

## Elmgrove Care Home Care Home Service

7 Ballifeary Road  
Inverness  
IV3 5PJ

Telephone: 01463 243325

**Type of inspection:**

Unannounced

**Completed on:**

11 September 2018

**Service provided by:**

Marchmont Homes Limited

**Service provider number:**

SP2007009346

**Service no:**

CS2007161819

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

Elmgrove Care Home is registered to provide a care service for up to 27 older people.

The provider is Marchmont Homes Limited.

This service has been registered since 2007.

Elmgrove Care Home is a large house which has been extended. The care home is situated in a residential area on the outskirts of Inverness city centre. All bedrooms provide single occupancy. There are toilet and bathing facilities on the ground and first floors. There is a shower facility in the first floor. There are communal rooms which include two lounges, a conservatory and a dining room and seating areas within the entrance.

The service has a statement of purpose:

'Marchmont Homes Limited believe in providing the highest quality service possible. We strive for continuing improvement in our service and practice. The provider and manager understand that to provide this service requires caring and compassionate staff who are suitably trained, supervised and supported. The aim of the service is to provide a professional and efficient service to meet the needs of all who live, work and visit our care home.'

There were 27 people using the service at the time of the inspection which included two people using the service for a period of respite care.

## What people told us

Before the inspection we sent care standard questionnaires to the service to pass to people and to their relatives and friends. We received one completed questionnaire from people experiencing care and four from relatives. We spoke with people experiencing care and some relatives during the inspection. We were accompanied by an inspection volunteer who also spoke with people. We received a mixture of views and comments from people experiencing care and from relatives. The majority of people who expressed a view were happy with the quality of care their relative received.

People told us:

'Food is good - in fact it is too much'

'Food is good'

'I enjoy all music'

'I enjoy reading'

'There has been an improvement in the frequency of activities'

'We see the care plan and sign it off. We have input to it'

'Not aware of care plan'

'The décor seems nice'

'My room has all that is necessary, it's average'

'My room is comfortable'

'It's not warm at all'

'Sometimes I think it is a bit smelly'

'Our rooms are kept clean'

'Cleanliness generally - room for improvement'

'My room is fine but I'd be better at home'

'They are doing the best they can with the facilities they have'

'She is happy they are welcoming. It is relaxed it has a home from home environment'

'All rooms are comfortable'

'Done a lot of work modernising the place'

'It is starting to look its age'

'There have been general improvements in the decor'

'They could do with more bathrooms. Grounds could do with attention'

'The rear garden is not fit for purpose'

'There are a few toilets and commodes still in use, owner has said there are plans to extend home and add en-suite rooms which would be an improvement, building plans seemed to be delayed) improvements to the interior (lounge decorated, some new glass in the conservatory windows) have been done recently, there has been a sign in the front door since August last year stating there are contractors working - not sure why?'

'Exterior of the home is shabby - there are weeds/bags of garden rubbish in the garden for months. Area to the rear of the property is uncared for and full of weeds'

'Staff are friendly and approachable. They seem to be kind to residents. I've never heard anything that would cause me to worry about their handling of residents or the way they are spoken to'

'Concerned to see big staff turnover - don't seem to keep staff for long'

'Communication is very good, I find there are three or four staff members who know my mum. We trust them'

'[Management] - communication could be improved, but [staff name] is exemplary'

'The staff have been great. Quick to inform me when mum had a fall'

'I think they should have a qualified nurse on duty to avoid call outs to hospital'

'Keep me informed but sometimes they are a bit quick to phone'

'They were very quick to inform me when she had fallen out of bed'

'I think it is well managed and run'

'We got issues ironed out'

'Clothes are washed regularly and kept clean. However they are often put away without care - drawers are messy and skirts are often folded and put on the shelf instead of being hung up meaning they get very creased'.

### 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 staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory

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

There were some strengths identified but these were outweighed or compromised by serious weaknesses. There were also major weaknesses which required immediate remedial action to improve experiences and outcomes for people.

