided;
- c) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.

This is to comply with regulation 3 (Principles) and 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).

## Areas for improvement

1. To support people to experience high quality care and support, the provider should ensure outcomes from service user meetings and consultations, informs and updates the service improvement plan.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.17)

2. To keep people safe and promote their wellbeing, the provider should further develop and improve their auditing programme across all aspects of service delivery to include but not limited to:

- a) at least quarterly auditing of the systems and documents;
- b) include an analysis of the outcomes of audits and ensure;
- c) findings inform and update the service development plan.

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. The provider should continue to review systems for ensuring that all data, including people experiencing care and staff's personal data, is appropriately stored and protected.

This should include, but is not limited to:

- a) ongoing review of current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice;
- b) ensure that all staff who have responsibility for the management of personal data and GDPR regulations have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of 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 use a service and organisation that are well led and managed' (HSCS 4.23); and

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4)

**How good is our staff team?**

**4 - Good**

We evaluated this key question as good. There were several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements for the service were planned and based on the needs of people using the service, staff experience and skills. We saw good examples of staff working together and providing support to one another.

We saw that staff were skilled at developing positive relationships with people they support. We observed good interactions between staff and the people they support. People told us that they were always treated with dignity and respect, felt confident to raise any issues or concerns with either their staff team or with the management team, and were confident issues would be dealt with fairly.

Staff we spoke with, clearly enjoyed their work and showed strong commitment to achieving good outcomes for people. Staff told us about the support they got from their line managers and how this enabled a safe and supportive work environment. For example, staff said they were up to date with all mandatory training and could approach any of the management team for support or additional training if they needed to.

The service did not have a service training plan to help manage and support staff development. The service needed to develop a coherent service training plan to provide a robust system of oversight and help deliver continuous improvement in practice. This was identified as an area for improvement at the last inspection and will be restated. **(See area for improvement 1).**

Practice observations and competency assessments are useful tools to monitor and manage effectiveness of training, and skills development. From the records we sampled, these appeared to be limited to mostly medication administration. Practice observations and competency assessments should feed into support and supervision meetings and inform individual training needs analysis for staff. This was identified at the last inspection as an area for improvement and will be restated. **(See area for improvement 2).**

The supervision records sampled showed a regular pattern of staff supervision, but limited information about the employees' practice; learning and development needs or any barriers to learning. We did not see any evidence of reflective accounts in supervision records but it would be good practice to include this as part of the supervision record, where applicable, and provide staff with some guidance on what this is, and why they are important in supporting their practice and professional development.

## Areas for improvement

1. To support positive outcomes for people, the provider should develop a service training plan and review all staff development processes including:
  - a) an accurate assessment of individual performance in the area of practice being assessed;
  - b) identify any gaps in skills and knowledge and how these gaps will be filled;
  - c) ensure competency assessments informs training needs analysis and the annual training plan for the service.

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); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To support positive outcomes for people, and staff development, the provider should ensure:
- a) routine observation of staff practice is formally recorded and staff receive feedback to help them identify strengths and areas for improvement in their professional development;
  - b) competency assessments across all areas of staff practice is completed and informs the agenda for staff support and supervision meetings.

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 because people have the necessary information and resources' (HSCS 4.27).

## How good is our setting?

**4 - Good**

We evaluated this key question as good. We have seen significant and steady progress in this area since the last inspection.

The service had recently appointed a facilities manager and a refurbishment plan was in place. This included dates for implementation of major projects such as replacement windows, fire doors and flooring. As a result people experience an environment that is much more welcoming and homely, and is clean and well maintained.

The role of facilities manager was intended to promote ongoing review of all areas of the building, including external areas so these could be utilised better for the benefit of people living in the home.

We found the sanitisers throughout the building were clean and functioning. There were systems and resources in place to support the safe management of infection prevention and control. Cleaning schedules were in place and well recorded in line with IPC guidance

This will ensure people's health and wellbeing is protected by having effective procedures in place in relation to infection prevention and control practices.

