

Aspire Central Support Services Housing Support Service

Unit 16
Coatbridge Business Centre
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Aspire Housing & Personal
Development Services Ltd

Service provider number:
SP2004004485

Service no:
CS2018366486

About the service

Aspire Central Support Services is registered to provide a combined care at home and housing support service to adults and older people with assessed physical/mental health/learning needs, including complex needs and homelessness living in their own homes.

The main office is situated in Coatbridge and at the time of the inspection staff teams were providing support to 18 people living in East Renfrewshire, Glasgow and South Lanarkshire.

The registered manager is also the registered manager for Aspire West Support Services Care at Home.

About the inspection

This was an unannounced inspection which took place on 21 July to 6 August 2025, between 8:00 and 18:00, following additional information being provided.

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 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:

- received feedback from ten people using the service and three family members, through speaking with them or via a questionnaire issued prior to the inspection
- received feedback from 24 staff, including management, through speaking with them or via a questionnaire issued prior to the inspection
- reviewed relevant documentation
- observed practice and daily life, during home visits
- received feedback from seven social workers or health professionals involved in people's care, through speaking with them or via a questionnaire issued prior to the inspection.

Key messages

- People were overall happy with the care and support provided
- Quality assurance and management of people's financial arrangements needed to improve
- People should be more involved in improving the service
- Recruitment processes needed to be reviewed to demonstrate that staff are competent and have been safely recruited
- Staff competency needed to continue to be monitored, through team meetings, supervision and observations of staff practice
- People's personal plans and care records needed to be reviewed to ensure they contained all relevant and up to date information

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

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

People, we spoke with, were overall happy with the care and support provided by Aspire Central and were positive about their group of regular staff, 'I get on great with staff, they know what they need to do to help me'; 'most staff are brilliant'; 'I am beginning to get to know them well, they are nice and take their time with me'.

The service assessed and recorded people's care needs and requirements, and matched these needs to the available staff's skills, knowledge and experience. Feeling safe, being able to stay at home, having the confidence and trust in the staff supporting them was really important to people, 'I trust them to take care of them and to phone me if there are any issues'; 'staff work hard and have a good rapport with them'.

People told us that they were aware of who to contact if they had any concerns and communication with management and office staff was overall good, 'I can phone and speak to them if I need to, but haven't had to'; 'I can contact them but I have never had to report any concerns'; 'I have no complaints I think they are really helpful'. People were aware of the on-call provision but had not needed to use this. We saw that the service was able to take people's staff preferences into account, which had resulted in some changes to the staff team supporting them. This helped to ensure that people got the right care and support for them.

Some people told us that they regularly received or had access to a staff rota, which highlighted who would provide their care and support on a day to day basis. Access to this information, in a suitable format, should be available to everyone receiving support. Management agreed to action this.

We saw that people's support included personal care, support with meals, medication, housekeeping and social support. People told us, 'sometimes they take me shopping and help me to cook something'; 'they help me with my shower and will do some tidying up/housework'; 'I get to choose the things we do, like bowling, shopping or the cinema'. We saw that people were supported to make healthy choices at mealtimes and supported with their medication. We found that medication practice was overall safe, however we highlighted a couple of areas in relation to additional and unused medication that needed to be reviewed. Management agreed to review these.

Regular input from social workers and relevant health professionals was evident. Feedback we received, from social workers and health professionals, highlighted positive outcomes for people they were involved with. These included enabling people to remain living at home and giving people purpose, accessing community resources, improved medication compliance, support with healthy food choices and weight gain, improved physical and mental wellbeing through supported exercises, advocating for people in relation to their funding.

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance needed to improve to ensure people consistently experience good outcomes.

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. We saw that new quality assurance systems and processes had been introduced by the Quality and Governance manager, who was appointed in March 2025. Management used these to monitor a number of areas across the service. These included accidents, incidents, complaints, staff supervisions, observations of practice and personal plans.

Improvements in accident and incident recording and reporting was evident, with the development of a tracker, which reflected any events and the action taken. All events were analysed by the Quality and Governance manager and discussed at monthly 'root cause analysis' meetings. We found these processes to be a positive change however the outcome of discussions and any identified learning was not clearly evident.

We found that relevant notifications had been submitted to the Care Inspectorate, however management required some guidance in relation to timely and appropriate reporting to other relevant parties.

A number of audits had been completed in relation to care plans, falls, medication, accidents and incidents. The outcome of these audits were collated and fed into a monthly overview of audit results. These were discussed at senior management meetings, to help monitor the progress being made. Although, the overview highlighted steady improvements in key areas, we felt that the individual audits, we viewed, for example in relation to personal plans, did not contain sufficient detail to reflect the quality of information recorded in personal plans. Audits also needed to focus on the outcomes of people they support as well as any actions and learning.

