

Ardencraig Care Home Care Home Service

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Castlemilk
Glasgow
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Type of inspection:
Unannounced

Completed on:
12 August 2025

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003015202

About the service

Ardencraig Care Home is registered with the Care Inspectorate to provide a care service to a maximum of 16 older people in the Dee unit and 74 adults with physical disabilities and mental health issues in the Tweed and Hampson units. The new provider is Enhance Healthcare Limited.

The service operates from a purpose-built two storey building. The ground floor is made up of two units; one where care is provided to older people and the other for people who may have a diagnosis of alcohol-related brain damage (ARBD) or acquired brain injuries. The upper floor of the home operates as one large unit, where support is provided to people with ARBD.

The home is situated off a main road in the Castlemilk area of Glasgow and is nearby to shops, transport links and other public amenities. Accommodation includes single ensuite bedrooms, communal lounge and dining rooms. There are patio areas located at the rear of the property and an inner garden courtyard.

At the time of the inspection 82 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 August 2025. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and five of their families
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents including personal plans, quality assurance documents and meeting minutes.

Prior to the inspection we distributed questionnaires and received feedback from 13 staff and 11 people using the service.

Key messages

- The new provider was progressing through an environmental improvement plan.
- The staff team were committed and knew people well.
- More time was needed to embed new quality assurance processes.
- Electronic personal planning supported management oversight.
- The service would review the aims and objectives of the home to reflect the diverse range of client needs.
- Staff deployment and training should be reviewed to reflect current best practice.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

People living in the home and their families gave mostly positive feedback. They said that all staff, including domestic and catering teams, were friendly and worked hard to make the home feel safe and comfortable.

There was a sense of optimism about the recent change in manager and provider. People also spoke positively about the improvements being made to the environment.

Families felt confident that their loved ones were being cared for by staff they knew and trusted, which gave them reassurance that everyday needs were being met.

Staff were caring and committed. They responded well to changes in people's health and wellbeing, raising concerns with nursing staff or external professionals when needed and following advice. This helped people stay well. Two previous areas for improvement in this area have now been met.

The manager planned to review how smoking was supported in the home. Helping people to reduce or stop smoking is part of supporting better health. The manager aimed to work with individuals, staff and health professionals to find motivating strategies and better ways to manage smoking.

People were getting the right medication at the right time, but the process could be more tailored to each person. The manager planned to improve how 'as required' medication was recorded, to ensure it followed best practice and showed clear benefits for people who need it. A previous area for improvement has been repeated to support this change (see area for improvement 1). Helping people manage their own medication, where appropriate, would support independence. The manager agreed to develop a more personalised approach to medication administration.

People in the home had a wide range of needs, abilities and preferences. The provider was encouraged to review the service's aims and objectives to fully reflect people's strengths and potential to live more independently. This should include best practice guidance and rehabilitation pathways for people with conditions such as alcohol-related brain damage (ARBD) and acquired brain injury (ABI). There were early plans to create two communal areas to support independent living skills such as cooking, menu planning and laundry. Moving this forward should follow best practice and consider how people might progress to more independent living. A previous area for improvement has been repeated to support this (see area for improvement 2).

People should be able to enjoy meals in a calm and pleasant setting. While some mealtime experiences were positive, some could be improved. The manager was reviewing how meals were experienced across the home to make sure everyone felt comfortable and enjoyed the food offered. People with specialist dietary needs were well supported and catering staff prepared meals based on nutritional guidance and personal preferences, which helped maintain people's health. A previous area for improvement in this area has been met.

Maintaining meaningful relationships is vital for people's wellbeing. Staff supported people to stay

connected with those who matter to them. Families confirmed they could visit freely, and some were involved in aspects of care, such as helping during mealtimes. This flexible approach helped strengthen relationships and contributed positively to people's emotional health.

Two wellbeing coordinators worked with care staff to deliver a range of activities, both within the home and in the community. These included things like armchair aerobics and walking football, which helped promote physical and social wellbeing. However, not everyone had regular access to meaningful activities. The manager was reviewing the activity programme as part of a wider evaluation of the service. A previously identified area for improvement has been repeated to support progress in this area (see area for improvement 3).

