

## Millview Care Home Care Home Service

120 Carlibar Road  
Barrhead  
Glasgow  
G78 1BD

Telephone: 01418 812 040

**Type of inspection:**  
Unannounced

**Completed on:**  
14 August 2025

**Service provided by:**  
Advinia Care Homes Limited

**Service provider number:**  
SP2017013002

**Service no:**  
CS2017361015

## About the service

Millview care home is registered to provide a care service to a maximum of 39 people aged 60 years and over who live with conditions related to ageing or with a learning disability.

The home is close to Barrhead town centre and local amenities, including shops and bus routes. The accommodation is on two levels, divided into two self-contained units. Each unit has communal lounge/dining kitchen areas. All bedrooms have En-suite toilets and two of the rooms have En-suite showers. Access to outdoor space is available in their front and rear garden areas, and parking for visitors is available at the front.

At the time of inspection there were 19 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 11 to 14 August 2025, between 7:00 and 18:00. The inspection was carried out by one inspector 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 three people using the service and observed interactions between residents and staff
- spoke with six family members
- spoke with 13 staff including management
- received feedback via questionnaires, issued prior to the inspection, from three people using the service, six family members and nine staff
- observed staff practice and daily life
- reviewed relevant documents
- received feedback from two health professionals.

## Key messages

- People commented positively about the improvements that had been made in the home
- We observed positive interactions between staff, people living in the home and their relatives
- People's physical and mental wellbeing needed to continue to be improved and maintained through meaningful interaction and stimulation
- The service's quality assurance systems needed to continue to support a culture of continuous improvement, including home maintenance
- Feedback from people who use and work within the service needed to inform the identified improvements
- Appropriate levels of staff to maintain people's safety and meet their individual needs, needed to be maintained
- The recording and review of people's care needs needed to continue to ensure that people received the care that was right for them.

## From this inspection we evaluated this service as:

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

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

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

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

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We observed positive and natural interactions between staff, people living in the home and their relatives. The atmosphere throughout the home was relaxed and calm, with staff who were seen to be respectful, warm and caring in their approaches with people.

Feedback that we received, from people and their families, reflected that they were overall happy with the care and support, and all commented on the improvements made since the last inspection. People were also positive about staff working as a team and that there was a reduced need for agency staff.

How people spend their day is important in maintaining people's physical and mental wellbeing. We saw that some people, who were able, were involved in monthly meetings which involved discussions about planned activities. However, people's ideas or suggestions were not clearly recorded and discussions about outings were not evident.

A weekly activity planner reflected the scheduled activities and personal plans reflected people's preferences and how they liked to spend their time. However, it was unclear if people's ideas or preferences shaped the planner.

Photos of previous activities were displayed throughout the home and we saw people enjoying the activities during the inspection. We were told that families appreciated seeing posts on social media, of their relatives participating in the activities.

Activity records reflected that people had been involved in group or individual activities, and the benefits of these interactions. It was evident that some people had been supported to the local shops or community centre for afternoon tea, as well as going for short walks or spending time in the garden. However, not everyone living in the home, had had these opportunities.

Activities were mainly lead and supported by the wellbeing co-ordinator. Other staff were aware of how important meaningful engagement with people was and did try, however found that this was not always possible due to other demands on their time. We were aware that volunteer options had been explored but that this had been unsuccessful so far.

Although we could see positive changes with getting some people out of the home and accessing the home's outdoor space, management needed to consider how they could support everyone to regularly enjoy outings and access their garden areas.

Due to the areas highlighted, we have created an area for improvement for management to ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors (see Area for Improvement 1).

Mealtimes were found to be a positive and calm experience. The dining room was well presented, with nicely set tables and pictorial menus, and people were provided with relevant support to eat and drink,

including people who took meals in their bedroom. The food served looked appetising, although the modified diet presentation was dependant on the chef on shift. We also saw that people had access to snacks and drinks out with mealtimes, including tea trolleys twice a day, with fruit and home baking, and jugs of juice available in every bedroom and at the hydration station in the lounge.

Staff were working with the Care Home Collaborative team to improve mealtime experiences and develop mealtime champions. Areas around the provision of pictorial menus, 'show plates', hydration station and accessible fluids had improved, and areas around improving meal and snack choices for people on modified diets, milkshake recipes, and encouraging people to use the dining room were a working progress.

