care inspectorate

Campsie View
Care Home Service

Canal Street
Kirkintilloch
Glasgow
G66 1QY

Telephone: 0141 777 8880

Type of inspection:
Unannounced

Completed on:
18 April 2019

Service provided by:
Four Seasons Health Care (Scotland) Limited, a member of the Four Seasons Health Care Group

Service provider number:
SP2007009144

Service no:
CS2003010436

HAPPY TO TRANSLATE

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Campsie View care home is located in the Kirkintilloch area of East Dunbartonshire. The service is registered with the Care Inspectorate to provide a care service to a maximum of 90 older people with three places allocated to provide respite care. There were 83 people living in the home at the time of inspection.

The provider is Four Seasons Health Care (Scotland) Limited, a member of the Four Seasons Health Care Group.

Accommodation consists of three separate units. The Wallace and Rob Roy units are located on the ground floor. Within these units, support is delivered to people living with dementia. The Bruce unit covers the upper floor where people have been assessed as 'frail-elderly'.

All bedrooms within the service are single with en-suite toilet facilities. Each unit has a communal lounge, dining area and shared bathing and showering facilities. Access to a garden area is available. The service is situated close to local amenities and transport.

What people told us

We asked people living in Campsie View and their relatives to share their experience of the service. We spoke to thirty-four people during the inspection visit.

Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. Thirty completed questionnaires were returned to the Care Inspectorate.

We received mixed views about the service.

People generally commented positively about the staff working in the home. They described staff as friendly, polite, helpful and kind.

People using the service told us -

"The staff are lovely"

"Staff are usually nice, some are better than others"

" I think staff need to be better trained"

A family member said that their relative had a number of visits to hospital for treatment and the care home staff had been very caring and supportive.

People told us that there had been a number of changes in the staff and that they found this difficult. People said -

"I get a bit upset when there are staff looking after me that I haven't seen before"

"There seems to have been a high turnover of staff. I don't know all of them"

We were told that there was a need to have more activities in the home for people to take part in. People said that they did enjoy some of the group activities such as the quiz. There were positive comments about the visits from a local children's nursery, people told us how much they enjoyed seeing the children. People said -

"I would like to get out more"

"I get very fed up some days"

"Its ok when the quiz is on, then there's a bit of life about the place"

"The TV is on the same channel all day, no one thinks to change it "

A family member said -

"The home need to do more to stimulate people more and not just let them sit about with nothing to do"

People told us that the food was "OK". There were a number of comments that the menu choices were monotonous. One person said -

"It's the same food, it gets very repetitive"

People said that their bedrooms were comfortable. There was praise for the housekeeping staff and how hard they worked.

There were a number of comments about the smell in the home, particularly from the lifts. People told us that this was unpleasant.

The noise in the home, particularly in communal areas was commented on by people living in the home and their visitors. One person said that the noise was upsetting.

There were several comments about the garden area. People said -

"The garden is untidy, its not nice to look at "

The garden needs colour, it doesn't entice me to go out"

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?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing? 1 - Unsatisfactory

The choices and preferences for people living in Campsie View were supported by staff who knew them well. We saw that staff were generally kind and treated people with compassion, especially if they became upset.

Some actions and practice by staff impacted negatively on the wellbeing of people living in the home. This included, at times, a lack of discretion when supporting people in communal areas. There was a need to develop staff skills regarding promoting dignity and respect for the people they support.

People benefit from being able to take part in activities that are meaningful to them and suited to their abilities. The activities team had developed a diary of activities for people to take part in. Links had been developed with local groups to help keep people in touch with their community. People told us they particularly enjoyed when the children from the local nursery visited.

However, the service needs to continue to develop activities that will engage the interests of everyone living in the home. There appeared to be a lack of understanding regarding the beneficial effect meaningful activity has on people's wellbeing. There were long periods of time when people were sitting with no staff interaction. There was a focus on completing tasks rather on responsive support. Staff frequently missed opportunities to connect with people. It was clear that staff engaged more easily with people who could respond to them. There were fewer opportunities for engagement for people who could not communicate as well. This could result in people feeling left out and becoming isolated.

Staff should to be supported to develop their skills regarding engaging with people living with dementia. Training for staff will be the subject of a requirement detailed in Key Question 3 of this report.

There will be a continued area for improvement regarding meaningful activities.
See area for improvement 1.

To encourage people to eat well and support their nutritional needs menus should be developed in consultation with people living in the home. People told us that the quality and choice of food could be better. There was a general opinion that menu choices were repetitive.

Attention to how staff were deployed at mealtimes had helped to improve the way people were supported to eat and drink. However, further improvements could be made to develop a more enjoyable experience by developing

the social aspects of mealtimes.
See area for improvement 2.