There were Key Performance Indicators (KPIs) for management to complete and when fully implemented, these should help to monitor compliance and highlight any issues that require actioned.

When we compared information held by the service and Scottish Social Services Council (SSSC), we found that staff were registered but some details needed updating. Staff needed to ensure that their registration reflected all service types that they work in and that they were registered at the appropriate level for their job role.

We saw examples of how concerns and complaints were managed. We asked management to ensure that any concerns or complaints have a clear audit trail with any investigation, conclusion and outcome response to the complainant recorded.

Where quality assurance processes are not used to their full potential, there is a risk for poor outcomes. We have therefore made a Requirement to ensure that people experience a service which is well led and managed, and benefits the people who use the service (see Requirement 1).

The service had created a new improvement plan which related to the Health and Social care standards (HSCS) and quality framework. Some identified areas were indicated as met but the majority were ongoing. However, input from people being supported, their families and other stakeholders, was not evident and a self-evaluation should also be developed to reflect what the service is doing well and what could be done better. We have therefore made an Area for Improvement, to ensure that people are involved in improving the service (see Area for Improvement 1).

We saw that staff supported some people with financial transactions, when food shopping, paying bills or during outings. The Safeguarding Supported Individual's Finances policy had been reviewed and updated in April 2025. It reflected relevant procedures and staff's responsibilities, including accurate recording and

auditing of any financial transactions. However, we became aware of financial transactions that had not and were not being managed in line with the provider's policy. We have therefore made a requirement, to ensure that people's financial arrangements are managed appropriately and people are protected (see Requirement 2).

Requirements

1. By 3 October 2025, the provider and manager must ensure that people experience a service which is well led and managed and which results in positive outcomes for them. To do this, the provider and manager must, at a minimum, ensure that:

- a) the quality assurance systems support a culture of continuous improvement
- b) completed audits and quality meetings are detailed and focused on the outcomes of people they support through identified actions and learning
- c) staff are aware of their responsibilities in reporting incidents timely to all relevant parties
- d) any concerns or complaints have a clear audit trail
- e) SSSC and service registration records are accurate and kept up to date.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. By 3 October 2025, the provider and manager must ensure that people's financial arrangements are managed appropriately and people are protected. To do this, the provider and manager must, at a minimum:

- a) review financial support arrangements for all people being supported
- b) have relevant systems in place to record any transactions, where staff are managing or handling people's money
- c) ensure staff are aware of the systems in place and their responsibilities
- d) carry out regular staff practice checks and financial support audits, in line with the provider's policy.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5); and
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To ensure that people are involved in improving the service, the manager should collate feedback from people who use and work with the service. This should inform the current improvement plan, and develop a self-evaluation, which demonstrates what the service does well and what they could do better.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance needed to improve to ensure people consistently experience good outcomes.

Staffing arrangements were determined by the care and needs assessment, carried out by the service and/or social work, with the timing of visits agreed with people using the service and their relatives. We saw, where times of visits or individual staff did not suit people, that adjustments were made by the service where possible and an agreement reached. We were aware that one new person had not yet got their full compliment of staff but was told that the service was working to address this.

We saw that there had been an improvement on the frequency of staff meetings, supervisions and observations of practice. This was a positive change, however we saw and were told that not all staff had been involved in meetings. Some staff confirmed that supervision and observations of practice were happening more regularly, however we felt that the quality of information recorded could be better. Observations of practice did not identify the people being supported, relied solely on closed questions, had limited detail of what was observed and did not reflect any actions for improvement, staff reflection, or feedback from the people being supported. Supervision records did not reference observations of practice that had been completed and did not always reflect how comments from staff had been addressed. This highlighted that the depth and usefulness of the observation and supervision process needed to improve further, and meetings needed to be place for all staff. We have therefore repeated the previous Area for Improvement, in order to demonstrate that people needs are being met (see Area for Improvement 1).

Staff responses were positive about the care and support provided, all agreed that they had the relevant skills, experience and qualifications for the people they supported. We saw that compliance with training, including mandatory, had improved. Training compliance was discussed at team and management meetings and additional support for some staff to achieve compliance was evident. We were told that payment for training was built into staff's paid hours and action would be taken for continual poor compliance. Staff we spoke with confirmed that they found the training enjoyable, especially the in-person training, service user specific and beneficial to the support they provided.

We saw that the provider offered an online counselling and wellbeing platform to support staff wellbeing. However, not all staff spoken with, were aware of the 'wellbeing hour', monthly peer led sessions, or who the mental health first aider was. These resources would help to support staff in their day to day work.

