

# Balhousie Coupar Angus Care Home Service

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Coupar Angus  
Blairgowrie  
PH13 9AL

Telephone: 01828 424 930

**Type of inspection:**  
Unannounced

**Completed on:**  
19 August 2024

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2010274577

## About the service

Balhousie Coupar Angus is a modern, purpose-built care home and is registered to provide care and support to 41 older people. It is situated in the small town of Coupar Angus and has good access to local health services and other community facilities.

The home comprises of four separate units, one of which is dedicated to people living with dementia, providing accommodation for 10 people. There are two units located on the ground floor that have access to an enclosed and landscaped garden, with a summer house and seating area. There are a further two units located on the first floor. Each unit has a communal living and dining area and additional quiet spaces.

Residents are encouraged to personalise their rooms and may, if they wish, bring small items of furniture with them. A passenger lift provides access to the first floor.

Balhousie Care Group states that: "The prime focus for the entire team is creating a caring environment based on respect and dignity, and providing a holistic approach to the care of our residents".

## About the inspection

This was an unannounced inspection which took place on 7 and 8 August 2024, between the hours of 09:00 and 17:15. The inspection was carried out by two inspectors from the Care Inspectorate. A third inspector was involved on the first inspection day to review requirements arising from an earlier complaint. To prepare for the inspection we reviewed information about the service. This included 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 two family members/representatives of people using the service.
- Spoke with seven staff and management.
- Spoke with three external professionals visiting the service.
- Received feedback through electronic care standards questionnaires from 11 people using the service, eight relatives/carers, and 19 staff members.
- Observed care practice and daily life.
- Reviewed documents.

Most people indicated that they were happy with the care and support provided, but felt that there could be more staff.

## Key messages

- Overall, people living in the service experienced positive health and wellbeing outcomes, with good links to external health professionals.
- We reviewed requirements related to staffing and the management of end of life care. Further work was needed to meet these requirements.
- Since the last inspection, the home had taken steps to establish a more stable team of nurses and leaders - recruitment was ongoing.
- An enthusiastic full-time activities coordinator was employed, and we saw a range of activities provided within and outside the home. Nevertheless, more could be done to involve people in routine physical exercise and social engagement.
- Whilst we saw that quality assurance systems were being used, we noted that records were inconsistently completed. These systems should be further developed alongside the service improvement plan.
- The home's environment was relaxed, clean and tidy; however, some areas appeared tired and dated. The service told us they were considering environmental improvements.
- Care plans had improved since the last inspection with good quality, consistent, information recorded. Nevertheless, it was difficult to get a sense of people's aspirations and wishes for the future. End of life care plans also lacked detail, with improvements needed to better reflect people's wishes throughout the course of their lives.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## From this inspection we evaluated this service as:

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

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

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

## How well do we support people's wellbeing?

## 3 - Adequate

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

Overall, people living in the service experienced positive health and wellbeing outcomes. They were treated with dignity and respect by staff who knew their care and support needs well. Since the last inspection, the home had taken steps to establish a more stable team of nurses and leaders. This helped ensure that people's care and support needs were assessed and regularly reviewed by staff who understood their healthcare needs.

We saw that risks, such as the potential for falls and development of pressure wounds, were monitored and action taken to help reduce their incidence. Where falls occurred, or pressure wounds developed, appropriate advice was sought, and necessary treatments carried out.

Individual dietary and fluid intake needs were routinely reviewed. People told us that the food was generally good and that their preferences were sought. Catering staff were visible and knew people and their visitors. As a result, people could have meals they enjoyed.

There were good links with external health professionals, such as GPs, community mental health nurses, dentists, opticians, and dieticians. This meant that people could easily access specialist healthcare resources when required.

Staff managed people's stress and distress reactions through reassurance and diversion, wherever possible. They sought advice from specialist mental health professionals appropriately and tried to spend time to help people when they were anxious. Nevertheless, there were occasions where people's reactions needed development of specific approaches to reduce their distress when carrying out care tasks. We were informed that consultation with community mental health nurses and procurement of further stress and distress training was planned. This would likely improve practice and provide better outcomes for the people concerned. Practice around stress and distress management will be examined at future inspections.

