

# Carlingwark House Care Home Service

Carlingwark Street  
CASTLE DOUGLAS  
DG7 1TH

Telephone: 01556 505060

**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2025

**Service provided by:**  
Park Homes (UK) Limited

**Service provider number:**  
SP2006008483

**Service no:**  
CS2021000288

## About the service

Carlingwark House is registered to provide a non-nursing care home service to a maximum of 30 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The service is located close to castle Douglas town centre. Local amenities are within walking distance of the home.

The home is a Victorian style building. All bedrooms have en-suite toilet and sink facilities. There are three shared bathing facilities and one shared shower room.

Communal lounges are available throughout the home along with a dining and kitchen area.

The home has two floors serviced by a passenger lift and a staircase. The upper floor is currently not in use. All accommodation is provided on the ground floor of the building. There is an enclosed garden with seating and a car park is available to visitors.

At the time of the inspection there were 28 people living at the service.

## About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 July 2025 between 08:15 and 19:15 hours. Feedback was provided on 16 July 2025. Following this, further discussion with the provider about safe staffing arrangements took place which completed the inspection on 22 July 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 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 13 people using the service and eight relatives
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 13 staff and management
- spoke with two visiting health professionals
- observed practice and daily life; and
- reviewed documents.

## Key messages

- People told us they knew some staff well and they were kind.
- Improvement must be made to standards of personal care people receive.
- Meaningful interaction opportunities for people must be increased.
- Staffing arrangements must be reviewed to ensure responsive care to people.
- The provider should ensure improvements to assessments of people's needs in order to improve outcomes for people experiencing care.
- The service had not met one area for improvement identified at the previous inspection.
- From the findings of this inspection, we have made six requirements and five areas for improvement.

## 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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

## 2 - Weak

### 1.3 People's health and wellbeing benefits from their care and support

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

There were times where we saw staff supporting people with kind, helpful and compassionate care. People experiencing care expressed they had some positive relationships with staff members. Comments included, "I know most staff well, they are nice."

However, some people and their relatives shared concerns over staff engagement and responsive care. For example, "When I press my buzzer I need to wait a while. I know I am not the only one." "There needs to be more activities, I am bored a lot." and "When I visit my relative, I rarely see activities taking place and I find it hard to find staff when needed." This highlighted a risk to people's care needs being met and a negative impact from not experiencing meaningful connections.

The provider must make significant improvements to ensure people received a good standard of personal care. This specifically related to nail care, oral hygiene, respecting individuals choices and preferences. During the inspection, we observed inconsistent care practices. Some records showed long gaps, indicating that care had not been provided regularly or for extended periods. We were concerned that staff did not recognise when people required basic care. This posed risks to people's health and compromised their basic human rights. (See requirement 1)

People's continence needs were not being effectively assessed to ensure they received the right care at the right time. Assessments lacked up-to-date information about individuals' continence needs and how these would be supported. Observations of staff practice highlighted gaps in knowledge around promoting continence care and respecting people's choices. For example, individuals who were able to use the toilet or preferred to do so were not always encouraged or supported appropriately. To support improvements in continence assessment and related care the service must demonstrate that good practice such as the Care Inspectorate's Promoting Continence for People Living with Dementia and Long-Term Conditions is being followed. At times people did not have access to a call system so they could alert staff that they required help. Additionally, continence care plans did not clearly outline how to promote and maintain continence. As a result, people did not receive care that supports their dignity, independence, and personal preferences. (See requirement 2)

The service had a part time activity coordinator within the home. When the activity coordinator was not present, there was limited opportunity for people to be supported with activities and meaningful engagement. At the time of the inspection no activities took place. We observed people sitting in their rooms or lounges with little interaction throughout the day. To support addressing the lack of meaningful activity and social interactions, the service must make improvements that will support better outcomes for people that is reflective of good practice. For instance, reference the Care Inspectorate's Care about Physical Activity (CAPA)" Programme and Make Every Moment Count. People told us they had enjoyed going out local walks or to the shops, however this did not take place often. To benefit people's mental, social and physical health, opportunities for meaningful connections and engagement must be increased. (See requirement 3)

Medication recording systems and protocols for 'as required' medication were in place. Regular checks were being carried out including daily checks for controlled medication. Where people were supported to apply topical medication, there were at times no labels on creams or ointments detailing when they had been opened. The service took action to ensure all ointments are labelled with appropriate detail. This ensured people are supported with medications that are within their safe and effective timeframe.