Some people were involved in providing feedback, through mealtime observations, and monthly discussions related to themed celebration days and related meals. However, not everyone had this opportunity and it would be good to see feedback gained from different people every day, and how people's opinions on the quality and choice of food shaped the menus and snacks available. Management agreed to review this.

The management of medication, wounds and falls was seen to be managed well, with appropriate input from relevant health professionals, such as care home liaison nurse, podiatrist, community psychiatry nurse, optician and diabetic nurse. Staff handovers were detailed and informative, reflecting that staff knew people well.

Staff were seen to be kind and caring in their approach with people, who at times experienced stress and distress, taking into account the needs of the individual and other people. It was also nice to see people resting in bed after lunch and staff supporting people to maintain their mobility.

### Areas for improvement

1. To ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors, the manager should ensure that:

- a) how people wish to spend their day is clearly recorded and shapes planned activities
- b) staff are supported to implement how people wish to spend their day, including getting out of the home, on a regular basis.

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?

**4 - Good**

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People should have confidence that the service and organisation that they use are well led and managed. The service had benefited from stable management and an increased staff team, since the last inspection.

The recruitment of a clinical services manager, to support the manager, had unfortunately not been successful. However, we were told as the service's occupancy increases this post would be re-advertised. This would continue to support quality assurance and further improvements in the service.

We saw the provider's quality metrics system, tracked key areas such as wounds, falls, incidents and complaints, enabling trend analysis and action planning by the manager, minimising recurrence. Their quality team reviewed events and management responses, which helped to ensure that the required level of quality assurance was achieved.

Continued use of processes like staff handovers and daily huddles, as well as the sample of quality assurance audits viewed, reflected improved and positive outcomes.

The manager held regular meetings with relatives and a comments box was available in the reception area. Minutes of meetings were sent to relatives and a newsletter was being developed with the wellbeing co-ordinator. These helped to keep people informed and up to date.

We were told that annual surveys were issued and taken into account when developing menus and the home's environment.

The service improvement plan, reflected previous inspection findings, meeting outcomes and manager observations. Progress was evident in some areas, while others were still to be achieved and outcomes demonstrated, for example new lounge chairs, curtains and décor. Some areas had not been formally included, such as improvements needed to the garden areas, but were being progressed.

As previously reported, the service were working with the Care Home Collaborative team to improve provision of care in specific areas. The home had recently been accepted for an infection prevention and control project, to pilot a new self assessment tool kit. This helped the service to shape and keep up to date with current best practice.

The development of a self-evaluation would also help to prioritise improvements and demonstrate how people's input shaped outcomes.

Whilst we saw that progress had been made, since the last inspection, continued consultation with people, implementation and quality assurance of the service were needed to ensure that people's outcomes continued to improve (see Area for Improvement 1).

## Areas for improvement

1. To ensure that people continue to experience a service which is well led and managed, and which results in better outcomes for them, the manager should ensure that:

- a) the service's quality assurance system continues to demonstrate a culture of continuous improvement
- b) feedback from people who use and work within the service informs the identified improvements
- c) the achieved outcomes and benefits, for people living in the home, are demonstrated in the service's self-evaluation.

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?

## 4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We saw that staffing levels and skill mix were based on care needs and any additional needs which may require additional staffing hours. These were discussed and agreed with senior management. Daily staff allocation sheets, including mealtimes, were in use to help organise the day and share staff responsibilities. This helped to ensure that people were given the right support by the right staff.

It was evident that successful recruitment of staff had led to a consistent team, who were getting to know people's routines and preferences, and had resulted in reduced agency use. People, including staff, told us that this had had a positive impact on the provision of care.

However, people also told us that they had some concerns, around potential accidents or incidents, when people were in the lounge and dining areas with no staff supervision. We highlighted this to management, who agreed to review this.

Management needed to reflect how people's views, including relatives and staff, were taken into account when calculating staffing levels; and as previously reported, management also needed to consider how they could support everyone to regularly enjoy outings and access their garden areas.

Management told us that a national staff survey and a new staffing tool, aligned to the Safe Staffing legislation, were planned.

Whilst we saw that progress had been made, we have made an area for improvement, to ensure that there continues to be appropriate levels of staff across the home at all times, which supports people's participation and meets individual needs, including supporting people to get out of the home, on a regular basis (see Area for Improvement 1).