People should have confidence that staff supporting them are safely and appropriately recruited. This includes the uptake of relevant references, Protection of Vulnerable Group check (PVG), right to work, work experience, skills, professional body checks, qualifications, and training.

While PVG and right to work checks were in place, one PVG record had been destroyed, in line with guidance but without retaining key details. We were therefore not able to see if the appropriate PVG check had been carried out, when, or the outcome of the check.

Two references were sought, one from the most recent employer, which only confirmed employment dates, and one character reference, however it was unclear if this was from a person with a professional background.

No interview records were available to evidence assessment of skills, competency or suitability. We were told, that when the recruitment agency recruited staff for them, they had previously conducted group assessments, with scenarios, and provided staff profiles. However, there was no clear evidence of competency checks.

It was also unclear whether professional body registrations and qualifications were verified at the time of recruitment. The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen and support the workforce, and increase the protection of people who use services.

We reviewed recruitment practices against the 'Safer Recruitment through Better Recruitment' guidance. Due to the areas identified, a Requirement has been made to strengthen recruitment processes and ensure people are protected (see Requirement 1).

People should be involved in selecting the staff who support them, and ultimately participating in recruiting their own staff should also be considered.

Requirements

1. By 3 October 2025, the provider and manager must ensure that recruitment practices are robust and people are protected. To do this, the provider and manager must, at a minimum:

- a) follow best practice guidance, 'Safer recruitment through Better Recruitment'
- b) demonstrate that staff are competent and have been safely recruited.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24); and

'I can take part in recruiting and training people if possible' (HSCS 4.9).

Areas for improvement

1. In order to demonstrate that people needs are being met, the service should continue to assess and monitor staff competency, through quality and frequent team meetings, supervision and observations of staff practice. Including feedback from people using the service and their families, would enhance quality assurance further.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance needed to improve to ensure people consistently experience good outcomes.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences.

A new personal plan template had been implemented since the last inspection. This included a one page profile, comprehensive and health-related care plans, we were told that previous detailed risk assessments continued to be used. From the plans viewed, we found that the information recorded was relevant but could still be more detailed, person-centred and outcome focused. They should contain enough detail to get a sense of the person being supported, with people's life histories, their routines, preferences and what is important to them. Most care plans, viewed, did not reflect the person's name or who the plan was about. Personal plans also need to be provided in a format that allowed for easy reading.

We noted that some plans indicated that Adult with Incapacity (AWI) certificates were in place for some people. However there was no further detail in a care plan about this or a copy of the certificate. There also needed to be a clear record of who had legal responsibilities for people's wellbeing and finances.

We found that most care plans had been recently updated but some existing risk assessments had not. We were also not clear about the formal six month review process that should happen with people's involvement. We asked management to have a clear system in place for recording formal reviews and reflecting people's outcomes, any changes or actions to be taken.

The service used an electronic personal planning system and had moved to a new system, since the last inspection. This had resulted in limited access for people they support, their families and staff. The majority of people we spoke with did indicate that they wanted access to their personal plan, daily notes and staff rota, either electronic or paper.

Staff confirmed that they had electronic access to planned tasks, rota and daily notes but not people's personal plans or related care records. Some people had paper personal plans in their home but not all, and these did not contain all care records. This meant that staff were not always able to see details about

people's care and support, which increased the risk of people not getting their planned care. We found that one person had a food diary, to monitor their intake, but this was rarely completed. Management confirmed that they were working with the IT company to resolve access issues.

We also found regular gaps in daily notes and notes not written within or near to the time of the planned support. We highlighted this to management, who agreed to address this.

As a result of the areas highlighted, we have made a requirement to ensure that people's personal plans and care records contain all relevant and up to date information (see Requirement 1).

Requirements

1. By 3 October 2025, the provider and manager must ensure that people have personal plans and care records that contain all relevant and up to date information. To do this, the provider and manager must, at a minimum, ensure that:

- a) personal plans are person-centred, outcome focused and reflect people's life histories, routines, preferences and what is important to them
- b) people's future planning and any related legal powers, including Adult with Incapacity are clearly reflected
- c) people are involved in six monthly formal reviews of their care and a clear record is kept of this, including any changes or actions taken
- d) daily notes are recorded timeously and routinely reviewed and quality assured
- e) people are able to access their personal plan and information related to their care and support.

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

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

'My care and support meets my needs and is right for me' (HSCS 1.19); 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

By 21 March 2025, extended to 30 June 2025, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

To do this, the provider must, at a minimum:

- a) ensure the quality assurance system supports a culture of continuous improvement;

- b) ensure audits are completed with transparency and reflect relevant best practice guidance for the area being assessed;
- c) ensure recording and reporting systems are improved so these comply with their legal responsibilities; and
- d) ensure relevant and prompt notifications are submitted to the Care Inspectorate in line with its notification guidance entitled, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and 4 (1) (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 5 December 2024.