We observed ongoing repair and maintenance work being carried out as per the refurbishment plan. This helps keep the premises in a good state of repair and supports an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

## How well is our care and support planned?

**3 - Adequate**

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

There was a lot of information contained in people's files; some were insightful and would support the development of an holistic plan of support tailored to each person according to their needs. However, the information was not well collated or organised in a helpful way.

Recovery star tools were used to help people identify the areas of their daily lives they don't feel they are confident or performing well with, for example, relationships or household management. Goals were



identified, but the reviews did not record any progress, which means that they rarely changed.

Recovery stars and support plans were too broad in their scope and did not provide guidance for staff on how to support someone well according to their needs and preferences. Risk assessments were in place, but some lacked the detail necessary to ensure these were managed effectively.

At the last inspection we made a requirement to further develop personal support plans to ensure they are person centred, outcome focused and clearly set out how people's health, wellbeing and safety needs will be met. The current support plans did not achieve this. Therefore the requirement will be restated with an extended timescale. **(See requirement 1).**

## Requirements

1. By 31 January 2025, the provider must further develop personal support plans which are person-centred, outcomes-focussed and clearly set out how people's health, wellbeing and safety needs will be met.

To achieve this, the provider must ensure personal support plans include but not limited to:

- a) detail people's needs for support in their daily lives including health and wellbeing, finances, relationships, education, work opportunities, and meaningful activity;
- b) detail clearly risks for each person and the measures in place to manage these effectively, including for people experiencing distressed reactions;
- c) set out clearly how staff will support people in meeting these needs and effectively evaluate progress in meeting people's specified outcomes;
- d) personal support plans are reviewed and updated at least once in each six-month period and people are consulted and involved in the review process;
- e) people with legal powers such as guardians and power of attorney's are invited to reviews and have opportunities to state their views on the support provided;
- f) if there is a record of the review meeting and a minute taken, minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5(1) Personal plans and Regulation 4(1)(a) - Welfare of users.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

### Requirements

#### Requirement 1

By 4 March 2024, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

To do this, the provider must ensure:

- a) regular meetings are in place to enable focussed discussions on quality assurance activity and review of actions identified within the service improvement plan;
- b) routine and regular management audits are being completed across all areas of the service being provided;
- c) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.

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 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 requirement was made on 20 September 2023.**

#### Action taken on previous requirement

There was ongoing progress in developing a quality assurance system. This included regular auditing procedures and the development of an improvement plan. However, this was only at the beginning stage and it lacked cohesion. Audits were limited in their scope and did not inform or update the service improvement plan.

The requirement has been restated with an extended timescale.

**See requirement 2 under key question 2 in the body of this report.**

**Not met**

#### Requirement 2

By 04 March 2024, the provider must further develop personal support plans which are person-centred, outcomes-focussed and clearly set out how people's health, wellbeing and safety needs will be met.

To achieve this, the provider must ensure personal support plans include at a minimum:

- a) detail people's needs for support in their daily lives including health and wellbeing, finances, relationships, education, work opportunities, and meaningful activity;
- b) detail clearly risks for each person and the measures in place to manage these effectively, including for people experiencing distressed reactions;
- c) set out clearly how staff will support people in meeting these needs and effectively evaluate progress in meeting people's specified outcomes;
- d) personal support plans are reviewed and updated at least once in each six-month period and people are consulted and involved in the review process;
- e) people with legal powers such as guardians and power of attorneys are invited to reviews and have opportunities to state their views on the support provided;
- f) there is a record of the review meeting and a minute taken, minutes should contain a summary of the discussion held, the decisions made because of the discussion and when this will be reviewed again.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5(1) Personal plans.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) - Welfare of users.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23) and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 20 September 2023.**

#### **Action taken on previous requirement**

Some effort had been made to develop support plans, but these were too broad in scope and detail and did not provide sufficient guidance for staff on how to support people well; or identified the risks presented and how to manage these effectively.

The requirement has been restated with an extended timescale.

**See Requirement 1 under key question 5 in the body of this report.**

**Not met**

## 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 support people who experience care to have the opportunity to participate in activities to maintain their health and wellbeing and promote their independence. The provider should continue to develop and review people's support plans and support staff, through ongoing training, to provide consistent support to help people meet their agreed outcomes.

