

Balhousie Dalnaglar Care Home Service

Comrie Road
Crieff
PH7 4BJ

Telephone: 01764 655 231

Type of inspection:
Unannounced

Completed on:
12 May 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272004

About the service

Balhousie Dalnaglar is a care home for older people situated in a residential area of Crieff, close to local transport links, shops and community services. The service provides nursing and residential care for up to 40 people.

The service provides accommodation over two floors in single bedrooms, each with en-suite facilities. There are two sitting rooms, two dining rooms and one conservatory. There is access to a small, secure, well-tended garden area.

About the inspection

This was an unannounced inspection which took place on 1, 3, 5 and 6 May 2025. This inspection was carried out by three inspectors from the Care Inspectorate. Initially, this inspection commenced as a follow-up inspection, however based on our findings and serious concerns about people's health, safety and wellbeing, this was changed to a full inspection. During the inspection, we issued a Letter of Serious Concern to the service requesting urgent improvements and this was met during the inspection. However, based on the range of serious concerns and risks to people living in the service that we identified during the inspection, we applied for an Emergency Cancellation of the registration of this service.

Due to the level of concern, this inspection continued through ongoing monitoring visits to the service on 17, 21, 25 and 29 May and 1, 3, 10 and 18 June 2025. These were completed by a rotating team of five inspectors, however only two inspectors visited the service on any one date. During the monitoring visits, we identified that the management team had acted in the service to improve people's experiences, however, we remained concerned about standards of care in a number of areas.

Key messages

- Inadequate staffing levels and competing demands led to people's basic care needs being neglected.
- Aspects of care and support demonstrated major weaknesses which placed people at serious and intolerable levels of risk to their health, wellbeing and safety.
- People were not always treated by staff with compassion, dignity and respect.
- People's poor outcomes and experiences were not being identified, nor evaluated by the leadership team.
- The service had made and sustained improvements to the laundry which reduced the risk of infection transmission for people.
- Some care plans and risk assessments contained conflicting, inaccurate or out-of-date information.
- During the inspection, we issued a Letter of Serious Concern to the service requesting urgent improvements which the service complied with and met.
- Based on the range of serious concerns we identified, we applied for an Emergency Cancellation of the registration of this service but due to some improvements made by the service, this application was subsequently withdrawn.

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?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. During the inspection and subsequent monitoring visits, we identified a significant number of concerns about people's health and wellbeing. Aspects of care and support demonstrated major weaknesses which placed people at serious levels of risk to their health, wellbeing and safety. These risks could not be tolerated, and immediate action was required by the service to reduce some of the risks. We also used our Enforcement Powers to apply for an Emergency Cancellation Order under Section 65 of the Public Services Reform (Scotland) Act 2010.

Throughout our inspection, we observed a high number of interactions between people who live in Balhousie Dalnaglar and staff. Some of these interactions were kind and caring, but unfortunately this was not consistent for everybody. We observed, and witnessed, vulnerable older people's needs being dismissed, people being told to wait for their care to be delivered and also some abrupt responses from staff, in response to being asked a question. We saw limited evidence of staff meaningfully interacting with people. When we spoke with staff, they confirmed that they struggled to find time to give people enough attention as there were not enough staff to meet people's needs. We were also concerned that people were not being treated with respect and their requests were being ignored or dismissed.

During the inspection, we identified a range of poor practices in relation to person-centred care. This included a written direction from the management team within the service instructing staff to start getting people up and ready before the day shift started. This meant that vulnerable older people were not given a choice about when they wanted to get up in the morning and did not experience compassionate, person-centred care.

Care and support was observed to be task orientated and was based on what suited the staff team rather than being tailored to people's individual needs and preferences. Staff were observed to be very busy throughout the day and often missed that people needed assistance. This meant that people routinely had to wait for extended periods of time for help including for continence care, assistance to eat and drink or needing reassurance. Due to this, people's individual needs and wishes were being disregarded. This institutionalised model of care delivery compromised vulnerable people's dignity and negatively impacted their health and wellbeing outcomes.

