

Lisden Care Home Service

63 Brechin Road
Kirriemuir
DD8 4DE

Telephone: 01575 574 499

Type of inspection:
Unannounced

Completed on:
28 May 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003010719

About the service

Lisden Care Home is part of the Balhousie Care Group and is situated in the Angus town of Kirriemuir. It is registered to provide a care service for 42 older people. It offers accommodation in two defined units. Kinnordy provides care and support to a maximum of 16 service users with advanced dementia or other cognitive impairment related issues.

The main part of the home is on two floors (Airlie and Glamis) and offers 26 beds caring for elderly residents with nursing needs.

All rooms are single with en-suite facilities and the home has access to a range of local amenities. The home provides a warm and friendly environment for residents and visitors. The gardens are well maintained and offer a safe and enclosed area. There are summer cabins in the grounds, which are often used by people.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

The organisation states: 'We truly strive to capture the true essence of person-centred care by recognising that people come first - by looking after the care of people, the rest will follow'.

About the inspection

This was an unannounced inspection which took place on 27 and 28 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 18 people using the service and 10 of their family. We also received feedback through 15 care surveys returned by families.
- spoke with 13 staff and management. We also received feedback through eight care surveys returned by staff
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The home was bright, clean and welcoming.

People were satisfied with their care and support.

Activities had improved within the home, some progress had been made for people to access their local community more regularly.

Staff were flexible and worked well together.

Staffing arrangements need to be reviewed to ensure they are flexible across the day meeting people's needs.

Records of reviews need to improve.

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?	4 - Good
How good is our setting?	4 - 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a relatively relaxed and calm atmosphere during our visit. People were being supported kindly and discretely in a manner that maintained their dignity. People were well presented and looked comfortable. People we spoke to told us that 'we have never had any concerns about their care'. This was not the experience of everyone however with another relative saying that staff should 'ensure basic care is consistently done well'. The manager was aware where improvements were required. Staff should be supported to use the information in the care plan to ensure that people reliably receive the support they require.

People had access to fresh fluids throughout the day and people's nutritional needs were met. There was a varied menu of dishes available for people to choose from. People told us, 'The food has improved'. People's nutritional and fluid intake was discussed through daily flash meetings and there was oversight of people's weights. This helped staff to identify where any additional support that may be required. We were reassured that people's nutritional needs were being met.

There were a range of different activities for people to enjoy in the home. We heard that this had improved, and we saw people engaged in group activities as well as smaller groups and 1:1 time. We heard that there were frequent parties and events that families could also enjoy, for example, therapy ponies, VE day celebrations, music, dancing and singing. It was positive to hear that some people had been out of the home to enjoy local events and facilities. The staff team should continue to build connections within the local community to ensure people are supported to get out of the home on a more regular basis.

Activities included armchair exercises and games that promoted movement. This helped to ensure that people were supported to move regularly as well as being fun. This contributed positively to people's physical and emotional wellbeing.

Staff were mostly attentive to people's needs and responded quickly when people needed assistance. We were concerned, however, that at times some people did not have easy access to call alarms to summon assistance. Two people during the inspection were asking for help and staff did not respond as we would expect. This was addressed with staff during the inspection. The manager should ensure that expectations of staff are clear in order to ensure people's needs are being met appropriately and promptly.

There was a robust medication procedure in place. Since our last inspection, an electronic medication administration record 'emar' programme had been introduced. Staff were confident using this system which provided a clear overview and prompts of who had received their medication and who had still to receive their medication. This helped to ensure people received their medication as it was prescribed.

There were no restrictions on visiting. 'We pop in anytime, any day'. Family members we spoke to told us, 'Communication is good'. Staff were aware of 'Anne's Law' and the importance of maintaining relationships for people's good mental and physical wellbeing.

We found that infection prevention and control (IPC) procedures helped keep people safe. The environment was clean, tidy, and free from any offensive odours. Cleaning schedules were in place and handwashing signage visible around home. Personal protective equipment (PPE) was readily available and in good supply.