We reviewed a requirement arising from a complaint made earlier in 2024. This related to the management of end of life care and associated care plans. Further work was needed to meet this requirement. As a result, the requirement has been extended until 30 November 2024. Please see 'complaint requirement 1 from complaint 2024132598' under the section of this report entitled: 'What the service has done to meet any requirements made at or since the last inspection'.

An enthusiastic full-time activities coordinator was employed, and we saw a range of activities provided within and outside the home. This included 'Going for Gold' activities, such as netball, football, and golf; a sports day held in conjunction with a local primary school; bus outings; monthly garden parties; and weekly visits by 'Live Active' staff, who promoted physical exercise.

Nevertheless, more could be done to involve people in routine physical exercise and social engagement. Care staff found their time focused on meeting people's direct care needs and had difficulty finding time to promote activities when the activities coordinator was not on duty. Staffing issues feature within an extended requirement as detailed in 'complaint requirement 2 from complaint 2024132598'. Please see the section of this report entitled: 'What the service has done to meet any requirements made at or since the last inspection'.

Appropriate legal measures were in place to support people whose ability to make decisions was impaired. This helped ensure that people's rights and preferences were known and respected, and that their daily lives could be guided by what was important to them. We saw that restrictions on personal freedom imposed by sensor mats and bedrails were risk assessed and reviewed to ensure that their use was necessary.

## How good is our leadership?

### 3 - Adequate

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

People should expect to benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes in place.

The provider had a comprehensive suite of quality assurance tools in place. The manager routinely audited a range of areas including analysis of accidents and incidents, staff training needs, medication and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence.

Daily flash meetings were routinely taking place with all departments represented. Staff meetings were also being held regularly. This meant that communication was effective within the service and supported a more consistent care experience for people living in the service.

The manager maintained a well-structured service improvement plan which was informed by input from a range of stakeholders, including residents and relatives. This helped to ensure that people's experiences were being regularly evaluated and feedback acted upon.

The provider had a formal complaints process in place. We found that recent complaints within the service had been dealt with by the manager to an effective resolution.

Safe systems were in place to safeguard people's finances.

People who use the service should expect to have regular opportunities to express their views about their care and support and the home in general. This would help to ensure that people's outcomes are being met and that they have a say on how the service develops and improves. The manager had held several meetings with both residents and relatives which had been well attended. It was clear that the manager had spent time getting to know people and encouraged ongoing communication and feedback. When asked about the level of communication with the home, people told us: "The staff are all really good at letting me know", "We're very happy with Mum's care" and "They let me know of any problems quite promptly, but I pop into the office on my way in and can ask any questions".

Whilst we saw that quality assurance systems were being used, we noted that records were inconsistently completed and, in some instances, ineffective at supporting or driving service improvement. For example, an environmental audit had recently been completed and daily walkarounds of the home were undertaken by the management team. However, these had not identified issues we saw, such as cleaning fluids in an unmarked bottle stored in an unlocked cupboard in the communal lounge or unfinished plasterwork in a bedroom.

The manager should continue to develop their service improvement plan as a dynamic plan that is informed and influenced by people who use the service, their families, staff and other stakeholders. This will be examined at future inspections.

## How good is our staff team?

### 3 - Adequate

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

There was respectful communication between staff, who worked well together as a team. This created a warm atmosphere within the home.

Staff demonstrated a good knowledge of people's needs, wishes and preferences, and knew how to support them. Formal staff handover and 'flash meetings' helped ensure that people's care and support needs were communicated to staff; however, these were attended only by senior members of the team. It would be beneficial to consider widening attendance at handover meetings to include all care staff coming on duty, particularly when returning from days off. This would help ensure that all care staff immediately understood people's changing needs and would reduce the time taken to pass information on to all appropriate staff members.

Staff did, however, have access to information on hand-held devices, which provided them with updates on significant events and changes in people's needs.

There were good systems to ensure safe recruitment of staff. On commencing employment, staff received induction training. Thereafter, regular access to online and face-to-face training was provided.

The service was working towards recruiting a full complement of nursing and care support staff. Meantime, vacancies and short-notice absences were covered by existing and agency staff. The need to use agency staff impacted on the continuity of care and affected people's ability to communicate with staff they knew well.