The care and support we observed and heard about did not reflect that people were consistently experiencing compassion, dignity and respect. On our first evening of inspection, we quickly became aware that some people living in Balhousie Dalnaglar did not all have the means to call for assistance, such as call bells/alarms or sensor mats. These are crucial for vulnerable older people who may not be able to communicate that they are unwell, have fallen, or require assistance throughout the day and night. Although a few people did have the means to call for assistance, we were extremely concerned about those vulnerable individuals who lived with a range of impairments neither had the means or ability to summon assistance which could leave them at risk of harm for prolonged periods.

Some people had care plans that identified they needed regular checks to ensure their safety and wellbeing. We found evidence that these checks were not consistently carried out. This placed the person at risk of harm should they have had an accident or needed assistance. We reported these concerns to the leadership team in the service that night requesting that this was addressed as a matter of priority. We were concerned that an appropriate response to rectify the situation was not immediately actioned to ensure people were safe.

On our return to the service the following day, we had noted some improvements to this situation. However, throughout our monitoring of the service, we continued to observe and raise concerns about those vulnerable individuals who repeatedly requested help and were either not being heard, or their needs were dismissed. This left us with significant concerns about people needing help and being neglected by the staff team. We made a requirement relating to this in our previous inspection in March 2025, which has not been met so this requirement will be extended.

Throughout the inspection, we were monitoring if people had access to sufficient fluids to help them keep hydrated and feeling well. We saw that some people had drinks and water in their bedrooms, however these were often out of their reach and not accessible for them if they wished to have a drink leaving them at risk of dehydration.

At the time of inspection only two people in the service had been identified as 'on fluid watch' with identified fluid targets to ensure they were drinking enough throughout the day. Records showed that these people were not consistently offered drinks to meet their fluid target. This concerned us greatly because not having enough to drink/lack of fluids puts people at risk of dehydration and associated health conditions such as delirium, infections, renal issues and delayed wound healing.

We were also concerned as some of our visits took place during a period of extremely hot weather and we noted the temperature readings within the building exceeded 28 degrees Celsius and in one bedroom, the temperature reading was 33 degrees Celsius. This hot living environment and the lack of drinks available had the potential to cause serious health issues for the vulnerable older people living at the service. Fans were subsequently purchased following our communication with senior managers and problems with heating in the building were also identified and addressed to reduce temperatures.

We identified a range of concerns about the standards of palliative and end of life care within the service. Throughout discussions with senior members of staff, we concluded that there was inconsistent knowledge and understanding about palliative and end of life care which meant people were not receiving the right end of life care for them.

When sampling records, we raised concerns about people's medications and end of life care experiences. Due to the uncertainty amongst the staff team about who was requiring palliative and/or end of life care, there was a risk that people experienced poor symptom control and pain management, and if required, external professional input would not be sought in a timely manner.

There were further risks that people's needs and wishes were not respected at end of life causing them to experience potentially avoidable feelings of fear, anxiety and distress that are not alleviated by appropriate medications, care and support. This meant that people's end of life care needs were compromised as it was not being provided in line with guidance and expected standards of compassionate support (see requirement 1).

We also found concerns related to standards of care to support people in maintaining good skin integrity. We identified a number of people who should have been supported with frequent repositioning to alleviate skin pressure. We found evidence that this was not taking place in accordance with their care plans or external health professionals' recommendations. This put people at increased risk of discomfort, skin breakdown and pressure ulcers. For people with identified wounds, the service had noted concerns with wound management, but we did not see evidence to suggest these concerns had been addressed. This put people at risk of further wound deterioration, increased infection risk and increased risk of pain and discomfort.

We were not assured that people who required ongoing monitoring of health conditions were having this carried out consistently. For example, the service had identified through an audit one resident should have been referred to an external health professional due to their health condition. We identified during the inspection that the referral had not been made, and the resident was still waiting for the required specialist health input identified. This was further evidence that people's health, wellbeing and safety needs were not being addressed effectively at the home leaving them at continued risk of harm.

