

## Camphill Blair Drummond Care Home Service

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Stirling  
FK9 4UT

Telephone: 01786 841 573

**Type of inspection:**  
Unannounced

**Completed on:**  
23 May 2025

**Service provided by:**  
Camphill (Blair Drummond) Trust  
Limited

**Service provider number:**  
SP2003002681

**Service no:**  
CS2003011474

## About the service

Camphill Blair Drummond is a care home service situated in Stirlingshire. It is registered to provide a service to a maximum of 48 adults with a learning disability. This may include eight young adults aged 17-18. At the time of this inspection 47 people were living in the home. The service has been registered with the Care Inspectorate since April 2002.

The provider of the service is Camphill (Blair Drummond) Trust Limited.

Camphill Blair Drummond sits in extensive garden grounds which are accessible and well maintained. People live in seven houses which are located throughout the grounds. A maximum of seven people live in each house. Camphill provides a day service located on-site. This is an integral part of the day to life of the people who live at Camphill. Another key aspect of life at Camphill Blair Drummond is the long standing tradition of international volunteers living in the community for a set period of time.

## About the inspection

This was an unannounced inspection which took place with visits to Camphill Blair Drummond on 12, 13, 14 and 21 May 2025. We also reviewed a variety of documents the provider had shared. We gave formal feedback to the provider on 23 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information; previous inspection reports; information submitted to us by the service, and intelligence gathered since the last inspection.

In making our evaluations of the care home service we:

- Visited the residential houses to speak with people who lived at Camphill.
- Spoke with managers and staff from a variety of roles in the care home service.
- Observed staff and volunteer interactions with people.
- Checked medication management systems.
- Reviewed care plans, training levels and a variety of other records, including the service improvement plan that was developed following our previous inspection of the home.
- Assessed quality assurance systems.
- Received feedback from people living at Camphill; relatives/carers; staff, and external professionals who worked with the service.

## Key messages

- Leaders and staff had responded well to the requirements we made at our last inspection.
- Medication management; training; quality assurance, and care planning had all improved.
- There were significant strengths, including the community ethos, environment, and meaningful activities.
- The difference in roles between registered care staff and volunteers needed to be better defined in order to ensure key care responsibilities were only carried out by trained and skilled care staff.

## 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?                | 4 - Good      |
| How good is our staff team?                | 3 - Adequate  |
| How good is our setting?                   | 5 - Very Good |
| How well is our care and support planned?  | 4 - Good      |

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 made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However, improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

### Quality indicator 1.3. People's health benefits from their care and support

The management of medication had improved since our last inspection. A regular cycle of auditing and quality assurance activities had recently been developed. This included quality assurance both at home level and by external managers. There were no gaps in recordings and those records we sampled matched the prescription instructions on the medication packaging. These activities were contributing to better health outcomes for people.

We discussed further additions to the quality assurance process that were required in order to reduce the risk of harm to people. Several people were prescribed pain relief medication, which was listed on their medication administration record. However, people also had a list of non-prescribed medication, which included the same pain relief medication. This duplication could lead to the same medication being administered twice. We discussed this with leaders in the home. They were receptive to our feedback and stated they would rectify it immediately. We will check to ensure this has been seen through to completion at our next inspection of the home.

More attention to detail was required in the recording of topical medications that are administered to the skin. We evaluated that this was at least in part due to volunteers administering topical medications while supporting people with person care. We were concerned by this practice. We have reported on this in section three of this report. Please refer to the section titled "Staffing levels are right and staff work well together" for more details.

Processes had been implemented to ensure relevant health records were in place. Staff had linked in with health professionals to ensure key documents including epilepsy protocols were up to date. Systems to record the use of 'as required' medications had improved and included a section for staff to record the outcome of the medication. There were also new systems to record occasions where people exhibited stress and distress, known as 'positive behaviour support.' Leaders shared examples of the proactive approach they had taken to liaise with health professionals when they identified changes in people's health and wellbeing. Charts had also been introduced to record the outcome of discussions with health professionals.

Although these recording systems had the potential to improve health outcomes for people, there was limited evidence of them being used in practice as they had only recently been introduced. The quality of records that had been completed was variable. We discussed this with leaders, who assured us that the quality of all recordings will be a key focus area of auditing activities moving forward. We will check progress at our next full inspection of the service.