Relatives made positive comments about their relatives care. People should experience warmth, compassion and nurturing care and support. We saw some staff support people in a caring way however these interactions were limited. We were concerned people were not always treated with dignity and some staff interactions lacked compassion. **(See area for improvement 1)** This could have a negative impact on people's wellbeing. The culture made it hard for staff to report poor practice. **(See requirement 1)** Concerns that were raised were not dealt with properly which exposed people to unnecessary risk. **This was made the subject of a formal Improvement Notice.**

We had significant concerns that people were not receiving the right support to meet nutritional and hydration needs, skin care needs, continence and hygiene needs and that people's pain was being well managed. We observed that some people were not receiving the right care and support at the right time, with the potential to affect their health and wellbeing. People were not treated as individuals. Their care and support was delivered around tasks and routines rather than being personalised to meet their needs and wishes. People's care and support should meet their needs and be right for them. Some people missed meals, were not assisted to eat and drink well and drinks were left out of people's reach. People's dignity and comfort was compromised due to the lack of assistance to go to the toilet. People experienced unnecessary discomfort when topical cream was not applied to dry, itchy skin. People had unexplained bruising and skin tears. People did not have the right equipment when their condition deteriorated. **This was made the subject of a formal Improvement Notice.**

People's health care needs had not been regularly assessed and care plans did not include up to date person-centred information. **(Please refer to information under key question 5: How well is our care planned)**

People should be recognised as experts in their own experience, needs and wishes. People should be able to maintain and develop their interests and be able to choose to have an active life. Some organised events took place and people visited the service which people seemed to enjoy.

People told us:

'Delighted they had interaction with nursery children'

'We went to the canal'

The people who had been on the bike outings provided by volunteers from Cycling Without Age clearly enjoyed the experience. The photo album of past events provided a useful discussion point for people to look through with relatives. However, people had very limited opportunities to take part in a range of social, recreational, creative, physical and learning activities or to go outdoors. Information about people's past interests and wishes was not used to support people with activity that was meaningful to them in their day to day activity. There was no activity programme in place.

People told us:

'There's nothing much to do round here'  
 'I've been told I'm not allowed to go out'  
 'Would like activities to be increased'  
 'Not a lot of stimulation - sometimes all just sitting'

People sat alone in the dining room or lounges for long periods without staff approaching them or speaking with them. The television was on in one lounge and people sat looking towards it, staring into space or were asleep. Staff told us they had no time to provide or support people with activities as they were still helping people to get up at lunchtime. There were missed opportunities to talk with people and involve them in their care. Ignoring people in this way can undermine their confidence. The provider must ensure that people are cared for by the right number of people to meet their social needs. **(Please refer to key question 3: How good is our staffing)**

The provider should use the Health and Social Care Standards to self evaluate how well people's social needs are being met and to develop more opportunities for people to enjoy their day. **(See area for improvement 2)**

### Requirements

1. By 18 December 2018, in order to ensure that people are protected from harm the provider must ensure that the manager and staff have written guidance based on best practice guidance and that the management and staff can demonstrate they have a clear understanding of their roles and responsibilities to protect people from harm.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.15) and in order to comply with Regulation 4 (Welfare of users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

### Areas for improvement

1. The management and staff should self evaluate how well they demonstrate the principles of the Health and Social Care Standards in their day to day practice and plan for improvements to ensure people always receive compassionate care and are treated with respect and dignity.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, 'I experience warmth, kindness and compassion in how I am supported and care for, including physical comfort when appropriate for me and the person supporting and caring for me.' (HSCS 3.9)

2. The provider should involve people, relatives and staff to self evaluate how well the service support people to achieve their potential and plan for improvements so that people are enabled to experience a range of meaningful activities and opportunities which promote their wellbeing.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that '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 1.24)

**How good is our leadership?**

**1 - Unsatisfactory**

There were some strengths identified but these were outweighed or compromised by serious weaknesses. There were major weaknesses which required immediate remedial action to improve experiences and outcomes for people.

We were concerned that poor care was not always recognised or where poor care was recognised there was a lack of action taken to promptly address this. Action was not being taken to meet people's changing needs and adult support and protection incidents were not being recorded or reported appropriately. **(Please refer to key question 1: How well do we support people's wellbeing)** There was limited evidence to support that good practice, knowledge and awareness were used by the provider and management to drive forward improving experiences for people.

We had concerns the provider had a poor understanding of what people are entitled to expect when living in a care home as set out in the Health and Social Care Standards. People's expectations should match those set out in these standards.

Services and organisations should be well led and managed. Management and staff roles and responsibilities were not clearly defined which led to poor communication, a task orientated approach and poor sharing of information. **(See area for improvement 1)**

The provider did not have robust and transparent quality assurance processes. There should be a system in place to monitor the quality of the provision of care provided to people. The system must be focused on improving outcomes for people and ensure that where there are indications of poor care provision, action is taken promptly to address this. **This was made the subject of a formal Improvement Notice.**

People should benefit from a culture of continuous improvement. The service did not carry out self evaluations to monitor how well they ensured people were experiencing high quality, safe and compassionate care and support that meets their needs and choices.