Action taken on previous requirement

We saw that new quality assurance systems and processes had been introduced by the Quality and Governance manager, who was appointed in March 2025.

We found that relevant notifications had been submitted to the Care Inspectorate, however management required some guidance in relation to timely and appropriate reporting to other relevant parties.

A number of audits had been completed and, although, the overview highlighted steady improvements in key areas, we felt that further improvements were needed with completion of audits.

We also found areas with SSSC registration, concern and complaints handling that needed further improvements.

As we found that some areas of the requirement had been met but not all, we have made a new requirement, reflecting the actions required.

See 'How good is our leadership?', Requirement 1.

Met - within timescales

Requirement 2

By 21 March 2025, extended to 30 June 2025, the provider must ensure that people's support plans accurately reflect their current needs, choices and preferences. To achieve this, they must, at a minimum, review people's personal plans at least once in every six-month period in line with statutory requirements.

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

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
'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This requirement was made on 5 December 2024.

Action taken on previous requirement

A new personal plan template had been implemented, since the last inspection. From the plans viewed, we found that the information recorded was relevant but could still be more detailed, person-centred and outcome focused. They needed to contain enough detail to get a sense of the person being supported, including people's life histories, their routines, preferences and what was important to them.

We also found other areas in relation to Adult with Incapacity (AWI), six month review process, daily notes and access to personal plans.

As a result of the areas found, we made a new requirement, reflecting the actions required.

See 'How well is our care and support planned?', Requirement 1.

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

The service should follow good practice guidance to ensure appropriate recording of people's medication.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 5 December 2024.

Action taken since then

We saw that the Medication policy had been reviewed in April 2025 and reflected the relevant support levels including prompt, assist and administration of medication.

Personal plans reflected what medication people were prescribed, although, as part of quality assurance, this needed to be regularly reviewed and kept up to date, including any 'as required' medication.

We found that medication practice was overall safe but we highlighted a couple of areas in relation to additional and unused medication that needed to be reviewed. Management agreed to review these.

This Area for Improvement has been met.

Previous area for improvement 2

The service should ensure there is clear guidance on how staff support people with budgeting and their finances.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 5 December 2024.

Action taken since then

We saw that the Safeguarding Supported Individual's Finances policy had been reviewed and updated in April 2025. It reflected relevant procedures and staff's responsibilities, including accurate recording and auditing of any financial transactions. The policy was clear that staff should not handle supported people's bank cards, bank books or any other financial materials.

This Area for Improvement has been met.

Previous area for improvement 3

Management should update their service development plan which details what the service is doing well, what areas need to be developed, and how this will be achieved. The views of service users, families, representatives, staff and stakeholders should be gathered and used to inform the plan.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 5 December 2024.

Action taken since then

The service had created a new improvement plan which related to the Health and Social care standards (HSCS) and quality framework. Some identified areas were indicated as met but the majority were ongoing.

Input from people being supported, their families and other stakeholders, was not evident and a self-evaluation should also be developed to reflect what the service is doing well and what could be done better.

This Area for Improvement has not been fully met and as a result, we have made a new Area for Improvement, reflecting the actions required.

See 'How good is our leadership?', Area for Improvement 1.

Previous area for improvement 4

Management should ensure all staff have completed their mandatory training.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 5 December 2024.

Action taken since then

We saw that compliance with training, including mandatory, had improved. Training compliance was discussed at team and management meetings and additional support, for some staff to achieve compliance, was evident.

We were told that payment for training was built into staff's paid hours and action would be taken for continual poor compliance.

Staff we spoke with confirmed that they found the training enjoyable, especially the in-person training, service user specific and beneficial to the support they provided.

This Area for Improvement has been met.

Previous area for improvement 5

The service should continue to assess and monitor staff competency, through quality and frequent team meetings, supervision and observations of staff practice. Including feedback from people using the service and their families, would enhance quality assurance further.

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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 27 March 2025.

Action taken since then

We saw that there had been an improvement in the frequency of staff meetings, supervisions and observations of practice. This was a positive change however we saw and were told that not all staff had been involved in meetings.

Some staff confirmed that supervision and observations of practice were happening more regularly however we felt that the quality of information recorded could be better.

We felt that the depth and usefulness of the observation and supervision process needed to improve further, and meetings needed to be place for all staff.

We have therefore repeated the previous Area for Improvement, in order to demonstrate that people needs are being met.

See 'How good is our staff team?', Area for Improvement 1.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	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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