There were systems in place to monitor people's food and fluid intake, and these were generally used well. People told us they enjoyed the meals provided. Also, that they appreciated having the option to request alternatives if they didn't like what was on the menu. Staff supported people to monitor their weight when needed, and this was done regularly. Referrals to health professionals were made when people's dietary needs changed. These actions helped ensure people's nutritional needs were met and supported their overall health and wellbeing.

Communication of people's nutritional needs to kitchen staff did not always take place. Kitchen staff did appear to know people well. However, they did not always have access to the most up to date dietary needs and preferences for people. In particular, for people who have recently moved into the home. This could place people at risk of not getting the right nutritional support. (See area for improvement 1)

## Requirements

1. By 29 October 2025, the provider must ensure that people consistently receive appropriate standards of personal care. This includes support with nail care, oral hygiene, and that any choices and preferences are respected. This is to ensure people's basic care needs are met in a way that protects their health, dignity, and human rights. To do this, the provider must, at a minimum:

- a) ensure personal care is delivered regularly and in line with each person's assessed needs and preferences
- b) maintain accurate and up-to-date care records that reflect the care provided
- c) ensure staff can identify when individuals require support with personal care and respond appropriately
- d) implement effective monitoring and management oversight to ensure care is not missed or delayed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) (Welfare of users) and Regulation 5(1) (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 (HSCS) which state that: 'I experience high quality care and support that is right for me' (HSCS 1.19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2. By 29 October 2025, the provider must ensure that people's continence needs are consistently assessed and supported. In order to ensure that people receive the right care at the right time, and that continence care is delivered in a person-centred and respectful manner. To do this, the provider must, at a minimum:

- a) ensure continence assessments are accurate, up to date, and reflect each person's current needs and preferences
- b) ensure continence care plans clearly outline how support will be provided, including how continence will be promoted
- c) ensure staff have the knowledge and skills to support continence care effectively and respectfully

- d) ensure individuals who are able or prefer to use toilet facilities are supported to do so at the right time
- e) ensure monitoring systems evidence continence care is delivered consistently and appropriately.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (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 (HSCS) which state that: 'I experience high quality care and support that is right for me.' (HSCS 1.19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

3. By 29 October 2025, the provider must ensure people benefit from meaningful activity and person-centred support. In order to meet their mental, social and physical needs. To do this, the provider must, at a minimum:

- a) develop a personalised programme of activities with each individual that is part of a person centred care plan
- b) account must be taken of the abilities, life histories and preferences of individuals
- c) increase opportunity for meaningful interaction in and out with group activities; including access to the community.

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 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning every day, both indoors and outdoors' (HSCS 1.25).

## Areas for improvement

1. To support people's health and wellbeing, kitchen staff should have access to the most up-to-date information about individuals' nutritional needs and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our leadership?

**3 - Adequate**

2.2. Quality assurance and improvement is led well.

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider used a quality assurance system, to support oversight of service delivery. This included a home-level audit outlining daily, monthly, and quarterly checks. This had been a positive development for the service. Through review some audit actions required further oversight. This would ensure they were addressed effectively and, where appropriate, incorporated into the service's improvement or environmental plans. Following through on actions will support positive outcomes for people. (See area for improvement 1)

We reviewed a range of audits, including a daily activities audit involving walkarounds by the registered manager or senior staff. These audits identified some positive observations and areas requiring action. However, not all relevant issues were consistently recorded, such as concerns about people's health needs, infection prevention and control (IPC) and the environment. Inconsistent recording may result in missed opportunities to address risks and improve the quality of care. (See area for improvement 1)

The registered manager continued to identify required actions through audits, and we saw some evidence of follow-up, such as information being shared during handovers. However, some audits lacked clear actions or outcomes, for example in relation to call alert response times from staff. Issues requiring organisational input, such as fire door maintenance, painting and decorating, and storage limitation remained unresolved or were not included in action plans. This may lead to delays in addressing safety and environmental concerns, potentially impacting people's wellbeing. (See area for improvement 1)

Root cause analysis was not yet embedded in the quality assurance system. We were advised that this was a work in progress, with support from the provider. Once implemented, this will enhance the service's ability to identify themes and trends and improve safety.