Our inspection has revealed a broad range of significant and serious concerns where people's basic care needs were consistently not being met. We remained seriously concerned about people's experiences within Balhousie Dalnaglar. People's needs were being neglected and as a result their health and wellbeing was significantly compromised. We were not confident that people who live in this service were safe.

Requirements

1. By 18 August 2025, the provider must ensure service users experience compassionate palliative and end-of-life care that meets their health, safety and wellbeing needs.

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

- a) ensure that people who need palliative and end-of-life care have accurate care plans which detail how their care needs and wishes including physical, spiritual and psychological needs are to be met
- b) ensure all staff are familiar with and implement people's palliative and end-of-life care plans
- c) ensure all staff can identify and respond to any change in a person's physical and/or emotional presentation including, but not limited to, any sign that a person is experiencing pain, discomfort and/or distress.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 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: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

1 - Unsatisfactory

We have evaluated this key question as unsatisfactory. We identified a significant range of concerns which have been detailed under key question 1 - How well do we support people's wellbeing? and key question 4 - How good is our setting? Management oversight of practice and quality assurance within the service was not implemented effectively to make improvements and provide safeguards where required.

During the inspection, when we identified concerning issues, we shared them with the leadership team and requested that they took prompt action to address them, especially when people's health and wellbeing was being compromised. However, our experience was that the leadership team did not always acknowledge our concerns or agree to address the issues we had raised. We had to seek assurances on several occasions about the same matters and found that the leadership team repeatedly failed to recognise or action concerns raised about people's safety. As a result, we continued to find that areas of concern we had raised with the leadership team persisted throughout the inspection (see requirement 1).

The leadership team had quality assurance processes in place to monitor the service however these were not used effectively to monitor and oversee the service. As a result of this, people's poor outcomes and experiences were not being identified, nor evaluated by the leadership team. The impact of this was that risks which affected people's health and wellbeing were not being addressed. This put people living in Balhousie Dalnaglar at risk of harm with their day-to-day experiences being poor.

Some staff we spoke to told us that they felt supported by the management team, however others reported that they did not. We spoke to staff who told us they lacked confidence in the leadership at the service and discussed feeling the management team had unrealistic expectations about how much they could do and felt under pressure and not being able to do everything they needed to.

Some staff felt that the "management were constrained" in their ability to make decisions about the service and this meant they could not implement the changes that were needed to improve the service. Some staff told us that there had been a lack of clear direction from the leadership team and that when they raised issues, these were not always addressed by their managers.

If staff do not have confidence in their leaders and do not feel secure and supported at work, this can result in a poor culture of care within the service, which impacts negatively on the experiences of people living there.

During the inspection, we identified a number of accidents and incidents which had not been reported correctly, both internally and externally. This indicated a lack of effective systems, auditing and transparency. This is extremely concerning as it means vulnerable older people may be left at continued risk of harm.

Overall, we were not confident that the leadership team would make or sustain the level of improvement needed to provide a good enough standard of care for the people living at the service.

Requirements

1. By 18 August 2025, the provider must ensure there is effective management oversight in place to monitor and safeguard people's health and wellbeing needs and to ensure that they experience positive outcomes.

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

a) ensure there is effective management and leadership oversight of the service.

This is to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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).

How good is our staff team?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found major weaknesses in critical aspects of performance which seriously and negatively impacted on people's experiences and outcomes.

During the inspection, we found staff were extremely busy and trying to support people who lived in the service. However, as highlighted in key question 1 - How well do we support people's wellbeing?, the competing priorities overall impacted on their ability to meet people's individual needs and wishes. This meant that people's basic care needs often went unmet.

A dependency tool was in place and was being used to calculate how much support people needed and to inform how many staff were needed to meet their needs. Since our last inspection, a staffing review had also taken place to consider roles undertaken by the staff team. However, during this inspection, we were concerned that staffing levels were insufficient to meet the needs of the people who lived in Balhousie Dalnaglar.