People should be supported to give regular feedback on how they experience their care and support and the provider should use learning from this to improve. People had minimal opportunities to say if their wishes, preferences and needs were being met and there was a lack of effective evaluation of people's experiences to ensure that they were.

The service did not have a proactive approach to improvement. Although the service had some action plans, these did not focus on improving outcomes and experiences for people or prioritise improvements. Plans of improvement were not implemented or were slow to progress and not completed.

## Areas for improvement

1. People should benefit from a culture where staff work well together and are empowered, valued and respected to support and engage meaningfully with people and each other. The service should take a collaborative approach to improving the quality and outcomes for people. Staff with line management responsibilities should be aware of their roles and responsibilities and have the necessary knowledge and skills to fulfil them.

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

## How good is our staff team?

## 2 - Weak

There were some strengths identified but these were outweighed or compromised by serious weaknesses.

Relatives spoke of staff being kind and keeping them informed. Three out of four relatives who returned care standard questionnaires to us were confident that staff had the knowledge and skills to care for their relative/friend.

We had concerns about the poor arrangements for protecting people and that management and staff training needs were not being addressed. This was having a negative impact on people's care and experience and the services potential to make improvements. **This was made the subject of a formal Improvement Notice.**

People did not always experience staff speaking and listening to them in a way that was courteous and respectful with their care and support being the main focus of their attention. Recording practices were poor, there were significant gaps in information and some entries in people's records did not support that people were supported well or respected and treated with dignity as an individual. **(See area of improvement 1)**

Staff had not received supervision and staff appraisal and practice observations were limited. This resulted in limited opportunities to identify staff learning or to support staff with their individual training and development needs. Staff training records did support training priorities to be easily identified. Although there were some training arrangements in place, management had no clear overview of staff individual training needs and no effective training analysis or evaluation was in place.

People should feel confident that staff are encouraged to be innovative in the way they provide support and are supported. These opportunities were limited. We were encouraged to see a few examples where person-centred tools had been used at some staff meetings to reflect on practice. This approach should continue to be used to support staff learning, development and improvement.

People's needs should be met by the right number of people. We observed times during the day when staff were not available to provide support people needed. Care staff were busy and pressures led them to stick to designated tasks. Despite their best efforts people were not receiving the right care and staff had little time for sitting speaking with people or supporting them to maintain interests. People sat in the dining room at breakfast time and in the lounges for long periods throughout the morning with no staff to support them emotionally or physically. Where one person had been identified as needing additional support the arrangements were not in place which meant the right support was not in place and there was an increased risk of harm. There were insufficient staff to support people to regularly go outdoors and staff spoke of having limited time to do activities with people.

Two out of four relatives who returned care standard questionnaires to us disagreed there were enough trained and skilled staff on duty at any point in time to care for their relative. Staff carried out dependency scores on a monthly basis. We were not confident that this was used to determine the right number of staff needed to meet people's needs. People should be confident that the service ensures that they are cared for by the right number of people to meet their social, emotional and physical needs. The service should develop a quality assurance process to assess whether planned and actual staffing levels are meeting people's needs. This should include using a range of measures including feedback from people, relatives and staff, observations and evaluations of people experiences and outcomes. **(See requirement 1)**

## Requirements

1. By 18 December 2018, in order to ensure that people are being supported by the right number of staff with the right skills to meet the health, welfare and safety needs, the provider must demonstrate the number of staff are determined by a robust and transparent assessment process which takes account of a range of measures including people's experiences and outcomes, people's needs, staff skills and the layout of the building.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'My needs are met by the right number of people' (HSCS 3.15) and in order to comply with Regulation 4 (Welfare of users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. Staff should ensure that people's care records are maintained in a way that demonstrates people are respected and treated with dignity as an individual and that staff have the necessary information to provide consistent and high quality care and support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, 'I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.10)

## How good is our setting?

### 2 - Weak

There were some strengths identified but these were outweighed or compromised by serious weaknesses. There were major weaknesses which required immediate remedial action to improve experiences and outcomes for people.