Handovers took place daily where important care needs of people were discussed. This resulted in appropriate actions being taken to support people's wellbeing. Flash meetings during the day took place however, not always daily often due to staffing pressures. These meetings between staff departments are important for maintaining oversight and ensuring people's health and wellbeing needs are met throughout the day.

The service had both a service improvement plan and an environmental plan in place. There was evidence of some improvement in actions being addressed. We discussed the importance of reviewing these plans to prioritise other outstanding actions that could reduce risk and improve outcomes for people. Particularly in relation to the environment, security, and fire safety. Delays in progressing improvement actions may affect the quality of the environment and people's overall experience of care. This is reported on further under KQ4 where a requirement has been made.

Surveys had been issued to people, relatives, and staff. However, the response rate was low. As no recent meetings had taken place, there had been no opportunity to explore why feedback was limited or how people preferred to share their views. Some staff and relatives told us they would welcome more communication and opportunities to be involved. The service should improve time spent observing people's experiences and the environment of the home. Limited engagement and observations may reduce the service's ability to understand people's experiences and make meaningful improvements. (See area for improvement 2)

Management oversight of the service requires improvement that includes a lessons learned approach from past weaknesses of which some resulted in enforcement. Whilst the required improvements as part of enforcement were met, we identified recurring concerns previously highlighted during earlier inspections of the service. For example, people experienced limited meaningful interaction, insufficient physical activity, and inconsistent support with nail care, oral hygiene, and timely assistance. There was little evidence that the leadership team had recognised these issues through their own quality assurance or regular presence in the service. People must have confidence that management can identify and address areas for improvement. This would help ensure people are safe and experience better outcomes from the care they receive. (See requirement 1)

## Requirements

1. By 29 October 2025, the provider must ensure that management oversight is effective in identifying and addressing areas for improvement in the service. To do this, the provider must, at a minimum:

- a) implement robust quality assurance systems that identify deficits in care, including meaningful activity, personal care, and staff interaction
- b) ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice
- c) take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned

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 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## Areas for improvement

1. To support effective quality assurance and continuous improvement, the provider should ensure that all relevant issues identified during audits are consistently and accurately recorded. This should include, but not be limited to, ensuring that actions and outcomes are clearly documented.

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).

2. To support meaningful involvement, the provider should improve how people experiencing care, relatives, and staff share their views and experiences. This should include exploring preferred ways to give feedback, increasing opportunities for engagement, and using observation to understand people's experiences and the home environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

3.1: Staff have been recruited well.

We sampled staff recruitment files and found that they were generally well presented and organised. A system was in place to support oversight of recruitment, although this could be improved by including the dates when each stage of the process was completed. In particular PVG (Protecting Vulnerable Groups (PVG)



scheme) and internal recruitment processes. This ensures the service demonstrate, transparent and timely decisions to keep people safe.

### 3.2 Staff have the right knowledge, competence and development to care for and support people.

There was a clear induction programme in place for new staff. However, we could not find records of probationary review meetings. While some staff had received letters confirming successful probation, there was no evidence of meetings to discuss learning needs or progress. This could limit opportunities to support staff development and identify learning needs at an early stage. These missed opportunities may result in staff not having the right knowledge or skills to provide consistent, person-centred care. This could lead to poorer outcomes or unmet needs for people experiencing care.

Staff completed an induction that included core training. A training matrix was in place, covering mandatory and additional training, with a monitoring system in place to identify refresher dates. Compliance with training was high. This supports staff to maintain essential knowledge and skills. However, we found evidence of staff being on shift without appropriate refresher training. This was further highlighted when staffing levels were reduced. This could increase the risk of injury to both staff and people receiving care.

Despite high training compliance, we observed practice that did not reflect best practice or the Health and Social Care Standards. This included areas such as personal care, continence care, record keeping, and infection prevention and control. This suggests that training is not always translating into high-quality care. The service had plans or had arranged additional training for staff in relation to continence care and promotion and nail care. Observation of staff practice was to be reviewed to develop the documents being used. Further observations of practice will support management in identifying and addressing any learning needs for the staff team. This will reduce risk for people and support staff in meeting people's health and wellbeing needs.