We identified people waiting for prolonged periods of time for support and raised concerns about staff knowledge and competency, for example in response to safely managing falls care. Relatives and staff members consistently told us that staffing levels were insufficient, and that people had to wait for their care to be delivered or staff had to choose who to attend to. Staff members told us that mornings were a particularly challenging time for them to get everything done noting that these times were "chaotic" and "rushed." This was concerning as the vulnerable older people who were living with impairments and health concerns including dementia needed to be supported in a more supportive and appropriate manner.

We reported concerns about staffing levels and the skill mix of staff to the leadership team during the inspection requesting that action was taken to address this. However, no further review was undertaken based on these concerns during the inspection. As a result, we remained concerned that there were not enough staff, with the right skills and knowledge, to effectively meet the needs of the people who lived in Balhousie Dalnaglar. We made a requirement about this on 21 March 2025 and have extended this.

We identified a range of concerns in relation to staff wellbeing and how well they were supported at the service. Our concerns included: lack of supervision, lack of consistent leadership during shifts, lack of management presence, limited access to training which would support continued development and lack of effective shift planning to enable staff to have rest periods. This left us with concerns about staff practice being safe, checked by leaders and development needs being addressed to ensure people received safe and effective care.

How good is our setting?

2 - Weak

We evaluated this key question as weak where identified strengths were outweighed and compromised by significant weaknesses which substantially affected people's experiences or outcomes.

Overall, the service was clean and people were able to move around freely. The service had made and sustained improvements to the laundry which reduced the risk of infection transmission for people. Some areas of the home were requiring improvement and upgrade. For example, we identified loose radiator covers with sharp edges which in the event of an accident, such as a fall, could injure somebody.

At the beginning of our inspection, we were concerned that people had access to items that had the potential to cause harm to them. These included access to an open sharps box containing used needles, access to cleaning materials, medications and an unlocked kitchen where there were knives and scissors. We reported these concerns to the leadership team over a few days requesting that they were addressed as a priority.

On 5 May 2025, we found that people continued to have access to these items. We issued a Letter of Serious Concern in relation to this with a set timescale of 6 May 2025. The improvements required within the letter had been met in that all communal areas within the home had been secured and people had reduced access to potentially dangerous items by 6 May 2025. However, we were concerned by the limited approach taken by the service in meeting this requirement without considering where else the requirements would be relevant such as people's bedrooms.

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak where identified strengths were outweighed and compromised by significant weaknesses and these significantly affected people's experiences or outcomes.

We identified that some care plans and risk assessments contained conflicting, inaccurate or out-of-date information. Examples of this included how often individuals should be supported with repositioning support or whether they were able to use a nurse call alarm as detailed in key question 1 - How well do we support people's wellbeing? Because some care plans contained conflicting or inaccurate information, there was a risk that this could lead to confusion for staff about how to support people. There was therefore an overall risk that people who used the service may be supported incorrectly (see requirement 1).

Additionally, staff told us that they did not have sufficient time in their working day to thoroughly read and understand care plans. It is pertinent that these documents contain relevant information, however, they must also be used by staff appropriately to inform the care and support they deliver. Where people's needs and wishes change, care plans and risk assessments need to be updated to reflect the person's current situation.

We found that future care plans which are used to highlight essential information about people's end of life care wishes, were lacking sufficient detail about their wishes. It is important that there is a holistic, compassionate and co-ordinated approach to developing and implementing future care plans to ensure they are reflective of people's needs and wishes.

Throughout the course of inspection, where people's conditions deteriorated, care plans and risk assessments were not updated. This meant that people were at risk of receiving unsatisfactory care and support at the end of their life.

Overall, we were not assured that care plans and risk assessments consistently contained the correct information, and where they did, we did not see the information in these consistently informing or being reflected in staff practice.