We saw that a training needs analysis had been completed, leading to targeted training and a high level of compliance with mandatory training. We were also aware that staff had taken on 'champion' roles to promote good practice and continue improvements within the home.

All staff had received supervision, since the last inspection, which showed discussions that were relevant to staff support and development. However, we felt that some supervisor feedback could have been more detailed, including feedback on staff practice and identified areas to be progressed for review at the next supervision. Management agreed to review this.

Staff practice was observed during management walk rounds and staff completed competency assessments for specific areas of practice, such as medication. We were told that staff induction and a new supervision template included a staff observations of practice section.

Daily staff meetings supported departmental updates and we were told that a new format was being implemented to ensure that all staff had a voice.

The manager had re-introduced the 'colleague of the month' scheme, where people could nominate or be nominated and receive recognition for the work that they do. This celebrated staff and promoted good working relationships and wellbeing.

Staff were keen to highlight the improvements made and to reflect their commitment to continuing to improve Millview. They did highlight that they wished they could spend more meaningful time with people, however found that this was not always possible due to other demands on their time.

## Areas for improvement

1. To ensure that there continues to be appropriate levels of staff across the home at all times, which maintains people's safety and meets individual needs, the manager should ensure that:

- a) people's views, including relatives and staff, are clearly taken into account when calculating staffing levels
- b) regular monitoring and auditing of people's care and wellbeing needs, reflects that these are being met, including getting out of the home, on a regular basis.

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 to me' (HSCS 3.16).

## How good is our setting?

### 4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People who live in the home should experience a high quality environment. The home offered individual bedrooms, with En-suite toilet facilities, which could be personalised to people's own tastes. People had access to a communal lounge/dining area, assisted shower and bath, hairdressers room, and quiet rooms which had been developed into a cinema on the first floor and a café on the ground floor. Corridor areas were well-lit with some seating areas provided, which allowed people to rest when walking around. There were garden areas to the front and rear of the home, which provided seating and a smoking shelter for people to use. Accommodation was provided over two floors accessed by stairs and a lift, however the first floor was currently not in use.

We found the home to be clean, tidy and free from malodours. It was evident that some areas, such as the reception area, had been redecorated, since the last inspection, and there were plans for the lounge/dining area to be refurbished.

However, we found some maintenance issues that were in need of attention, these were highlighted to management and addressed during the inspection. Management needed to ensure that staff were reporting these issues to maintain an appropriate level of infection prevention and control, and provide a reasonable environment for people living in the home.

The home was being supported by maintenance cover from another care home, pending the recruitment of



a new maintenance person. We viewed maintenance records and safety checks on equipment used with the home, such as hoists and wheelchairs and found these to be appropriate and up to date. However, we found some bedroom checks and fire alarm tests that had not been completed within the stated timescale. These were highlighted to management and addressed during the inspection.

We saw that decorations, plants and planters had been added to the rear garden areas, since the last inspection, however these were overshadowed by the poor maintenance of the areas and condition of the furniture. This meant that the areas were not inviting for people to use and people were unable to enjoy the available outdoor space. The manager showed recent orders for new garden furniture and contacted their corporate gardener to attend to the areas highlighted.

We acknowledged that not having their own maintenance person had impacted on the general maintenance of the home. A new maintenance person was due to start imminently.

Some people were involved in providing feedback, through monthly discussions and surveys relating to the home's environment. However, it was not evident that everyone had this opportunity and it was unclear how people's ideas or suggestions were taken into account. People, spoken with, felt that the garden areas and café would be used more if they were more inviting and had suitable provisions to allow people to use the areas to their full potential. People also mentioned the skip that was constantly at the front of home and how this detracted from the appearance of the home. This meant, that despite the facilities within the home, these were not always being used to benefit people living in the home. This was highlighted with management to address.

We spoke with domestic staff who described the use of cleaning solutions and related equipment such as mops, buckets and disposable cloths. Staff were clear about the use of detergent and disposable cloths, however were not able to fully describe the routine use of the chlorine solution or how often the bucket water should be changed. This was highlighted to management and addressed during the inspection.