Staffing levels were determined by a dependency assessment tool, which used standardised measures to assess people's care and support needs. This had limitations and did not account for the layout of the building and time for staff training and supervision. The tool did not allow for recording of adjustments guided by professional judgement re: changes in people's needs, although we were informed that this was considered.

During the inspection, staff were observed to be busy providing direct care and support. Staff were kind and compassionate when supporting people; however, care was task orientated with limited time available to chat with and reassure people. We found that staffing levels had not been consistently maintained over the last two months and that staffing on many shifts did not meet the assessed numbers required. This impacted negatively on the quality of care and support, and staff morale and motivation.

Further attention needs to be given to developing the dependency assessment tool and methods used to ensure that suitable numbers of staff are always on duty.

Based on our observations, a requirement made because of an earlier complaint investigation has not been met and the timescale has been extended to 30 November 2024. See 'complaint requirement 1 from complaint 2024132598' under the section of this report entitled: 'What the service has done to meet any requirements made at or since the last inspection'.

## How good is our setting?

### 3 - Adequate

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

Balhousie Coupar Angus was a purpose-built home with four units over two floors with a connecting internal lift.

People benefitted from a warm, comfortable and welcoming environment, with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean and tidy with no evidence of any intrusive noise or smells. However, we thought that some areas of the home appeared tired and dated. The management team told us they were in the process of carrying out an environmental assessment which should support improvement.

People told us that they really liked their bedrooms, which they were encouraged to personalise with photographs and items from home to help them make their own space. We saw this to be the case, as bedrooms were individual to each person. People also told us that the home was always clean, tidy and warm.

People benefitted from a range of options to help keep them connected using technology such as radio, telephone, television, and the internet. The service had invested in a large tablet computer that people could use independently for activities and games.

People could access an enclosed, well-maintained garden independently. Although the weather was not suitable for sitting outdoors during our inspection, we heard that people enjoyed spending time in the garden and had planted flowers which they could then look at from their bedroom window.

The home benefitted from a full-time maintenance person as well as centralised support from the provider. Although systems were in place to support regular maintenance of the building, amenities and equipment, we found that these were not always fully completed in a timely fashion. For example, we found that a communal toilet on the first floor had been out of order for over a month. This meant that people either had to walk along the corridor to their ensuite or go to another unit. Although prompt action was taken following our inspection visit, we could not be fully confident that maintenance systems were effectively identifying issues and tracking actions. Implementation and oversight of environmental maintenance and improvements will be reviewed at future inspections.

## How well is our care and support planned?

**3 - Adequate**

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

Overall, care plans had improved since the last inspection. Good quality, consistent information was found across most care plans examined. The information was up to date and reviewed regularly. Care plans were personal and reflected people's wishes and preferences. They provided a tool which staff could use to guide and direct their approach to care in ways that respected people's choices.

Nevertheless, it was difficult to get a sense of people's aspirations and wishes for the future. End of life care plans also lacked detail, with improvements needed to better reflect people's wishes throughout the course of their lives. End of life care plans should reflect clinical care needs and social aspects, such as family contact and preferences around where care should take place.

We reviewed a requirement arising from a complaint made earlier in 2024. This related to the management of end of life care and associated care plans. Further work was needed to meet this requirement. As a result, the requirement has been extended until 30 November 2024.

Please see 'complaint requirement 1 from complaint 2024132598' under the section of this report entitled: 'What the service has done to meet any requirements made at or since the last inspection'.

People and their representatives were usually well-informed about care and support matters and involved in care planning and reviews. Where people lacked capacity to make decisions, appropriate legal frameworks were in place to support them and help ensure that the delivery of care reflected their wishes and preferences.



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

### Requirements

#### Requirement 1

Complaint requirement 1 from complaint 2024132598:

By 1 August 2024 the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Ensure a proactive approach to the assessment and care planning process for individuals' end of life needs.
- b) Ensure care planning includes details of the individual's personal needs, wishes and choices for end of life.
- c) Ensure the close consultation with individual's loved ones in the care planning and on-going care process.
- d) Ensure the timely and appropriate assessment of individual's symptoms, including those for pain.
- e) Ensure symptom control is carefully planned and regularly reviewed to ensure the effectiveness of interventions.