Staff had a better understanding of pain management. Several 'DisDAT' tools (Disability Distress Assessment Tools) had been completed. These are an important means of capturing how an individual with a learning disability may display they are in pain, to ensure people have access to the right care and treatment without delay. Plans were in place to ensure the further roll out of these documents.

This work was being underpinned by additional training opportunities for support staff around pain awareness. We will check progress in this important area at our next full inspection of the service.

The quality of health information in care plans had improved. An agreed number of care plans had been updated to ensure they were person centred and contained the right information on people's current health needs. This work had been completed in preparation for the service moving to an electronic system of care planning. The plans that had been completed were being used as exemplars to guide staff when they were completing the new electronic plans. We had previously discussed the importance of future care planning and health screenings with leaders in the home. They assured us the new electronic system will allow these key areas to be captured. We will check progress at our next inspection.

The quality and variety of food at Camphill Blair Drummond continued to be a strength. People enjoyed their meals in the company of other residents, staff and volunteers, who all ate together. Meals were prepared with care and strong emphasis was placed on the importance of enjoying meals together. This approach enhanced the overall community spirit of the home.

### How good is our leadership?

**4 - Good**

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

#### Quality indicator 2.2. Quality assurance and improvement is led well

Quality assurance processes had improved since our last inspection of the care home service. The leadership team had re-evaluated the processes that were previously in place and designed a new system from the ground up. An improvement team had been established to build quality assurance processes in key areas. An additional leadership tier was currently in place with the aim of providing further leadership in each of the seven houses in order to improve consistency and drive improvement.

Key roles had been designated to staff. This included quality assurance around medication and quality assurance to ensure staff were trained to the right level. Further improvements were planned in the months ahead, including moving to an electronic recording system. The aim of this was to give the registered manager immediate access to all the activities taking place, in order to enhance their oversight of the service.

At the time of this inspection the processes were still new so there was limited evidence of them being used in practice to identify areas where improvements were necessary and see them through to completion. We discussed this with leaders in the home. Although the service had an appropriate system in place, we needed to see it used in practice in order to be satisfied that it was working and effective at improving outcomes for people living in the home.

### How good is our staff team?

**3 - Adequate**

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

## Quality indicator 3.3. Staffing levels are right and staff work well together

We received feedback from 24 relatives and welfare guardians of people. Some of the positive comments on staffing included:

- "The staff team are excellent, dedicated and caring. They make our [family member] feel valued and listened to."
- "Fantastic team in place - I trust them implicitly and cannot speak highly enough of them all."
- "A terrific team! They are very friendly, welcoming and approachable. We feel that our [family member] is very important to them. [Their] health and happiness is their priority."

We also received some less positive feedback. Common themes were staffing levels and communication, with comments including:

- "They need to improve induction and/or personal information for residents as there have been times when new staff and volunteers clearly have not understood or been informed how to communicate with my relative given their particular needs."
- "More staff required to be able to spend more time with residents on a one to one basis in houses."
- "More staff are required to avoid burnout of dedicated team."
- "Possibly more communication at times and more help with personal care."

We received feedback from 17 staff working in the service. Some of the positive comments they shared included:

- "We provide an enriching, varied, fun life for [people]."
- "Residents always come first. All staff and volunteers interact with residents in a nurturing manner, in a way that they understand and can flourish in. Residents are students are consistently being encouraged to achieve their full potential."
- "The level of care and support for our residents and students is outstanding and the community setting adds value to everyone's life."
- "Our team work well together and provide a person centre approach and promote independence. We work closely with our families and ensure our residents are safe and happy at all times."

Some comments where staff felt improvements could be made included:

- "Support worker's views need to be listened to and appreciated more, not overlooked and undermined as it feels they are at times."
- "Lack of communication between residential staff and management."
- "Staff burnout is high."
- "Communicate better with staff."
- "It's already recognised that we need to work on completion of paperwork. I believe we are doing a very good job but lack in evidencing this sometimes."

Leaders had made progress in several areas, including assessment and ensuring support workers had completed training necessary for them to safely carry out their role.

A new assessment tool had been introduced which allowed leaders to better assess staffing levels. There was recognition that previous methods did not always identify key areas where additional staffing would be beneficial. The new tool was being used for people who were moving to Camphill Blair Drummond, and leaders were in the process of using it retrospectively for people who already lived in the home. This was being done in a planned way, with those people identified as being at higher risk taking priority.