We saw that infection control audits were carried out and reflected all areas were checked and were clean and tidy. We asked management to ensure that domestic staff practice and knowledge about expected practice, was included in these audits.

As previously reported, the home was taking part in an infection prevention and control project, to pilot a new self assessment tool kit. This would help the service, and staff, to keep up to date with current best practice.

Management and staff were committed to ensure all areas highlighted were addressed and were confident that the maintenance and cleanliness of the home would be improved and maintained, in line with best practice.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. We saw that personal plans contained up to date and person-centred information, reflecting individual preferences,

life histories, meaningful participation, nutritional and hydration outcomes. Information such as, 'enjoys sitting in the garden and reading his book', 'likes to talk about his family and various outings he has with them, likes to chat about old times' 'can choose own clothes, food from menu or 'show plates' , 'likes regular hairdresser visits', 'likes to put own make up on', 'likes to wear a collared t-shirt and jumper', reflected that staff knew people well, and supported them to maintain their choices and independence as much as possible.

Six-monthly care reviews were seen to be up to date and plans updated, where required. However, we felt that some of the care review minutes could have been more detailed, reflecting future plans or goals and including discussions about the use of people's monies, to maintain or improve their quality of life.

Personal plan audits were carried out regularly and highlighted any areas that needed addressed. This helped staff to focus on the areas that required updating and address any gaps.

'Resident of the day' documentation, helped staff to record and review various aspects of a person's care and support for that specific day. We found that most information was completed, however felt that more detail, or depth in the information recorded, could have provided a more beneficial outcome for the individual. We asked management to review this.

The service used an electronic personal planning system which could limit access for people, including relatives. Management told us, that they could give people access to their personal plans and related care information, either electronic or paper.

Whilst we acknowledged the progress that had been made, since the last inspection, we felt that the service needed to continue to demonstrate improved outcomes, for the people they supported (see Area for Improvement 1).

## Areas for improvement

1. To ensure that people receive the care and support that is right for them, resulting in positive outcomes, the manager should ensure that:

- a) people are involved in robust six monthly care reviews, which detail future plans and use of their available monies
- b) 'resident of the day' documentation reflects detailed information and the benefits achieved
- c) people have easy access to their personal plan and related care documents
- d) regular monitoring and auditing of people's personal plans is carried out, demonstrating that accurate and appropriate records are being maintained.

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

## 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 there continues to be appropriate levels of staff across the home at all times, which meets people's needs, the manager should ensure that:

- a) sufficient numbers and skill mix of appropriately qualified staff are calculated for each shift
- b) key staff, in each unit, have the responsibility for guiding and leading the staff team
- c) regular monitoring and auditing of people's care and wellbeing needs, reflects that these are being met.

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 to me' (HSCS 3.16).

**This area for improvement was made on 14 January 2025.**

#### Action taken since then

We saw that staffing levels and skill mix were based on care needs and any additional needs which may require additional staffing hours. These were discussed and agreed with senior management.

Daily staff allocation sheets, including mealtimes, were in use to help organise the day and share staff responsibilities.

It was evident that the successful recruitment of staff had led to a consistent team and reduced agency use.

However, some people highlighted concerns, around potential accidents or incidents, when people were in the lounge and dining areas with no staff supervision. Management needed to reflect how people's views, including relatives and staff, were taken into account when calculating staffing levels.

Management told us that a national staff survey and a new staffing tool, aligned to the Safe Staffing legislation, were planned.

Due to the areas highlighted, we found that this area for improvement has been partially met and as a result, we have made a new Area for Improvement, reflecting the actions required.

**See "How good is our staff team?" Area for Improvement 1.**

## Previous area for improvement 2

To ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors, the manager should ensure that:

- a) people are consulted about how they wish to spend their day
- b) staff are supported to implement how people wish to spend their day, including getting out of the home
- c) staff are aware of the importance of meaningful interactions and stimulation in maintaining people's wellbeing
- d) regular monitoring and auditing of people's engagement, reflects the achieved outcomes and benefits.

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 22 October 2024.**

### Action taken since then

We saw that some people, who were able, were involved in monthly meetings which involved discussions about planned activities. However, people's ideas or suggestions were not clearly recorded and discussions about outings were not evident.

A weekly activity planner reflected the scheduled activities and personal plans reflected people's preferences and how they liked to spend their time. However, it was unclear if people's ideas or preferences shaped the planner.