Areas for improvement

1. To ensure that people with stress and distress are well supported, the manager should ensure that clear and relevant records are kept in relation to:

- a) strategies or interventions used prior to 'as required' medication being administered
- b) reasons for giving 'as required' medication
- c) outcomes and effectiveness following medication administration.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS1.24).

2. In order to ensure that people living in the home are helped to realise what is meant by a high-quality environment, in relation to good practice and smaller group living, the provider and manager should continue to implement and develop the improvement plan.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

3. To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage, with people, effectively.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

'I 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

A new provider and management team had recently taken over, and this change was welcomed by staff, families, and residents. People described the new approach as "refreshing and optimistic." Everyone we spoke to appreciated the manager's open and accessible style and were pleased to see improvements being made to the environment. This helped people feel that the home was valued.

A self evaluation of care and support, and other key service areas had taken place and initial improvement planning was underway. Improving the physical environment was a clear priority and showed the provider's commitment to making positive changes.

The manager also planned to introduce organisational quality assurance tools to improve oversight and support ongoing improvements. These tools would take account of personal plan reviews, accidents and incidents, infection prevention and control (IPC), and people's wellbeing and presentation monitoring. This would help identify issues and allow action plans to be put in place, supporting people to stay well.

It's important that improvement planning reflects the views of people living in the home. Future plans should include feedback from residents, families, staff and other key stakeholders. The manager intends to build on current opportunities by developing relatives' forums, reintroducing the electronic feedback portal and creating additional ways for residents to share ideas and suggestions. These steps will help ensure people feel included and that their voices are heard.

Part of a previous requirement has been repeated to support progress in this area. (See requirement).

Requirements

1. By 8 December 2025, the provider must implement quality assurance systems to ensure positive outcomes for people and support continuous improvement. To do this the provider must::

- a) implement a management oversight process which takes account of all key areas of service delivery. These should include, but are not limited to, personal planning and the environment
- b) implement regular monitoring and auditing of the setting, to demonstrate that appropriate maintenance and IPC standards are being achieved
- c) produce an effective service improvement plan that is informed by audit findings and service user's feedback and experiences and which evidences improved outcomes for people.

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

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

'I use a service and organisation that are well led and managed' (HSCS 4.23);

'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); and

'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?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Staffing levels were based on regular assessments of people's clinical and support needs. We found there were enough care and senior staff to meet day-to-day needs. Regular agency nurses provided clinical support, and recruitment efforts were underway to hire permanent staff. This helped ensure consistency in care. Staff interactions with residents were warm and caring, and people benefited from positive relationships, which made the home a pleasant place to live.

Staff said the new manager was approachable and available when needed. This helped build a positive working relationship between staff and management, and staff morale was good.

People should feel confident in the staff who support them. Training records showed staff were up to date with required learning, delivered through a mix of face-to-face and online sessions. New staff had received an induction that covered key training areas and gave them protected time to settle into their roles.

Staff worked across different units in the home, supporting people with conditions such as Alcohol-Related Brain Damage (ARBD), Acquired Brain Injury (ABI), and frailty. To better support recovery-focused care, staff training should include opportunities to build specialist knowledge and align with best practice. This would help maximise people's potential. (See area for improvement).

Staff supervisions and some team meetings had taken place. It's important that staff have regular opportunities to discuss their practice, training and support needs with managers. However, the quality of information recorded during supervisions and meetings varied. We asked the service to improve how these sessions are documented. Including feedback from residents in the supervision process would also help improve the quality of people's experiences.

Areas for improvement

1. The provider should evaluate the service learning and training programme to ensure there are opportunities for staff to develop skills and knowledge according to best practice. This is to ensure the service can meet the current and future needs of all people living within the home.

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Major refurbishment work was underway, and people were excited about having a nicer place to live. Plans included upgrading all bedrooms and ensembles, which would give residents more pleasant and comfortable personal spaces. Communal areas were also being improved to enhance dining experiences, provide relaxing spaces for activities, and create private areas for family visits. Garden areas were being landscaped to offer more enjoyable outdoor spaces.

We asked the manager to make sure that all refurbishments followed best practice and took into account the specific needs and preferences of the diverse group of people living in the home. This should be part of the wider review of the service's aims and objectives, which will help guide future improvements.