Leaders were liaising with the relevant funding authorities with the aim of addressing any changes required to individual's support packages. One external professional stated that evidence to justify any proposed funding changes needed to improve. We discussed this with leaders, who advised there were new recording systems in place and the quality assurance systems that had been established would ensure these were completed appropriately.

The oversight of training in the home had improved. This had led to improved training levels for staff, particularly around refresher training. A new electronic system allowed key staff to identify when people were due refresher training. This was then accommodated on the staff rota to ensure they were able to attend. We heard that an increased importance was being placed on releasing staff to attend training necessary to their role.

Leaders were taking a 'whole home' approach to staffing levels. Four house managers had been given additional responsibilities and were providing an additional level of oversight for all seven houses. This allowed leaders to look at staffing levels more collectively and designate staff to different houses when needed. We were satisfied by this practice, so long as staff had the right information around people's health and support needs.

International volunteers have been a key part of Camphill Blair Drummond for many years. It was clear that volunteers brought many benefits to the service. Those we spoke with were respectful and dedicated to the people living in the home. In the houses we visited people were experiencing support in an unhurried manner, with staff and volunteers having time to spend with people doing activities of their choice.

There was a lack of clarity around the duties volunteers were carrying out in the majority of houses we visited. Senior leaders were clear in their expectations of the role of volunteers, in that they should be viewed as an enhancement to the service, but not counted as a key support function or included in staffing numbers. However, most volunteers we spoke with stated they carried out full personal care tasks for people, including applying topical medications. Staff and some house leaders stated it was common practice for volunteers to carry out these core duties. Some stated the home would not be able to operate safely without them carrying out these roles, and that additional staffing may be required if they did not carry them out. This was contrary to what senior managers told us.

The lack of clarity around the role of volunteers was placing people at risk of harm so we made a requirement about this. **(See requirement 1)**

We were also concerned by confusion around the role of volunteers overnight in the houses. Leaders stated volunteers did this for "sleepover experience" in order to be part of the house 24 hours a day. However, every volunteer we spoke with stated their role overnight was to be on "fire watch." Although leaders stated this term should no longer be used, it was still commonplace among their current cohort of volunteers. Leaders stated there may be occasions during the summer when there was no volunteer in the home overnight, over and above the paid member of staff. We were not confident that the fire risk assessments currently in place took account of this. We passed our concerns onto Scottish Fire and Rescue and urged leaders in the home to address this as a matter of urgency.

## Requirements

1. The provider must ensure that the service has safe staffing levels in place where appropriately trained employees carry out key support tasks. There must be clear and consistent guidelines for volunteers on their role and function in the service.

By 29 August 2025 the provider must ensure people experience support in a service where staffing levels have been assessed to ensure the right number and skill mix of staff are in place, and there is guidance on the role and function of volunteers.

In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of assessed staffing levels in each of the seven residential houses. This must include assessed overnight support needs.
- b) Liaise with relevant funding authorities in the event assessed staffing levels are not reflective of people's current individual support needs.
- c) Carry out an audit of staff deployment (including rota management) to ensure safe staffing levels are in place at all times. This must include both the number of staff and the skills mix of staff.
- d) Ensure there is clear and consistent guidance for volunteers on the scope of their role. Use quality assurance mechanisms including but not limited to observations of practice and feedback from volunteers to ensure they are not carrying out duties out with their agreed role.

This is in order to comply with section 7 (1) (a) (Duty on care service providers to ensure appropriate staffing) and 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## How good is our setting?

## 5 - Very Good

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

### Quality indicator 4.1. People experience high quality facilities

The Camphill Blair Drummond is located in a countryside setting. People benefitted from having access to open spaces which they could explore safely. The setting supported positive physical and emotional health outcomes.

People benefitted from comfortable home environments. Seven houses were located in the grounds, with a maximum of seven people living in each one. The homes were large and provided a variety of communal spaces, along with private en-suite bedrooms. They were well furnished and provided a homely environment. Houses we visited in the evening were relaxed, welcoming and peaceful.

Houses were well maintained. The service employed a maintenance manager. There was an ongoing programme of maintenance and improvement works in the houses. A regular cycle of maintenance checks were in place. Safety certificates were up-to-date. This reduced the risk of harm to people living in the care home setting.



The provider had plans in place for further enhancements to facilities in the wider community. Leaders stated people were actively involved in giving their views about the setting; how well it works for them and what could be improved. This process would be enhanced by having more robust evidence of discussions to ensure people know they are listened to and can influence changes and upgrades.