Photos of previous activities were displayed throughout the home and we saw people enjoying the activities during the inspection. We were told that families appreciated seeing posts on social media, of their relatives enjoying participating in the activities.

Activity records reflected that people had been involved in group or individual activities, and the benefits of these interactions. It was evident that some people had been supported to the local shops or community centre for afternoon tea, as well as going for short walks or spending time in the garden. However, not everyone living in the home, had had these opportunities.

Activities were mainly lead and supported by the wellbeing co-ordinator. Other staff were aware of how important meaningful engagement with people was and did try, however found that this was not always possible due to other demands on their time. We were aware that volunteer options had been explored but that this had been unsuccessful so far.

Although we could see positive changes with getting some people out of the home and accessing the home's outdoor space, management needed to consider how they could support everyone to regularly enjoy outings and access their garden areas.

Due to the areas highlighted, we found that this area for improvement has been partially met and as a result, we have made a new Area for Improvement, reflecting the actions required.

**See Area for Improvement 1 'How well do we support people's wellbeing?'****Previous area for improvement 3**

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

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) feedback from people who use and work within the service informs the identified improvements
- c) 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 22 October 2024.**

**Action taken since then**

We saw the quality metrics system, which the provider had introduced, collated data and monitored quality assurance across key areas such as wounds, falls, incidents and complaints. This gave a clear overview, including trends, for the manager to analyse, action and record any action to minimise recurrence. The provider's quality team also carried out analysis of events and the manager's actions.

We saw that the processes that had been reviewed at the previous inspection, for example the handover process between staff and the daily huddle meetings, had continued.

We sampled some quality assurance audits that had been completed, since the last inspection, and these reflected improved and positive outcomes.

The service improvement plan showed that progress had been made in some areas, with some met. However, some areas were still to be achieved with outcomes demonstrated and other areas were not included in the improvement plan but were being progressed.

We still recommended the development of a self-evaluation to help the service focus on areas of priority and demonstrate how people's input shaped outcomes.

Due to the areas highlighted, we found that this area for improvement has been partially met and as a result, we have made a new Area for Improvement, reflecting the actions required.

**See Area for Improvement 1 'How good is our leadership?'****Previous area for improvement 4**

To ensure that staff have relevant training and development, to care for the people they support, the manager should ensure that:

- a) all staff continue to complete mandatory and service specific training
- b) all staff continue to be supported through regular meetings, supervisions and observations of practice
- c) regular monitoring and auditing of staff training and development is carried out, reflecting the

improvements made and outcomes achieved.

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, skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 22 October 2024.**

## Action taken since then

We saw that a training needs analysis had been completed, leading to targeted training and a high level of compliance with mandatory training.

We saw that all staff had received supervision since the last inspection and staff practice was observed during management walk rounds. Staff also completed competency assessments for specific areas of practice, such as medication, and we were told that staff induction and a new supervision template included a staff observations of practice section.

Daily staff meetings supported departmental updates and we were told that a new format was being implemented to ensure that all staff had a voice.

**This Area for Improvement has been met.**

## Previous area for improvement 5

To ensure that people receive the care that is right for them, the manager should ensure that:

- a) people have up to date care plans and risk assessments, which reflect their assessed needs and outcomes achieved
- b) people are involved in robust six monthly care reviews
- c) regular monitoring and auditing of people's personal plans is carried out, demonstrating that accurate and appropriate records are being maintained.

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

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

**This area for improvement was made on 22 October 2024.**

## Action taken since then

We saw that personal plans were current and person-centred, reflecting individual preferences, life histories, meaningful participation, nutritional and hydration outcomes.

Six-monthly care reviews were up to date, with plans revised as needed. However, some review minutes lacked detail, particularly regarding future plans and use of people's monies to enhance their quality of life.

Personal plan audits were carried out regularly and highlighted any areas that needed addressed.

Whilst we acknowledged the progress that had been made, since the last inspection, we felt that the service needed to continue to demonstrate improved outcomes, for the people they supported.

Due to the areas highlighted, we found that this area for improvement has been partially met and as a result, we have made a new Area for Improvement, reflecting the actions required.

**See Area for Improvement 1 'How well is our care and support planned?'.**

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



## To find out more

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

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

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

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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