Observations of staff helped to ensure staff were confident in the selection of PPE and in good hand washing techniques.

Housekeeping staff completed an IPC audit which was thorough and effective at addressing any areas for improvement required.

We highlighted some minor issues in relation to cleanliness of mattress covers and bed sheets which were addressed quickly.

How good is our leadership?

4 - Good

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

The manager and staff used a range of quality assurance processes to monitor all areas of the service. Audits were completed and were identifying areas for improvement. Actions were clearly defined following audits and followed up timeously to ensure compliance. It was positive to see that staff were involved in quality assurance activities as this promotes responsibility and accountability.

Senior managers completed regular audits that provided feedback about any improvements required. This added an additional layer of quality assurance to support continuous improvement. The manager should ensure that any action plans resulting from these audits are available and show the progress being made.

A service improvement plan was in place. This was a detailed document which highlighted areas for development, which had been identified through quality assurance processes and feedback from meetings. The link between feedback from people and their involvement in the development and evaluation of the plan could be clearer to reflect how all stakeholders contribute to the improvement agenda.

There was a variety of meetings each month providing an opportunity for staff groups to participate in discussion about the home and their roles. These meetings had variable attendance. Minutes of meetings were informative but would be improved with the addition of a clear delegation of actions and follow up in subsequent meetings. This would provide information and reassurance to people that actions agreed are carried through to the desired outcome.

Staff told us that the leadership of the service were approachable and supportive and had access to regular one to one supervision.

Observations of practice are a method of assessing staff learning and practice as well as sharing feedback. We discussed how staff should be aware of recording of observations for transparency and the opportunity to provide their own feedback.

How good is our staff team?

4 - Good

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

The manager used a dependency tool which informed management of the required staffing to meet people's needs. Dependencies were assessed taking into consideration not only basic care needs but included emotional, psychological and social needs. Whilst we saw that there was sufficient staff, we shared our observations that at times some areas of the home were unsupervised when people were walking with purpose. Managers advised that they were aware that this increased as the day progressed and agreed that staffing needs to be flexible to ensure that people are supported and supervised where necessary in order to help keep them safe. We felt management oversight could be improved to help ensure this expectation is met. We have made an area for improvement. **See area for improvement 1.**

Staff arrangements should allow for more than basic care needs to be met. Staff supported people kindly and respectfully. We saw that staff including ancillary staff took time to talk with people throughout the day making every moment count. At times however we felt that people would benefit from care staff being involved in activities. The activity co-ordinator was working hard to ensure people felt included in activities but this might have been easier with another staff member supporting.

Staff appeared to work well together. Staff were flexible and responded to changing needs across the home. Care staff told us they felt well supported and that managers were approachable. Staff received regular and planned supervision and observations of practice supported staff to develop and learn. As previously reported, we advised that staff should be aware of the outcome of observations and how these are recorded.

Regular team meetings can play a valuable part in staff support and development. Team meetings were held regularly but were not well attended. We recommend that the management team discuss the benefits with the staff teams and seek feedback about how attendance and contribution could be improved.

Staff had completed a range of training that supported them in their roles. The management team told us they had recognised that more training was required in relation to supporting people living with dementia. This would provide staff with a greater understanding and confidence to support people which would inevitably help to improve people's outcomes.

Areas for improvement

1. In order to ensure that people are safe and their needs are met the Provider should;

- review staffing arrangements throughout the day, identifying when and where additional staff may be required.
- the manager should ensure they have regular oversight of how staff are delegated across the home to ensure that there is sufficient observation and supervision in all areas including corridors when this is necessary.

This is to ensure 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) and '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).

How good is our setting?

4 - Good

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

Lisden care home is set in a quiet area on the outskirts of Kirriemuir. People told us, 'Lisden is in a lovely setting with lovely gardens and nice and peaceful surroundings'. The main house of the home is a bright and spacious environment that was and free from offensive odours. People could use a range of areas to spend their time in the main house. Seating was placed in corridor areas and we saw people making good use of this to chat with staff and each other and to watch out the windows where people enjoyed spotting the birds and the squirrels that visited the grounds.