## How well is our care and support planned?

**4 - Good**

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

### Quality indicator 5.1. Assessment and care planning reflects people's needs and wishes

Assessment and care planning had improved since our last inspection. Auditing of care plans had given leaders and staff an oversight of areas that required improvement. Increased focus had been placed on ensuring care plans were person centred and strengths based. An agreed number of care plans had gone through a thorough quality assurance process and were being used as a benchmark for the remaining care plans.

Quality assurance of care planning had improved. A cycle of quality assurance had been introduced to ensure care plans contained accurate information about people's current health and support needs. Supporting legal documentation was in place in those care plans we sampled. There was increased focus on detailing the things people could do, in order to support greater independence. Reviews were taking place and were used as an opportunity to discuss care planning and focus on outcomes for the period ahead. There was evidence of leaders seeking support and input from welfare guardians and advocacy.

The provider was about to move over to an electronic system of care planning. The work that had already taken place should help ensure that these plans have the right information and take a strengths based approach from the outset. We had previously made an area for improvement around the need for the provider to give more consideration to future care planning as people age and their support needs and wishes change. Leaders assured us the new system of care planning will provide an increased focus in this area, along with capturing health screenings. We will check progress in this key area at our next inspection of the service.

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

### Requirements

#### Requirement 1

The provider must ensure that health recordings are accurate and medication administration procedures are safe and adhere to current best practice guidance.

By 31 March 2025 the provider must ensure that people are supported to have medications administered safely. The provider must also ensure that general health records and charts are accurate and kept up to date. In order to achieve this, the provider must, as a minimum:

- a) Ensure medication is administered in line with current best practice guidance. This includes ensuring medication is administered according to prescribed instructions and is signed for immediately after administration by trained and competent staff.
- b) Ensure "as required" medications (including but not limited to medication to alleviate pain and medication to assist with stress and distress) have appropriate guidance on when they should be administered. The outcome of the medication being administered must also be documented.
- c) Ensure key health documentation is up to date. This includes but is not limited to epilepsy protocols.
- d) Ensure any health charts external professionals have requested are completed within agreed timescales and to agreed standards.
- e) Implement an on-going cycle of quality assurance to ensure issues with medication administration or health records are identified and addressed.

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

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

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

**This requirement was made on 11 December 2024.**

#### Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Medication recording in the home had improved. Records we sampled were generally well completed and there were no gaps in recording. We had concerns around the recording of topical medications. Please see the section of this report titled "Staffing levels are right and staff work well together" for more details.

The recording of 'as required' medications had improved. New documentation had been introduced that detailed why these medications were given and whether the medication was effective.

Other documentation introduced following our last inspection included contact records with external professionals to ensure any advice was captured and acted on.

We will continue to check this paperwork at future inspections to ensure it is being used in practice. Some more work was required to ensure there was no duplication of medications listed on administration sheets. Leaders were receptive to this feedback.

Leaders and staff had liaised with external health professionals to ensure key documentation was up to date. This included epilepsy protocols along with other health information and guidance.

An on-going cycle of quality assurance had been introduced to ensure required standards were maintained. This included quality assurance of medication administration and other health recordings.

Taken together, these measures had reduced the harm to people living in the home.

### Met - within timescales

#### Requirement 2

The provider must ensure that people have a care plan that guides staff on their current health and care needs.

By 31 March 2025 the provider must ensure that people have an up-to-date care plan that captures their current health and wellbeing needs in order to guide staff on their support needs. This must include, but is not limited to, guidance around positive behaviour support. In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of all care plans. Identify issues and implement an action plan with agreed timescales to address issues.
- b) Ensure care plans contain accurate and up to date information around people's health conditions and the support they need from staff around the health condition.
- c) Ensure care plans contain accurate and up to date information on how to offer positive behaviour support for people who may display behaviours related to stress and distress. This must include proactive and reactive guidance. It must also include clear guidance around the use of medication as part of a wider positive behaviour support strategy.
- d) Implement quality assurance processes to ensure care plans are checked and updated within agreed timescales to ensure they reflect any changes to people's health and support needs.

This is in order to comply with regulation 4 (1) (a) (welfare of users) and 5 (2) (b) (personal plans) 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, which state that:

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

**This requirement was made on 11 December 2024.**

## Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Care plans had been audited. This identified areas where the plans were not completed to the required standard and an improvement plan to see the improvements through to completion.