People living in the home have the right to be protected from harm. All staff should have a clear understanding of their responsibilities regarding safeguarding people. We were very concerned that a number of adult protection issues had not been managed correctly and procedures had not been followed. We were not confident that all staff recognised and reported harm in line with legislation.

There was urgent remedial action required to safeguard people using the service.
This has resulted in a grade of unsatisfactory for quality indicator 1.2.
See requirement 1.

The nursing and care staff team called on local health care professionals to support specific healthcare needs of people living in the home.

There was general information within personal plans reflecting the directions given by healthcare professionals. However, there was a lack of detail in some areas of clinical records within personal plans. This limited the effectiveness of written communication to guide staff regarding consistent and agreed care. Specifically wound care, management of stress and distress and risk assessments. This could potentially result in poor health outcomes for people.

This issue will be included in a requirement about personal plans detailed in Key Question 5.

Effective communication between staff teams is crucial to ensure that care and support is consistent and agreed. The communication between staff teams regarding health and support information needs to improve, particularly at shift changeover times.

Regular meetings to review and discuss risks and health issues would assist with developing a clinical overview to support the health, safety and wellbeing of people living in the home.
See area for improvement 3.

We had concerns regarding the management of medication within the home. There were indicators that medication was not consistently being managed safely and effectively for people living in the home.

Staff involved in medication management must follow the providers polices and procedures and good practice guidance. This is with specific reference to medication prescribed to be given 'as needed' and the management of controlled drugs.

This will ensure that medication is managed safely and in the best interest of the individual
See requirement 2

Requirements

1. By 12 August 2019 the provider must ensure that people using the service are safeguarded.

In order to do this the provider must,

- ensure all staff undertake training regarding recognising harm and understand how to escalate concerns in line with The Adult Support and Protection (Scotland) Act 2007 and the providers policies and procedures

- ensure that staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council are reminded of their responsibility to understand and adhere to the relevant codes of conduct and practice

- formally assess the impact the training has on staff practice to determine learning and understanding of their responsibilities to safeguard people

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
(HSCS 3.20)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'
(HSCS 3.14)

and in order 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.
2. By 12 August 2019 the provider must ensure that medication is managed safely and in line with good practice guidance.

In order to do this the provider must -

- ensure that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management

- ensure that nursing staff are familiar with the relevant policies, procedures and good practice guidance relating to the administration and management of controlled drugs

- formally assess the impact the training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely

- ensure that staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council are reminded of their responsibility to understand and adhere to the relevant codes of conduct and practice regarding following procedures and accurate record keeping

- ensure medication prescribed to be given 'as needed' is managed safely and in line with best practice guidance

- develop and implement clear protocols for administration of 'as needed' medication to guide staff

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

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'
(HSCS 3.14)

and in order 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.

Areas for improvement

1. The provider should improve the range and availability of meaningful activities offered in the home considering individuals abilities, preferences and choices.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. The provider should review and develop the management of mealtimes to ensure that people are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.

The provider should review the menu in consultation with people living in the home to ensure their choices and preferences are reflected.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'
(HSCS 1.34)

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'.
(HSCS 1.33)

3. The provider should improve the way that information about health and support needs is communicated between staff teams. This includes improving the quality of information communicated during shift hand over and implementing regular clinical meetings.

This will ensure staff are kept up to date and respond appropriately to any change to the care and support for individuals.

'My care and support is consistent and stable because people work together well'
(HSCS 3.19)

'I experience high quality care and support based on relevant evidence, guidance and best practice'
(HSCS 4.11)

How good is our leadership? 2 - Weak

To support a culture of continuous development and improve the outcome for people the provider had quality assurance systems in place. These included the use of audits to measure and monitor the quality of specific areas of service provision.

The audit format was based on assessing compliance with service provision and but did not take account of the outcomes and experiences for people living in the home.

The outcomes of audits were not being used to inform effective action plans or to drive a planned approach to improvement of the service. This was evident with the lack of progress we saw with requirements and areas of improvement identified at the last inspection.

The outcome focused approach of the inspection revealed significant failures in the approach to safeguarding people living in the home and the lack of an overview of key elements of service provision. This did not support positive outcomes and impacted on the experience for people living in the home.

We concluded that the quality assurance systems were not effective in driving improvement.

We were told by senior management that there was an on-going review of the provider's quality assurance systems with a focus on the experiences of people using services.

Following this inspection we expect the provider to produce a detailed improvement plan based on the requirements and areas for improvement highlighted in this report.

The provider should involve people using the service to support continuous development of the home. Strategies to actively gather the views of people using the service should be implemented to inform the sustained improvement of outcomes.

See area for improvement 1

Areas for improvement

1. The provider should develop a culture of continuous improvement by completing the review of quality assurance systems to ensure they are focused on the experiences and outcomes for people living in the service, in line with the health and social care standards.