The Kinnordy unit did not have the same space for people to do this. One family member told us, 'The home requires more space in the lounge area of the dementia unit so that residents can have quiet time as it can be very busy in there'. We also observed that at times the only lounge in this area felt crowded and busy. The management team agreed and were carrying out a range of observations to gather further evidence and examples of the impact this had on outcomes for people. We have made an area for improvement that the provider reviews the environment in consultation with stakeholders in a bid to realise where improvements could be made. **See area for improvement 1.**

The grounds had been carefully developed over the past couple of years to ensure that people had access to a safe garden. We were told, 'With the changes made to the garden area it is much easier for the residents in the main building and annexe to access and enjoy the garden'. It was important to people that they could spend time outside.

People could be confident that their home would be well maintained and safe. Maintenance records were in place and up to date which confirmed there was regular servicing and maintenance of fixtures and fittings as well as any care equipment such as hoists and stand aids. There was a process for reporting faults and repairs in place, and most repairs were completed timeously. Some of the bigger repairs however had taken a number of months to resolve which could compromise people's safety. The Provider should ensure that all repairs are addressed in order of priority to help ensure the environment remains well maintained and safe.

People's rooms were decorated well, and furnished with personal items from home such as ornaments, furniture and pictures. This helped to make rooms feel more comfortable and homely. Following a complaints investigation, we made a requirement about ensuite facilities which are of different shapes and sizes throughout the building. The estates manager had completed an inspection to consider how to make these areas more accessible where possible. Some work had been completed at the time of our inspection and further work was being assessed and planned. The manager had consulted with families and staff. Whilst we felt that progress had been sufficient to meet this requirement, we would expect to see that the plans to make improvements where they can reasonably be made are progressed taking into account the health safety and welfare of people and the feedback from consultation exercises. We asked the manager to produce an action plan that describes the next steps in this process. **See area for improvement 2.**

People should be able to choose to have a bath should they want one. One of the assisted baths had been out of use for a number of months and at the time of the inspection there was no firm plan for its replacement. Whilst we acknowledge that the remaining assisted bath had recently been replaced and that people could access a bath, this was not conveniently located for people in the main house. We did not hear that people's outcomes or choices were being negatively affected as most people preferred a shower. However, it remains that choice was restricted due to the location of the remaining and only working assisted bath in the home. **See area for improvement 3.**

The home was clean and tidy and staff were aware of their responsibilities in relation to cleaning activities. Cleaning records were fully completed and regular walk rounds and audits helped to ensure a good standard was being maintained.

Areas for improvement

1.

In order to ensure people are cared for in an environment that is designed and organised to meet their needs, the Provider should undertake further observation and consultation in relation to the space and layout of the environment to ensure that people's needs and outcomes can be consistently met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.11).

2. To ensure that facilities provided are easily accessible, fit for purpose and meet the health, wellbeing, dignity and privacy needs of service users, the Provider should produce an action plan that describes progress with plans to improve ensuite rooms where possible. This should include;

- the outcome of their consultation
- the evaluation of the feedback received
- the actions planned to bring about improvements
- feedback to stakeholders.

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

3. In order to ensure people are afforded for bathing or showering, the Provider should ensure that there are sufficient assisted baths available and that these are fully operational and well maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

How well is our care and support planned?

4 - Good

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

People had electronic care plans which were detailed and informative about the care and support that people required. We saw that most plans contained good detail about the person what was important to them, things they enjoyed and and their past experiences.