Domestic and maintenance staff worked hard to keep the home clean and well maintained. An external environmental lead had been brought in to make sure all procedures followed best practice, especially around infection prevention and control (IPC). Housekeeping staff appreciated this extra support and felt it recognised the importance of their work.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

People should expect their personal plans to reflect their needs, wishes, and choices. Electronic personal plans had been reviewed and included a range of assessments and support plans to help promote health and manage risks. This gave the manager a good overview of daily support and helped identify issues early so action could be taken to keep people well.

However, the format and content of the plans were quite generic across different units. They didn't always reflect the complexity of individual needs, and there was limited reference to personal goals or outcomes especially for people with conditions like Alcohol-Related Brain Damage (ARBD) or Acquired Brain Injury (ABI). This reduced opportunities for people to have more tailored and meaningful experiences.

Plans should be reviewed regularly with individuals, families and professionals, to make sure they reflect current needs and goals. Recovery tools and support plans should clearly show progress toward agreed outcomes, such as developing independent living skills, and outline how these goals will be achieved. Staff should feel confident using these tools and be supported to build the skills needed for effective support planning.

Two previous areas for improvement have been combined to support the improvements needed. (See area for improvement).

We also found missed opportunities in daily recordings, which made it hard to evaluate the day-to-day care people received. Daily handovers and records could be improved to support better communication between staff about people's needs. The manager plans to review these processes.

Areas for improvement

1. To ensure that personal plans support good outcomes for people, the provider and manager should ensure that:

- a) each person has a plan that is reflective of them as an individual
- b) evaluations are regularly and appropriately recorded
- c) reviews are used to reflect on people's outcomes and that action points are recorded to support follow up. Reviews should take place at least every six months or in response to need
- d) all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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); 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 25 May 2025, the provider must ensure that people live in a well maintained and clean home, and that good infection prevention and control (IPC) is practiced within the home. To do this, the provider must at a minimum:

- a) carry out a full environmental audit which reflects a plan of refurbishment and completion of priority areas
- b) ensure that all ongoing maintenance and safety checks are fully completed and any corrective action taken
- c) ensure that all staff take responsibility for maintaining cleanliness and practicing current IPC guidance
- d) carry out regular monitoring and auditing of the setting, to demonstrate that appropriate maintenance and IPC standards are being achieved.

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:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 27 February 2025.

Action taken on previous requirement

A full environmental audit had been carried out by the new provider, and major refurbishment was underway. These changes were helping to create a more pleasant and comfortable place to live. Maintenance checks were in place and would be included in the new quality assurance system, using appropriate tools to help keep people safe.

The home was clean and tidy, and domestic staff followed agreed cleaning schedules. An infection prevention and control (IPC) lead from the organisation had visited and provided extra support to the domestic and maintenance teams. This improved practice and ensured the home was following current IPC guidance.

The provider also planned to introduce enhanced monitoring of all environmental practices, including cleaning and maintenance, to make sure high standards are consistently met.

This requirement has been met, but a further requirement will include the need for regular monitoring to continue and will be reviewed at the next inspection. This will help keep people safe by maintaining a clean and well-kept home. (See requirement within Key Question 2.2).

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

To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage, with people, effectively.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and
'I 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 27 February 2025.

Action taken since then

The service had developed an improved activity programme, delivered by dedicated activity coordinators and care staff. This gave people opportunities to take part in activities within the home, such as crafts, entertainment and watching films. Staff also supported some individuals to access community resources like armchair aerobics and walking football. These activities helped people stay active and feel part of their community in a fun and engaging way.

However, not everyone had access to these opportunities. This area for improvement has been repeated under Key Question 1.3 to support progress in making activities more inclusive and accessible for all residents.

Previous area for improvement 2

To ensure that people receive the care and support that is right for them, the manager should ensure that any communication from health professionals is shared with staff and that staff have the relevant knowledge and competency to implement their advice.

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 is consistent and stable because people work together well' (HSCS 3.19); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 27 February 2025.

Action taken since then

Daily handovers were used effectively to share concerns about people's health and wellbeing. Senior staff made sure appropriate action was taken, such as increasing monitoring or contacting external professionals when needed. This helped ensure people received timely and appropriate clinical support.

Support plans and records showed that care staff followed advice from professionals, which led to people receiving the right care and achieving good outcomes.

This area for improvement has been met.

Previous area for improvement 3

To ensure that people experience a service which is well led and managed, and which results in improved outcomes for them, the manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) an effective improvement plan is implemented to address any areas identified
- c) feedback from people who use, work within and visit the service informs the identified improvements
- d) the achieved outcomes and benefits, for people living in the home, are evident.