People should experience an environment that is safe, secure, relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. People described the premises as homely and that improvements had been made to the decor. The management had continued to work on risk assessing the premises. At the time of the inspection these had not been completed. The systems for day-to-day maintenance and repairs were not effective which may place people at risk. Areas of the premises were malodorous and some equipment was visibly dirty. We had concerns that the management and staff's general awareness of keeping the environment safe for people as part of their day-to-day role and responsibility was poor and risks were not identified or addressed routinely.

The service had an environmental improvement plan. There had been some improvements to areas of the home however some bedrooms had torn flooring, the carpet in the downstairs corridor was badly stained and plans to enhance the environment had not progressed. **(See requirement 1)**

People should be able to control the lighting, ventilation, heating and security of their bedrooms. Some people told us their room was cold. They would not have been able to adjust the heating without support. People could not adjust their lighting from their bed and although some had lamps in their rooms these were not always in reach which meant they had to rely on staff to do it for them.

People should be able to access the outdoors every day if they choose and use a private garden. The outdoor space was not used to its potential or easily accessible. There was no safe, enclosed space for people to use.

People should be as involved as they can be in agreeing and reviewing any restrictions to their independence control and choice. Access from the home was restricted by a key code to all people using the service, relatives and visitors, which meant people could not leave the premises without staff letting them out. Any form of restraint or measures that restricts people's liberty should be subject to risk assessment, regular review and explore the least restrictive option and how the risk can be best managed for everyone.

The service should review good practice guidance, take account of the Health and Social Care Standards and develop a plan to promote people's independence and enhance their experience by improving the environment. The plan should include clear priorities and timescales. **(See area for improvement 1)**

## Requirements

1. By 18 December 2018, the provider must ensure measures are in place to identify risk within the premises and plan action to address areas of risk identified within a reasonable planned timescales. This must include suitable arrangements for maintenance, repairs and planning for improvements of the indoor and outside of the premises and grounds.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, 'I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22) and in order to comply with Regulations 4 (1) (a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. A plan to improve the environment to promote and enable people's independence and to empower them to be in control of their life as they can be should be developed and implemented.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states that, 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

## How well is our care and support planned?

### 1 - Unsatisfactory

There were some strengths identified but these were outweighed or compromised by serious weaknesses. There were major weaknesses which required immediate remedial action to improve experiences and outcomes for people.

People should have a care plan that is right for them and sets out how their needs will be met, as well as their wishes and choices. The information in some care plans was detailed however, the planned care was not followed to meet the person's needs. Care plans were not reflective of people's current health needs and did not take account of up to date best practice. Although assessments were carried out these were not used to inform people's plan of care well. We found that care plans were not updated regularly and when changes to people's needs occurred. People should be fully involved in assessing their emotional, psychological and social needs at an early stage, regularly and when their needs change. There was little evidence of meaningful evaluation of care plans. Some people had care profiles in their room which staff could use to find out information about how their needs could be met, however some of these were missing, were not fit for purpose or the information was not current. We also had concerns about the lack of information, care plans and records for people who used the service for respite care. The standard of care planning and review records was not consistent. Staff awareness,

competency and understanding of care plans, linkage to the Health and Social Care Standards and recognition of the importance of using and sharing up-to date information was poor. **This was made the subject of a formal Improvement Notice.**

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

### Requirements

#### Requirement 1

The provider must ensure that each service user has a care plan and that there is a system in place, to ensure that each care plan is reviewed at least once in every six month period. Particular attention should be given to those people living with dementia. Each plan of care must include, but need not be limited to, the following information:

- a) Guidance for staff to enable them to effectively support people using the service.
- b) A clear rationale behind decision-making processes particularly where these may impose restrictions on a person.
- c) Details of any medication required by the service user with specific guidance for any medication prescribed on an 'as required' basis.
- d) An appropriate health care assessment in relation to their continence needs.
- e) Advice and guidance from any professional involved in the care of the service user.
- f) Details of the service user's next of kin, or any person authorised to act on behalf of the service user (including details of Power of Attorney and Adults with Incapacity certificates and treatment plans, where required).
- g) Specialist equipment required by the service user.

This is in order to comply with:

Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: The timescale was extended to 31 March 2018 as had not been fully met by the last inspection in January 2018.

**This requirement was made on 22 May 2017.**

**Action taken on previous requirement**

In January 2018, we carried out an inspection and reported on the action and progress the service had taken on this requirement. Although some action had been taken, the requirement had not been met.

The action the service had planned to continue to address this requirement had not progressed and the improvements that had been seen at the last inspection had not been sustained.