A range of assessment screening tools contributed to support plans. These had been reviewed regularly, to help highlight any obvious risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

People and their relevant representatives should be involved in regular reviews of care and support plans. Whilst we were assured that reviews were taking place, the record of discussions, actions and agreements was not consistently well recorded. This had been picked up by the management team and recent review records had improved. However it is important to ensure that there is a consistent approach to recording review meetings and discussions to help ensure that people's views are considered and recorded. People should also be offered a copy of the review minute for their records. **See area for improvement 1.**

Where people had restrictions in place such as bedrails and lap straps, appropriate risk assessments were in place. It was positive to see that technology and the potential for restrictive practices was reviewed regularly through audits by senior managers. This highlighted where additional information and detail was required. The manager should ensure that any technology used is regularly discussed with people and consent is explicitly revisited through regular reviews. **See area for improvement 1.**

Areas for improvement

1. In order to ensure people and any legal representatives are fully consulted and involved in the development and review of their care plan, the manager should ensure that there is an accurate record that describes how the care plan and relevant documentation has been reviewed. This should include confirmation of who has been consulted and any actions agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

This requirement was made following a complaints investigation.

By 31 January 2025, the provider must have carried out a full assessment of the en-suite toilet facilities and communal toilet facilities, and developed an improvement plan, to ensure they are easily accessible, fit for purpose and meet the health, wellbeing, dignity and privacy needs of service users.

To do this, the provider must at a minimum:

- a) carry out a meaningful consultation exercise with relevant stakeholders including people experiencing care and their representatives and use the findings to inform change
- b) take account of the Health and Social Care Standards: my support, my life
- c) provide the Care Inspectorate with a copy of the Improvement plan and a timeline of expected actions and outcomes.

To be completed by: 31 January 2025

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: The premises have been adapted, equipped and furnished to meet my needs and wishes.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement has not been met and we have agreed an extension until 25 May 2025.

This requirement was made on 10 September 2024.

This requirement was made on 10 September 2024.

Action taken on previous requirement

A further consultation had been carried out with a survey sent to families asking for feedback about the en-suite facilities. At the time of inspection, only nine had been returned with six of these indicating they had no concerns. The remaining responses provided feedback and further detail about the en-suites and the impact this was having on people.

Staff and families we spoke to were aware of the survey and the on going consultation.

A brief action plan had been produced to describe next steps.

We have asked the manager to develop this action plan further to describe what further work is planned and timescales for completion. We also expect to see how they are responding to feedback and how this is being used for any future plans for improvements.

On balance however, this requirement has been met with the expectation that consultation continues. We have made this subject to an area for improvement under key question 4.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

By 16 June 2024, to ensure that people are safe and their needs are met the Provider must;

- ensure that the number of and delegation of staff is sufficient to support the safe care and support requirements of residents
- ensure people's needs as agreed in their personal plan are fully met.

This is to ensure 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 21 May 2024.

Action taken since then

This was superseded by a requirement made during a complaints investigation dated 10/09/24. This was reported as met at a follow up inspection on 19/09/24.

Previous area for improvement 2

In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want.' (HSCS 1.10)

This area for improvement was made on 22 May 2024.

This area for improvement was made on 22 May 2024.

Action taken since then

There had been some progress. Some people had enjoyed trips out into town and to local venues. Other people were regularly out with family members. Whilst we recognise the progress made and felt that the area for improvement has been met, we will continue to consider this at future inspections.

Previous area for improvement 3

To ensure people's rights are upheld the manager should ensure that staff practice reflects the Health and Social Care Standards, My support, My life. This includes;

- having knowledge of any relevant legal frameworks that may have an impact on an individuals care such as power of attorney, and,
- ensuring staff are aware of Anne's Law and how this can have a positive impact on outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3) and '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.' (HSCS 2.12)

This area for improvement was made on 22 May 2024.

Action taken since then

Shortly following the last full inspection, staff completed modules relating to Anne's Law. In addition the company trainer delivered an event relating to legal frameworks that may have an impact on peoples care.

Staff were able to describe Anne's Law and relevant legal frameworks and knew where to find further information.

This area for improvement had been met.

Previous area for improvement 4

Daily recordings of care provided should be further developed to be more person-centred, detailed and evaluative.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support is consistent and stable because people work together well.' (HSCS 3.19)

This area for improvement was made on 7 April 2023.