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 area for improvement was made on 27 February 2025.

Action taken since then

The new provider planned to introduce its own organisational procedures and tools to monitor the quality of all aspects of service delivery. This would help ensure that standards remain consistent across the home.

This area for improvement has been incorporated into a requirement within key question 2.2.

Previous area for improvement 4

In order to ensure that people living in the home are helped to realise what is meant by a high-quality environment, in relation to good practice and smaller group living, the provider and manager should continue to implement and develop the improvement plan.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7); and
'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18)

This area for improvement was made on 27 February 2025.

Action taken since then

The new provider plans to review the home's aims and objectives to make sure they reflect the wide range of needs and preferences of the people living there. As part of this, they will consider whether a smaller group living model could be introduced, where appropriate, to help promote greater independence.

This area for improvement has been repeated under Key Question 1.3 to support the review and encourage progress.

Previous area for improvement 5

To ensure that personal plans support good outcomes for people, the provider and manager should ensure that:

- a) each person has a plan that is reflective of them as an individual
- b) evaluations are regularly and appropriately recorded
- c) reviews are used to reflect on people's outcomes and that action points are recorded to support follow up
- d) all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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); and
'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 27 February 2025.

Action taken since then

Electronic support planning had been introduced, and staff were becoming more confident in using the system. However, further work is needed to ensure that support plans, daily notes and handover processes fully reflect the complex and varied needs of each person, and how best to support them based on their assessed needs and preferences.

Although formal reviews had taken place, not all residents had been reviewed within best practice

timescales. A new area for improvement has been added within Key Question 5 to reflect the need for progress in this area.

This area for improvement has been met.

Previous area for improvement 6

To ensure that people with stress and distress are well supported, the manager should ensure that clear and relevant records are kept in relation to:

- a) strategies or interventions used prior to 'as required' medication being administered
- b) reasons for giving 'as required' medication
- c) outcomes and effectiveness following medication administration.

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

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

This area for improvement was made on 27 February 2025.

Action taken since then

The service had developed individual support plans to help staff respond to people experiencing stress or distress. These plans helped reduce the need for 'as required' medication, as staff were better equipped to use alternative strategies and interventions.

However, records didn't always show whether the medication had been effective or necessary. Without this information, it was difficult to evaluate its use properly. This area for improvement has been repeated under Key Question 1.3 to support better recording and review of outcomes.

Previous area for improvement 7

To ensure that people receive the proper and advised meal textures, management should: Carry out a review of each person who requires a specialist diet to ensure that all care plans clearly reflect people's current dietary needs as assessed; To further ensure food textures are adhered to management should implement, where required, meal presentation checks before food is served.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 20 June 2025.

Action taken since then

Care and catering staff were aware of people's specific dietary needs. These were clearly displayed in the serveries and reflected in individual support plans, helping to promote health and wellbeing.

Communication between staff was effective, especially when sharing updates or changes to dietary requirements. During mealtimes, staff were observed checking with colleagues to ensure meals were prepared and served correctly, in line with best practice guidance.

This area for improvement has been met.

Previous area for improvement 8

The current system should be reviewed to ensure that clinical requests such as the submission of a urine sample are effectively communicated, actioned promptly and followed up with appropriate documentation.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); 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 20 June 2025.

Action taken since then

Care staff were proactive in raising clinical concerns with nursing staff for further assessment.

When needed, appropriate referrals were made to external professionals, helping ensure people received the right treatment from the most suitable healthcare provider.

Improved clinical oversight meant that requests were followed up quickly, and any advice given was acted on and reflected in updated support plans. This helped keep people well and supported positive health outcomes.

This area for improvement has been met.

Previous area for improvement 9

Management should ensure that each individual has a formal review of their care, involving relatives and representatives where appropriate, every six months or in response to need. There should be a rolling program in place.

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).

This area for improvement was made on 20 June 2025.

Action taken since then

Most people living in the home had been formally reviewed, but the system for ensuring reviews happen at least every six months, or sooner if needed, was not yet robust enough. Regular reviews are essential to make sure support strategies reflect people's current needs and preferences.

This area for improvement has been repeated and included under Key Question 5.1 to support progress in strengthening the review process.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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 good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	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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