**Please refer to key question 1: How well do we support people's wellbeing and key question 5: How well is our care and support planned**

**Not met**

**Requirement 2**

The provider must ensure the premises provide a safe, pleasant and comfortable environment for the people who use the service. In order to do this the provider must:

- a) Ensure a robust risk assessment is carried out of the premises.
- b) Plan and take action to address areas of risk identified in the risk assessment within a reasonable planned timescales. This should include action to address the following areas highlighted at the inspection:
  - i) poor infection control arrangements relating to practice, usage of commodes and unsatisfactory arrangements for cleaning and storing commodes, inadequate sluice facilities.
  - ii) poor infection control arrangements relating to the laundry facilities.
  - iii) lack of alert or restriction to people using the service accessing the back stairwell which leads to the area beside the kitchen.
  - iv) torn and uneven flooring in an upstairs bedroom.
  - v) poor lighting.
  - vi) lack of handrails in corridors.
  - vii) poor maintenance and repair of the indoor and outside of the premises and grounds.

This is in order to comply with:

Regulations 4 (1) (a) and 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: An action plan to address areas of risk identified within reasonable and planned timescales must be submitted by 30 June 2017. The timescale was extended to 31 March 2018 as had not been fully met by the last inspection in January 2018.

**This requirement was made on 22 May 2017.**

**Action taken on previous requirement**

In January 2018, we carried out an inspection and reported on the action and progress the service had taken on this requirement. Although some action had been taken, the requirement had not been met.

The proposed action to address the requirement had not been carried out by the service and the requirement remained unmet.

**Please refer to key question 2: How good is our leadership and key question 4: How good is our setting**

**Not met**

## Requirement 3

The provider must ensure that all staff employed to work within the home are trained to carry out their duties for which they are employed. They should ensure that accurate training records are maintained. In order to achieve this, the provider must:

- a) Review the training needs of all staff and record your findings.
- b) Ensure that there is a mandatory training programme that addresses the review of training needs. This should include but need not be limited to including training in the following areas:
  - i) dementia care.
  - ii) continence care.
  - iii) infection control.
  - iv) food and nutrition (including food hygiene).
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

This is in order to comply with:

Regulations 4 (1) (a) and 15 (b) (i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: 31 July 2017

This requirement was made on 22 June 2017.

**This requirement was made on 22 May 2017.**

### Action taken on previous requirement

In January 2018, we carried out an inspection and reported on the action and progress the service had taken on this requirement. Although some action had been taken, the requirement had not been met.

This was to be included as part of the service's improvement plan, which would help to track and support the progress. Personal development plans were to be put in place for staff, which would take account of individual training needs. The progress we reported at the last inspection had not been sustained and the proposed action to address the requirement had not been carried out.

**Please refer to key question 2: How good is our leadership and key question 3: How good is our staff team**

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure that there is a supervision and appraisal programme in place for all members of staff. Staff should be given the opportunity to meet with their manager on a regular basis. Supervision meetings should take account of the staff member's training and development needs within the role that they are employed to do and inform the training plan. A record should be maintained of each and every supervision meeting.

This will support them to identify where staff may need further training or assistance. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice.

National Care Standards - Care Homes for Older People - Standard 5: Management and staffing arrangements.

This recommendation was made on 22 June 2017 and the service's progress was followed up at the inspection in January 2018.

**This area for improvement was made on 22 May 2017.**

#### Action taken since then

In January 2018, we carried out an inspection and reported on the action and progress the service had taken on this area for improvement (recommendation). Although some action had been taken the improvements we saw at the last inspection had not been sustained. Staff had not received supervision and no further appraisals had been carried out with staff.

**Please refer to key question 2: How good is our leadership and key question 3: How good is our staff**

#### Previous area for improvement 2

The provider should develop a quality assurance system to monitor the service's performance, identify what is working well and what could be done better and to inform improvement plans and improve the quality of the experience for people using the service. The provider and manager should prioritise required improvements and ensure the health and wellbeing of people using the care service is protected and enhanced.

National Care Standards - Care Homes for Older People - Standard 5: Management and staffing arrangements.

**This area for improvement was made on 22 May 2017.**

#### Action taken since then

In January 2018, we carried out an inspection and reported on the action and progress the service had taken on this area for improvement (recommendation).

At this inspection no progress had been to identify what is working well and what could be done better. There was no service improvement plan in place to improve the quality of the experience for people using the service.

Please refer to key question 2: How good is our leadership

## 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?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

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

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects people's planning needs and wishes	1 - Unsatisfactory

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