The provider should improve the methods of meaningfully engagement with people using the service. Outcomes of engagement should be used to inform development and improvement of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7)

'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

How good is our staff team? **2 - Weak**

The provider used a framework of on-line learning modules to ensure that staff met core training needs. This included such topics as, health and safety, infection control and safeguarding. The scope of the on-line training was limited to set topics and did not encourage on-going learning.

During the inspection we found a range of issues which determined that training was viewed as an event and not as a constant learning process. It appeared that staff were not using their learning to inform their practice.

This was evident in our findings and concerns regarding issues such as, failures with safeguarding people living in the home and poor medication management.

There was little evidence that the impact of training on staff practice was assessed formally or that reviews of competency were being carried out regularly.

We concluded that sound, safe, person centred practice was not embedded or fully promoting good outcomes for people.

Staff should have access to regular supervision with a competent supervisor to help promote good practice and improve outcomes for people. The schedule of supervision was not consistent throughout the home. Some staff were unclear when they last had supervision. Records of supervisions that had taken place were basic and demonstrated a lack of understanding of the aim of effective supervision.

The provider needs to re-establish staff supervision to gather information about staff training needs. This information should inform a training plan which focuses on the principles and values of safe and effective person centred care and support.

See requirement 1.

Requirements

1. By 12 August 2019 the provider must send the Care Inspectorate a plan of training to ensure that people will be supported by staff who are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

The provider must ensure that the training plan is developed by -

- establishing a schedule of regular supportive supervision for staff

- ensuring that supervision is carried out by staff with the appropriate skills and training

- using the outcome of staff supervision sessions to inform a training plan focused on the priorities for training identified by staff and the outcome of the inspection. Including, but not limited to, safeguarding, medication management and dementia care training such as the 'Promoting Excellence programme for dementia learning and development'

The provider must develop a culture of on-going learning and promote consistent practice by establishing systems to formally assess the impact of training on staff practice and that reviews of competency will being carried out regularly.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.
(HSCS 3.14)

and in order to comply with Regulation 15(b)(i) Staffing and 4(1)(a)- Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

How good is our setting? 3 - Adequate

We saw that within the three units of the home people could move freely. However, there were few interesting destination areas to appeal to people who walked around. The signage to guide people could be improved.

The home were in the process of completing the Kings Fund tool 'Is your home dementia friendly' to help drive improvements with the home. We will monitor progress with his at the next inspection.

There were plans to consult people using the service regarding the best use of some of the communal space in the home. The changes proposed may help give more room for people to move around and improve access to garden areas on the ground floor.

People told us that the garden areas were still in need of improvement. We saw that the gardens were uninviting and did not tempt people to visit outdoor spaces. We had commented on this at the last two inspections. There was a need to ensure the garden areas are improved to allow people enjoy and benefit from outdoor spaces when the better weather arrives.
See continued area for improvement 1

People should be living in a home that enhances their wellbeing. This includes making sure the home is free from avoidable and intrusive noise and smells.

During the inspection we noted unpleasant smells in the home, particularly around the lift areas. This was commented on by people living in the home and visiting family members. Some visitors told us that they were saddened and upset that their relatives were living in a home that had unpleasant smells.

At the last inspection we commented that there was a need to reduce the noise in the home, particularly in the communal areas in the ground floor units. We noted and people commented that the areas were still noisy. One visitor told us that their relative could become distressed with a lot of noise. Staff should be mindful of how loud their voices can be at times and the negative impact noise has on people, especially those living with dementia.
See continued area for improvement 2

Areas for improvement

1. The provider should improve the garden areas of the home. Access to the garden should be reviewed and staff should support people living in the home to use the outdoor space.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1)

'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)

2. The provider should ensure that environment enhances the wellbeing of people living in the home. This includes ensuring the setting is free from avoidable and intrusive noise and smells.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

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

How well is our care and support planned? 2 - Weak

Personal plans should be personalised and outcome focused. They should provide guidance to staff about how to support individuals taking account of their choices, abilities and care needs. To ensure a person centred approach to support personal plans should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life for each individual.

The personal plans we looked at were generally completed. However, the format was compliance based and not outcome focused. The language used was clinical and did not always promote the principles of dignity and respect. There was an absence of information regarding individual's choices, preferences and what was important to them. We could not see that individuals or their representatives had been involved in the development of personal plans.

Evaluations to determine if plans of care were effective were not meaningful. We had difficulty verifying that plans of care were meeting the needs of the individual. This potentially could be detrimental to the outcomes for people using the service.

This issue had been the subject of a previous requirement. We saw little progress with the improvement of the quality of the information within personal plans at this inspection. To comply with regulations and health and social care standards the provider must make significant progress with the development of personal plans.
See requirement 1.