Supervision overview records indicated that most staff had received regular supervision. A sampled supervision record showed evidence of two-way discussion and reflection. However, several requested files were unavailable. This made it difficult to confirm that all staff were receiving regular support and oversight. There had been no recent team meetings or forums for staff to benefit from professional wellbeing support. It is important staff receive regular supervision and opportunity to attend team meetings to support wellbeing, learning needs, share ideas or any concerns. This risks not improving practice and could impact on the quality of care for people. (See area for improvement 1)

### 3.3: Staffing arrangements are right, and staff work well together.

A dependency tool was used to determine the number of staff and skills required to meet people's care needs. However, we found that assessed needs were not always accurate, and staffing levels frequently fell below what was required. This was seen both during the day and at night. We observed individuals waiting for help and several people sitting in isolation in their rooms. People and their relatives expressed concerns about not being able to find staff when needed and experiencing long waits for support. Many people reported feeling bored, and although staff were working hard, they were not consistently meeting people's overall needs. Other departments, such as housekeeping, were also understaffed during the inspection. To support improvement in staffing arrangements the service should reference The Care Inspectorate good practice guidance through the Safe staffing programme.

Staff were observed to be working hard and flexibly, often covering extra shifts. They told us they were committed to supporting people and carried out extra support shifts to do so. While this reflects strong staff commitment, it may not be sustainable and could lead to burnout. We were concerned about the provider's

contingency planning when staffing levels could become unsafe. While reassurances were given following the inspection, the lack of consistent effective staffing arrangements could have a direct impact on people's safety, wellbeing and quality of life. (See requirement 1)

## Requirements

1. By 29 October 2025, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times. To do this, the provider must, at a minimum:

- a) ensure there are sufficient staff on duty who are competent and who are meeting the physical and social support needs of people using the service
- b) ensure staff are deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences
- c) undertake a thorough evaluation of all the current needs of people who use the service and use the findings to ensure that there are sufficient staff on duty
- d) evidence that assessed staffing levels have considered the layout of the building, communal areas and include feedback from people, their representatives and staff

This is in order to comply with section 7(1)(a) & (b) and (2) 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: ' My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS3.16).

## How good is our setting?

### 3 - Adequate

#### 4.1 People experience high quality facilities.

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

There had been some improvement in the quality of furnishings in the home to support people's outcomes. New furniture had been purchased for communal areas and checks on furnishings showed improvements in quality. We observed some cleaning or replacement needs for furnishings during the inspection. While improvements had been made, consistent oversight and attention to detail will support comfort and hygiene needs for people.

People's bedrooms were mostly personalised which contributed positively to their sense of identity and comfort. However, a shortage of housekeeping staff at the time of our visit had a visible impact throughout the home. We observed some of the environment to be unclean, stained flooring in communal and bedroom areas and gaps in cleaning records. We were given reassurances of planned housekeeping staff numbers to meet the needs of people following the inspection. The service provided evidence to show sufficient housekeeping staff were on shift each day. The lack of consistent housekeeping could undermine the cleanliness and dignity of the environment, potentially affecting people's health and wellbeing.

The home had an environmental plan in place. Some areas of the home had been updated, but others required further improvement and should be included in the service's environmental plan. Hallway décor

remained incomplete, finding signage was limited, including signage on bedroom doors and lighting issues noted in areas of the home. Incomplete environmental upgrades can detract from the overall experience and safety of the setting, impacting people's comfort and orientation. (See requirement 1)

Maintenance within the home was not always being addressed timeously. Examples of this included: garden and external areas being overgrown or requiring repair, redecoration including flooring and lighting. This resulted in a lack of good living standards for people. (See requirement 1)

The provider had arrangements with external contractors for servicing equipment and systems, and a maintenance person was employed. Where repairs were logged the maintenance officer actioned these in a timely manner. However, not all repairs were logged. For example, a broken radiator and window restrictor. Gaps in maintenance logging and follow-up can lead to unresolved safety risks, affecting the reliability of the environment.

The dining room was equipped and provided a pleasant environment for meals. People told us they enjoyed the relaxed atmosphere, which contributed to a positive mealtime experience. While food options were visible, menus were not always accessible or easy to understand for everyone. A well-presented and welcoming dining space supports people's enjoyment and nutritional wellbeing. However, inaccessible menus may limit choice and autonomy, particularly for those with communication or cognitive needs.