To be completed by: 01 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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

**This requirement was made on 6 June 2024.**

#### Action taken on previous requirement

Some care plans, relating to end of life care, included meaningful information to help manage people's end of life care needs. However, improvements were required to ensure a proactive approach in gathering information about people's future needs.

There were care plans that did not include people's personal wishes and preferences, relating to how they wanted to be supported at the end of life.

Some resident's representatives had been consulted regarding people's end of life wishes and preferences. However, further work was required to ensure that loved ones were fully involved and consulted with people's end of life decisions.

We did not see the consistent use of recognised pain assessment tools to assess people's need for pain relief and whether administered pain relief was effective. In addition, we did not find consideration of how activities, such as mobilising or delivery of personal care could impact on people's experience of pain.

The prescription of 'just in case' medication was not always detailed in care plans. This meant that there was no direction for the care team in relation to the circumstances in which 'just in case' medication should be administered.

More improvement work was required to fully meet this requirement.

This requirement has not been met and has been extended to 30 November 2024.

## Not met

### Requirement 2

Complaint requirement 2 from complaint 2024132598:

By 1 August 2024 the provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- b) Ensure the needs assessment includes accurate and reliable data in accordance with the needs of individual residents.
- c) Ensure adequate and appropriate deployment of staff to ensure break times do not impact on residents care and support.
- d) Ensure staff are fully aware of their responsibility to escalate staffing issues to the management team.

To be completed by: 01 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

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

**This requirement was made on 6 June 2024.**

### Action taken on previous requirement

The service acknowledged that there had been occasions where staffing levels had not met identified needs. This was particularly noted on night duty, although day shifts were also affected.

The service used a dependency assessment tool to assess the number of staff required to meet people's needs. However, it did not adequately reflect people's care and support needs and did not provide scope for professional judgement in evaluating people's overall health, welfare and safety needs.

Furthermore, the tool did not include the environment and layout of the building as a factor in assessing staffing requirements.

We saw that several shifts each week were short-staffed in accordance with the dependency assessment tool. Staff told us that they were often short-staffed, which could result in only one member of staff being responsible for meeting the needs of up to 10 people. This could impact significantly on people's general health, welfare and safety.

Staff members stated that, even when the full complement of staff was on duty (in accordance with the dependency assessment tool), people's needs were often not fully met. These included personal care needs relating to continence and nutrition. The lack of staff was further impacted by the need for staff to have statutory rest breaks, which affected the care of people with complex needs and those requiring two staff members to assist with care.

More work is required to ensure that the service's dependency assessment tool better reflects people's physical, psychological, social and recreational needs. The tool also needs to account for the layout of the building and other factors, such as time for staff training and supervision.

This requirement has not been met and has been extended to 30 November 2024.

### Not met

## Requirement 3

Previous inspection requirement 1:

By 25 September 2023, the provider, must ensure service users experience care and support which is consistent, safe, and meets their needs. To do this, the provider, must ensure people's personal plans:

- a) are comprehensive, accurate, outcome focussed and reflect good practice in being person-centred;
- b) have sufficient detail in them to ensure people's individualised support needs and outcomes are met; and
- c) are subject to regular evaluation, at least six monthly or sooner if there are changes, and audited to monitor quality and effectiveness.

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This requirement was made on 28 June 2023.**

### Action taken on previous requirement

Overall, care plans had improved since the last inspection. Good quality, consistent information was found across most care plans examined. The information was up to date and reviewed regularly. Care plans were personal and reflected people's wishes and preferences. They provided a tool which staff could use to guide and direct their approach to care in ways that respected people's choices.

On the above basis, this requirement was met.

We also reviewed a requirement arising from a complaint made earlier in 2024. This related to the management of end of life care and associated care plans. Further work was needed to meet this requirement. As a result, that requirement has been extended until 30 November 2024. Please see 'complaint requirement 1 from complaint 2024132598' under the section of this report entitled: 'What the service has done to meet any requirements made at or since the last inspection'.