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and (b) (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 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); and

'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 1.6).

**This area for improvement was made on 6 December 2023.**

#### Action taken since then

We saw and heard of the different activities on offer to people living in the care home. These had been developed with the support and encouragement of people supported by the service.. The activities spanned a wide range of physical, recreational, social, practical and cognitively stimulating activity.

**This area for improvement is MET.**

#### Previous area for improvement 2

The provider should continue to review the use of CCTV within communal and outside areas of the service and assess whether it has the required legal authority to use this technology. The provider should regularly review the necessity for restricting access to communal areas which are intended to support people's independence.

This should include, but is not limited to:

- a) the provider should develop a detailed written protocol, in consultation with other professionals, describing how CCTV should be used in future and ensure that people's human rights are, at all times, protected and promoted;
- b) the provider should ensure that decisions to restrict access to communal areas in the building are subject to consultation and regular review with people supported by the service.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) - Welfare of users.

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

'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7); and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3).

**This area for improvement was made on 6 December 2023.**

#### Action taken since then

The CCTV continues to be switched off. A strategic decision will be made in the next few months to determine its eventual removal.

This area for improvement is **MET**.

#### Previous area for improvement 3

The provider should review the aims and objectives of the service to ensure clarity about the service provided; how support will be delivered and that it reflects the needs of supported people. The provider, in consultation with the management team, should consider carefully the criteria for referral and admission and ensure this is clearly stated on the referral documentation.

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

**This area for improvement was made on 6 December 2023.**

#### Action taken since then

The Statement of Aims and Objectives have been reviewed and updated to reflect the Health and Social Care Standards.

This area for improvement is **MET**.

#### Previous area for improvement 4

The provider should continue to review systems for ensuring that all data, including people experiencing care and staff's personal data, is appropriately stored and protected.

This should include, but is not limited to:

- a) ongoing review of current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice;
- b) ensure that all staff who have responsibility for the management of personal data and GDPR regulations

have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and responsibilities.

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

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

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4);

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 6 December 2023.**

### Action taken since then

Having completed the review of the general data protection regulations GDPR storage practice which helped to ensure that people's personal data was protected; an external company had been engaged to manage the organisation's data. However, not all personal data had been transferred to the new digital system. The area for improvement also focused on the people responsible for handling and managing people's personal data having the skills and knowledge to do this and that their practice was safe and effective.

We did not see that any progress had been made in relation to this area for improvement. Therefore the area for improvement is **NOT MET** and has been restated.

**See area for improvement 3 under key question 2 in the main body of this report .**

### Previous area for improvement 5

To support positive outcomes for people, the provider should develop a service training plan and review all staff development processes including:

- a) an accurate assessment of individual performance in the area of practice being assessed;
- b) identify any gaps in skills and knowledge and how these gaps will be filled;
- c) ensure competency assessments informs training needs analysis and the annual training plan for the service.

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' (HSCS3.14);

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 6 December 2023.**

### Action taken since then

The service had not developed a comprehensive training plan for the service or individual training needs analysis for each member of the care staff.

This area for improvement is **NOT MET** and has been restated.

See area for improvement 1 and 2 key question 3 in the main body of this report.

### Previous area for improvement 6

To support positive outcomes for people, the provider should ensure all support staff have opportunities for regular supervision and annual appraisal.

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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 6 December 2023.

#### Action taken since then

We saw evidence of regular supervision happening for all care staff and more often if the member of staff were new or required additional support.

This area for improvement is **MET**.

### Previous area for improvement 7

The provider should ensure ensure people's health and wellbeing is protected by having effective procedures in place in relation to infection prevention and control.

To achieve this, the provider must, but not limited to:

- a) ensure its infection prevention and control procedures remain compliant with Standard Infection Control Precautions (SICPs) in relation to the care environment;
- b) regularly audit cleaning records and ensure that, where there are shortcomings, an action plan is developed to address these.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(d) - Welfare of users.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 6 December 2023.

#### Action taken since then

Cleaning schedules were in place and well recorded in line with IPC guidance.

This area for improvement is **MET**.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	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
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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