Addressing Fire Service recommendations must be improved. Actions identified in the external contractor's fire risk assessment and Scottish Fire and Rescue Service had not been prioritised. It was not clear on the service's action plan the planned dates for completion considering priorities. Although the service did act on some issues during the inspection. Weekly fire alarm checks were taking place, and fire drills had been conducted. The service should ensure all staff have the opportunity to take part in fire drills. Delays in addressing fire safety recommendations and incomplete staff participation in drills increase the risk of harm in the event of an emergency. (See requirement 1)

When the service was registered on 8 October 2021 the provider agreed to a condition of registration related to the environment and setting. The provider is actively engaged with the Care Inspectorate on this current condition.

## Requirements

1. By 29 October 2025, the provider must ensure that the environment is consistently maintained to a standard that promotes safety, comfort, and wellbeing for people using the service. To do this, the provider must, at a minimum:

- a) complete outstanding environmental upgrades and ensuring they are reflected in the service's environmental improvement plan
- b) addressing maintenance issues promptly, including upkeep and repairs to internal and external areas
- c) improving wayfinding and bedroom signage to support orientation
- d) ensuring lighting is adequate and safe throughout the premises
- e) fire safety recommendations are planned and addressed promptly

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (b) (Facilities in Care Homes) 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: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment (HSCS 5.22).

## How well is our care and support planned?

### 3 - Adequate

5.1 Assessment and personal planning reflects people's outcomes and wishes.

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

People's outcomes were clearly noted in their care plans, with detail on the support required to achieve them. Outcomes noted people's goals and wishes in different aspects of their care, for example activities, stress and distress and health care. This supports person-centred care and helps staff understand how to deliver meaningful support aligned with people's goals.

Daily recording and monitoring had improved in some areas; however, gaps remained in key aspects such as oral care and activity records. Staff told us this was often due to limited time to complete documentation. Inconsistent recording may result in missed care needs and reduces the ability to evaluate whether people's support is being delivered as planned.

Stress and distress care plans included good detail on emotional support, potential triggers, and strategies to support this. However, this level of detail was not consistent across all plans. Incomplete stress and distress plans may limit staff's ability to respond effectively, increasing the risk of escalation or unmet emotional needs. (See area for improvement 1)

There were some good examples of personalised strategies which helped reduce stress and distress or promote independence. However, other plans could be more detailed. For example, activity preferences were not always specific, and some detail was inconsistent throughout the plan. Without clear, personalised strategies, staff may not be able to support people in ways that promote independence, choice, and emotional wellbeing. (See area for improvement 1)

Most people had a future care plan in place, which reflected thoughtful preparation and respect for individual preferences. The service was planning with newer residents their future care preferences. This ensures people's future wishes are respected and followed where appropriate.

The service held information on legal agreements for people, and documentation was clearly recorded and stored within their personal plans. This ensured staff were aware of any legal arrangements in place. This supports safe and lawful care delivery, particularly in relation to decision-making and consent.

## Areas for improvement

1. The provider should ensure that all personal plans contain clear, individualised strategies that reflect each person's needs, preferences, and routines. This includes consistent detail on how to support people during episodes of stress or distress, and how to promote independence in daily life.

This is to ensure that care and support is consistent with 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).

## 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

To support people's health and wellbeing, the provider should ensure people benefit from meaningful activity and person-centred support. This should include but is not limited to an increased opportunity for outings from the home and meaningful interaction and physical activity out with group activities.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

**This area for improvement was made on 25 March 2025.**

#### Action taken since then

Some people told us about enjoying walks and going to the local shops. However, this did not take place regularly. The service had been unable to fulfill their plans of sourcing accessible travel for people to go on outings. We observed an activity board which noted a limited number of activities planned for the previous week. During the inspection visit the activity staff member was not working and therefore no activities took place.

People and their relatives told us activities were inconsistent and there was not enough to take part in while living in the home. This included group activities, physical exercise and meaningful interaction or activities where a person's preference was not to take part in groups.

This area for improvement has not been met and has now been made a requirement under KQ1.

### 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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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