Requirements

1. By 18 August 2025, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records.

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

- a) ensure care plans accurately and consistently reflect the current health and care needs of the person
- b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c) ensure care plans and reviews are reviewed as people's needs change and in line with legislative requirements
- d) ensure staff are familiar with and actively use people's care plans and risk assessments to inform the support they deliver.

This is to comply with Regulation 4(1)(a) and Regulation 5(2)(b)(ii) 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: 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Requirements

Requirement 1

By 18 April 2025, the provider must have developed and implemented a plan of how they ensure adequate staff are on duty to care for and support people in a person-centred and responsive manner.

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

- a) there are sufficient staff on every shift to ensure that people's basic health, safety and wellbeing needs are met
- b) staff are deployed appropriately to ensure that service users receive assistance with their care needs at the time they need it.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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 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 requirement was made on 21 March 2025.

Action taken on previous requirement

Please see detail in the report under How well do we support people's wellbeing?

This requirement has not been met and will be extended until 18 August 2025.

Not met

Requirement 2

By 06 June 2025, the provider must keep people safe from harm by managing the administration of medication safely.

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

- a) ensure that at all times, there is adequate stock of people's prescribed medications

b) put in place and effectively implement a system to audit people's medication records to provide assurance that people are having their prescribed medication administered in accordance with their individual needs

c) ensure that monitoring arrangements identify any errors in administration or recording of a service user's medication and appropriate actions are taken.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

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

This requirement was made on 21 March 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection and will be extended until 18 August 2025.

Not assessed at this inspection

Requirement 3

By 06 June 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes.

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

a) implement audits which enable the quality of the service to be monitored, and which identify areas for improvement

b) ensure any identified areas for improvement are addressed without delay

c) ensure there is always appropriate and effective leadership of the service.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 21 March 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection and will be extended until 18 August 2025.

Not assessed at this inspection**Requirement 4**

By 06 June 2025, the provider must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet service users' health, safety, and wellbeing needs.

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

- a) gather accurate information about service users' needs and use this to inform how many staff are required on each shift and on each unit during the day and night, to ensure people's needs are met
- b) roster and deploy staff in accordance with your assessment
- c) demonstrate that you effectively anticipate and respond to changes in service users' needs or significant events in the care home and amend staff numbers accordingly when required.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with 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 confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This requirement was made on 21 March 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection and will be extended until 18 August 2025.

Not assessed at this inspection**Requirement 5**

By 6 June 2025, the provider must ensure there is a robust system in place to monitor people's health and well-being.

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

- a) ensure that people's health and well-being needs are reviewed as required, at least on a six-monthly basis
- b) ensure and record that people and/or their representatives are involved in their care reviews.

This is to comply with Regulation 5(1) and 2(c) 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 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 developing and reviewing my personal plan which is always available to me'. (HSCS 2.17)

This requirement was made on 21 March 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection and will be extended until 18 August 2025.

Not assessed at this inspection

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

This area for improvement was made following a complaint investigation.

In order to ensure the health, wellbeing and safety of people experiencing care, the manager should ensure that any broken or faulty equipment is either promptly repaired or replaced.

This is to ensure care and support is consistent with Health and Social Care Standard 5.18: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'.

This area for improvement was made on 13 August 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

This area for improvement was made following a complaint investigation.

In order to support good outcomes for people experiencing care, the manager should ensure that all unexplained injuries and bruising are noted and acted upon, in line with the provider's policies and procedures.

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 13 August 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 3

This area for improvement was made following a complaint investigation.

In order to support people's health, wellbeing and quality of life, the manager should ensure that people's interests, choices and preferences for how they like to spend their time is properly recorded, shared with staff and planned for. People should be supported to engage in the activities and interest of their choice, both within and out with the care home.

This is to ensure care and support is consistent with Health and Social Care Standard 2.22: 'I can maintain and develop my interests, activities and what matters to me in the way that I like'

This area for improvement was made on 13 August 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

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?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.3 People's health and wellbeing benefits from their care and support	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory
2.4 Staff are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.3 Staffing arrangements are right and staff work well together	1 - Unsatisfactory

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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