## Met - within timescales

### Requirement 4

Previous inspection requirement 2:

By 17 July 2023, the provider, must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular, the provider must:

- a) ensure that the internal premises, furnishings and equipment are safe, clean, and fit for purpose;
- b) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place;
- c) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland;
- d) ensure that all pullcords are replaced and cleanable; and
- e) ensure monitoring mattresses and mattress covers is effective.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) 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: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This requirement was made on 28 June 2024.**

#### Action taken on previous requirement

- a) ensure that the internal premises, furnishings and equipment are safe, clean, and fit for purpose;

Evaluation of action taken

Appropriate action had been taken in relation to the matters identified. The premises, furnishings and equipment were found to be clean and fit for purpose.

This element of the requirement has been met.

- b) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place;

Evaluation of action taken

Appropriate action had been taken in relation to the matters identified, with appropriate cleaning schedules and checks being carried out.

This element of the requirement has been met.

c) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland;

Evaluation of action taken

Clinical waste disposal was appropriate and in line with guidance. We found one yellow waste bin that was not pedal operated. The service took immediate action to remedy this.

This element of the requirement has been met.

d) ensure that all pullcords are replaced and cleanable;

Evaluation of action taken

Pullcords had been replaced with wipe clean material.

This element of the requirement has been met.

e) ensure monitoring mattresses and mattress covers is effect

Evaluation of action taken

Processes were in place to check mattresses and mattress covers. We checked mattress audits and several mattresses at inspection - these were found to be clean.

This element of the requirement has been met.

On the basis of the above information, this requirement has been met.

**Met - within timescales**

## Requirement 5

Previous inspection requirement 3:

By 25 September 2023, the provider, must ensure that:

- a) management and staff are aware of their role and responsibilities in recording accidents and incidents, and notifying the Care Inspectorate;
- b) the wellbeing and safety of those who use the service is protected by ensuring quality assurance systems are robust and complete; and
- c) quality assurance systems need to ensure actions are promptly addressed, identify who is responsible and proposed timescale for completion.

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

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) 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 28 June 2023.**

## Action taken on previous requirement

a) management and staff are aware of their role and responsibilities in recording accidents and incidents, and notifying the Care Inspectorate;

### Evaluation of action taken

The service had appropriate processes in place for recording and reviewing accidents and incidents. The Care Inspectorate had been informed of notifiable events when these occurred.

This element of the requirement has been met.

b) the wellbeing and safety of those who use the service is protected by ensuring quality assurance systems are robust and complete;

### Evaluation of action taken

The service had made improvements to their quality assurance and audit systems. There were, however, some inconsistencies in the completion of audits.

Overall, this element of the requirement has been met. There were some areas of practice which merit further development - these are discussed under Key Question 2: 'How good is our leadership?'

c) quality assurance systems need to ensure actions are promptly addressed, identify who is responsible and proposed timescale for completion.

### Evaluation of action taken

The service had made improvements to their quality assurance and audit systems. There were, however, some inconsistencies in the completion of audits and actions related to these.

Overall, this element of the requirement has been met. There were some areas of practice which merit further development - these are discussed under Key Question 2: 'How good is our leadership?'

On the basis of the above information, this requirement has been met.

**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

Complaint area for improvement 1 - complaint 2024130678:

The provider should ensure that people's representatives are given updates when there are changes to their health and wellbeing. The service should also review the electronic care planning system to ensure representative communications are recorded and are easily accessible for oversight and review.

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 19/02/2024.

**This area for improvement was made on 19 February 2024.**

#### Action taken since then

The care plans examined at inspection contained information about communication with people's representatives. Visiting relatives also told us about good communication from staff. In response to electronic care standards questionnaires, most relatives and carers felt informed and involved in people's care and support.

The service's electronic care plans had a communications care plan where contacts with relatives/representatives, and health and social care professionals had been recorded.

On the above basis, this area for improvement has been met.

#### Previous area for improvement 2

Previous inspection area for improvement 1:

The provider, should implement robust systems to support people to stay connected with people who are important to them, ensuring that people can easily contact the unit directly, to be able to discuss their relative's care.

This area for improvement was made on 1 February 2023.

**This area for improvement was made on 1 February 2023.**

#### Action taken since then

The care plans examined at inspection contained information about communication with people's representatives. Visiting relatives also told us about good communication from staff. In response to electronic care standards questionnaires, most relatives and carers felt informed and involved in people's care and support.

The service's electronic care plans had a communications care plan where contacts with relatives/representatives, and health and social care professionals had been recorded.

On the above basis, this area for improvement has been met.

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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