This area for improvement was made on 7 April 2023.

Action taken since then

There was evidence of some person centred and evaluative recordings however this was not a consistent standard across the samples viewed. The manager was working with staff to make improvements in this area.

Previous area for improvement 5

This area for improvement was made following a complaints investigation.

The service should ensure that people are supported to look and feel their best at all times. Senior staff should ensure that people are receiving person-centred care, which supports their privacy and dignity at all times.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

This area for improvement was made on 24 August 2024.

Action taken since then

People had care plans that described people's routines and preferences in relation to their personal care. During this inspection people looked well. People appeared comfortable and well presented. Staff were discrete when providing support which helped to ensure people's dignity and privacy was respected and supported.

We saw that attention to people's personal care was discussed with staff through staff meetings. The daily walk round by staff observed that people were comfortable.

This area for improvement had been met.

Previous area for improvement 6

This area for improvement was made following a complaints investigation.

The service should ensure that people who are unable to verbally express pain or ill health are able to clinician support at an early stage. In doing this, the service should consider the implementation of established early warning indicator or pain assessment tools, in line with best practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 24 August 2024.

Action taken since then

People living in the home had pain care plans that described how they required to be supported when experiencing pain. These plans linked to a pain assessment tool and for people who were unable to verbally express pain or distress a further assessment tool that helped staff to identify if someone was experiencing pain. This was reviewed monthly and as required when people's presentation dictated.

Staff knew people well and discussed people's wellbeing and presentation regularly at daily flash meetings and shift handovers. Any observations that were out of the ordinary for people had been escalated to senior staff and if necessary an appropriate professional such as the GP.

Visiting professionals told us that they had confidence in the staff team and that they would seek further guidance and support when concerned for individuals.

This area for improvement had been met.

Previous area for improvement 7

This area for improvement was made following a complaints investigation.

The service should ensure that the clinical oversight of people at risk of falls is robust and supports improved outcomes.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 24 August 2024.

Action taken since then

Care plans provided good information about peoples mobility and any risks including the risk of falls. These had been reviewed monthly and information was up to date.

Daily flash meetings included a discussion about any accidents, incidents or falls. This included any follow up and any actions required. The management team had oversight and this was reviewed by senior managers during regular audits within the home.

This area for improvement had been met.

Previous area for improvement 8

This area for improvement was made following a complaints investigation.

In order to support good outcomes for people experiencing care, the manager should ensure that all staff understand their role and responsibility in highlighting health concerns and ensuring medical advice is sought in a timely manner.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 2 October 2024.

Action taken since then

Staff roles and responsibilities were discussed with care staff, senior care staff and nursing staff at staff meetings.

All staff were clear of their role in escalating any concerns regarding changes observed to residents' well-being to senior staff.

Senior staff regularly reviewed peoples wellbeing throughout the day and when concerns were raised. Where required, concerns were escalated to the GP for review and if appropriate a home visit was arranged. This was be done in a timely manner which helped to avoid delays in any treatment required.

Senior staff maintained oversight of this through daily flash meetings, daily walk rounds and reviewing of person-centred software.

This area for improvement had been met.

Previous area for improvement 9

This area for improvement was made following a complaints investigation.

In order to support good outcomes for people experiencing care, the manager should ensure that people living in the care home have regular opportunities to take part in activities that are meaningful to them, both within and outwith the care home.

This is to ensure care and support is consistent with Health and Social Care Standard 1.10: I am supported to participate fully as a citizen in my local community in the way that I want.

This area for improvement was made on 2 October 2024.

Action taken since then

Residents were offered opportunity to discuss activities within and out with the home at resident meetings. There were daily activities planned and observed or people to join in. This included group activities and one to one time spent with staff.

Senior staff will ensure that care plans have up to date information to reflect the wants and wishes of the residents.

This will be discussed daily at flash meetings and observed through daily walk rounds.

Also see Area for improvement 2 - some progress had been made to increase and improve opportunities for people to enjoy opportunities in their local community. This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

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

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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