Formal care reviews should take place at a minimum of every six months. This gives people using the service and their representative a formal opportunity to discuss current care and support and make decisions for the next six months. We could not determine that everyone living in the home had the opportunity to take part in a review on a six monthly basis. The minutes of the few reviews that had taken place were of a poor quality. They did not reflect a person centred approach or indicate any agreements for future care. We consider this approach fails to allow people using the service opportunity to meaningfully participate in the planning of their care.
See requirement 2.

Requirements

1. By 12 August 2019 the provider must ensure that individuals' personal plans clearly set out how the health, welfare and safety needs for the person are to be managed and met.

In order to do the provider must ensure-

- personal plans are developed in consultation with the individual and their representative to reflect choices and preferences of the person

- personal plans and care records reflect a responsive, person centred approach

- the quality and accuracy of records detailing the management of health care needs and risk management are improved. This includes, but is not restricted to, wound care and the management of stress and distress

- evaluations and the minutes of reviews must be outcome focussed, that is, reflective of how effective the planned care had been in promoting positive choices, experiences and quality of life for each individual.

- written language must promote dignity and respect for people using the service

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'.
(HSCS 3.13)

and in order to comply with Regulation 5(1) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 12 August 2019 the provider must develop and implement a system to ensure that care reviews are planned and take place on a six monthly basis for all service users.

The provider must submit a schedule detailing the dates of last review for all service users and the dates of the next planned review to the Care Inspectorate by 12 August 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

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

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'.
(HSCS 3.13)

and in order to comply with Regulation 5(2)(b) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

Requirements

Requirement 1

In order to ensure that medication is managed safely and in line with best practice guidance the provider must put in place safe and effective medicines management systems by 31 January 2019.

This includes, but is not restricted to the following:

- carers notes are used routinely to detail reasons for medication not administered

- medication prescribed to be given 'as needed' is managed safely and in line with best practice guidance

- clear protocols for administration of 'as needed' medication are developed to guide staff.

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

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

This requirement was made on 21 December 2018.

Action taken on previous requirement
There was a continued need to ensure that the management of medication was safe and effective.

This requirement has not been met and will continue. This is detailed in Key Question 1 of this report.

Not met

Requirement 2

In order to ensure that all records about resident's care and support set out how the health, welfare and safety needs of the individual are to be managed and met the provider must ensure the following by 31 January 2019.

- personal plans and care records are accurate, sufficiently detailed and reflect the care planned or provided

- personal plans fully reflect that advice from healthcare professionals has been followed

- evaluations are outcome focussed and reflective of how effective the planned care

had been in promoting positive choices

- personal plans are developed in consultation with the individual and their representative reflecting choices and preferences of the person

- provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records and following best practice guidance

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15), and in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

This requirement was made on 21 December 2018.

Action taken on previous requirement

Personal plans were completed . However, the quality of the information needs to improve to fully reflect the choices and preferences of the individual.

This requirement has not been met and will continue. This is detailed in Key Question 5 of this report.

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 improve the range and availability of meaningful activities offered in the home considering individuals abilities, preferences and choices.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

This area for improvement was made on 21 December 2018.

Action taken since then

There was a diary of activities and events in place. The service had made links with local groups to help people maintain with their community.

There was a continued need to ensure that everyone in the home had access to activities that were meaningful to them . this was with specific reference to the access to meaningful activity for people living with dementia.

This area for improvement will continue and is detailed in Key Question 1 of this report.

Previous area for improvement 2

The provider should review and develop the management of mealtimes to ensure that people are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.
Consideration should be given to a review of the menu to ensure choices and preferences are reflected.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'
(HSCS 1.34)

This area for improvement was made on 21 December 2018.

Action taken since then

There were some improvements regarding the management of mealtimes and staff were being deployed well to help support people to eat and drink.
Other aspects of the mealtime experience continues to need improvement.

This area for improvement will continue and is detailed in Key Question 1 of this report.

Previous area for improvement 3

The provider should ensure that strategies are put in place to reduce the noise within the home. This is with specific reference to the units supporting people living with dementia.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

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

This area for improvement was made on 21 December 2018.

Action taken since then

There was a continued need to reduce noise levels in the home, particularly in communal spaces.
This area for improvement will continue and is detailed in Key Question 4 of this report.

Previous area for improvement 4

The provider should improve the garden areas of the home. Access to the garden should be reviewed and staff should support people living in the home to use the outdoor space.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1)

'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 21 December 2018.

Action taken since then

There was a continued need to develop the garden areas of the home and improve access for people living in the service.

This area for improvement will continue and is detailed in Key Question 4 of this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	1 - Unsatisfactory
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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

How good is our setting?	3 - Adequate

4.2 The setting promotes and enables people's independence	3 - Adequate

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

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