An agreed number of care plans had been completed and were being used as a benchmark for the remaining plans. Those plans we sampled were person centred and generally took a strengths led approach, where emphasis was placed on people's strengths and the things they could do for themselves.

Guidance to support people through periods of stress and distress had improved and detailed both the proactive and reactive strategies to support people.

An on-going cycle of quality assurance had been introduced to help ensure care plans remained at the required standard.

Taken together, these measures had reduced risk and contributed to improved outcomes for people living in the home.

## Met - within timescales

### Requirement 3

The provider must ensure quality assurance and auditing is used effectively to drive improvements.

By 31 March 2025 the provider must ensure people experience support in a service where quality assurance is used to monitor performance and drive improvement. To do this, the provider must, at a minimum:

- a) Carry out an audit of current quality assurance processes within Camphill Blair Drummond.
- b) Evaluate these processes and address any gaps where they fall short of established Camphill Blair Drummond internal standards.
- c) Establish clear roles and responsibilities for carrying out quality assurance activities in Camphill Blair Drummond.
- d) Establish clear procedures for addressing any actions generated from quality assurance activities, with timescales for following through to completion.
- e) Ensure there is an overall service improvement plan that is informed by the quality assurance activities taking place.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 11 December 2024.**

## Action taken on previous requirement

Leaders in the home had responded well to this requirement.

Quality assurance processes had been audited. Following this leaders had developed a new quality assurance system. This included key roles, responsibilities, frequency, and documentation.

An improvement team had been established to build quality assurance processes in key areas. An additional leadership tier was currently in place with the aim of providing further leadership in each of the seven houses in order to improve consistency and drive improvement.

Key roles had been designated to staff. This included quality assurance around medication and quality assurance to ensure staff were trained to the right level.

At the time of this inspection the processes were still new so there was limited evidence of them being used in practice to identify areas where improvements were necessary and see the improvement through to completion.

### Met - within timescales

#### Requirement 4

The provider must ensure that all staff have received training appropriate to their role and responsibilities.

By 31 March 2025 the provider must ensure that people experience support from staff who are trained and competent in carrying out all aspects of their role. In order to achieve this, the provider must, as a minimum:

- a) Carry out a full analysis of current training needs in every area of the service including the seven residential houses.
- b) Implement a programme, with agreed timescales, for all staff to complete core training relevant to their role.
- c) Implement quality assurance systems to ensure training levels are maintained, including the completion of refresher training within required timescales.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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 requirement was made on 11 December 2024.**

#### Action taken on previous requirement

Leaders in the service had responded well to this requirement.

The oversight of training had improved. A full analysis of training needs had been carried out. This was followed by a rolling programme of training opportunities for staff who were overdue training in key areas. This had led to improved training levels in the service.

A new electronic system allowed key staff to identify when people were due refresher training. This was then accommodated on the staff rota to ensure they were able to attend. We heard that an increased importance was being placed on releasing staff to attend training necessary to their role.

The new system of quality assurance activities included the on-going analysis of training compliance to ensure training levels were maintained.

**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

In order to support people's health and wellbeing now and in the future, the provider should develop a strategy around future (anticipatory) care planning. This should include improving staff knowledge and understanding around the principles of future care planning.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 11 December 2024.**

#### Action taken since then

Some progress had been made in this area. We heard that the new electronic care planning system would help support an increased focus in future care planning.

**This area for improvement has been continued.**

#### Previous area for improvement 2

To ensure staffing levels are appropriate to meet people's needs and wishes, the provider should develop a staffing tool that allows leaders to continually assess whether staffing levels are right at that time. The tool should be informed by current Care Inspectorate guidance on The Staffing Method Framework.

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

'My needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 11 December 2024.**

### Action taken since then

Some progress had been made in this area. The provider was using a new assessment tool for people moving into the home. On-going assessment of people's needs was not yet taking place. We were not confident that assessed staffing levels were always right. We had concerns about the role of volunteers in the home.

This area for improvement has been closed and is superseded by the requirement we made in this report. Please see the section of this report titled "Staffing levels are right and staff work well together" for more details.

## 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?  | 4 - Good      |
| 2.2 Quality assurance and improvement is led well                          | 4 - Good      |
| 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?   | 5 - Very Good |
| 4.1 People experience high quality facilities                              | 5 - Very Good |
| How well is our care and support planned?                                  | 4 - Good      |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good      |



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