

Meadowvale Care Home Service

1 Bridgend Court
Bathgate
EH48 2BF

Telephone: 01506 635 373

Type of inspection:

Unannounced

Completed on:

17 July 2019

Service provided by:

Meadowvale Care Limited, a member of
the Tamaris Group

Service provider number:

SP2007009148

Service no:

CS2003010653

About the service

Meadowvale (referred to in the report as "the service") is registered with the Care Inspectorate to provide accommodation and care for 52 older people.

The service provider is Meadowvale Care Limited, a member of the Tamaris Group.

The service is located in a residential area of Bathgate and shops, local services and public transport are nearby.

The service accommodation is on two floors. Access to the first floor is by stairs or lift. All residents' bedrooms are single rooms with an en-suite toilet and wash hand basin. Each floor has a large sitting room, a dining area and a smaller sitting room. The small sitting room on the first floor is the designated smoking area for residents.

There is a conservatory on the ground floor. Communal bathing/showering and toilet facilities are on both floors.

There is a car park to the front of the building and an enclosed garden to the rear.

The service's Philosophy of Care is:

"We are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate."

What people told us

We did not receive any comments from our care standard questionnaires of which 20 were sent to residents (six returned) and 20 to carers and relatives (one returned).

During inspection we met with eight relatives and they were all very positive about the qualities of staff working in the service. People thought that staff were kind and caring and looked after their relative well.

Residents were also complimentary about staff. We saw that there had been some very nice relationships built between staff, residents and family members.

Individuals felt that staff worked very hard but did not think that there was enough of them.

Examples were given of the time taken for their relative to be assisted due to staff being busy. Insufficient staffing levels was a common theme throughout this inspection.

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staffing?	1 - Unsatisfactory

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?

2 - Weak

We have assessed that the service is reaching a weak level overall in response to the question 'How well do we support peoples 'wellbeing'. Whilst we identified areas of strength, these were outweighed by weaknesses.

These weaknesses were due, in part to the insufficient levels and deployment of staff and the lack of effective management and leadership. These had a negative impact on the outcomes and care and support for people using the service.

Improvements are needed to ensure that people experience compassion, dignity and respect.

There was some very kind, caring and pleasant interaction when staff spend time with residents and one to one assistance was calm and respectful. Whilst staff knew the needs of residents they could not always provide care in the way they would like. We saw this when some basic care needs were not met, such as in the availability of two staff members to support and make residents comfortable.

Where concerns were raised, people were not listened to and there was little evidence to demonstrate how their views were taken into account. Information was not always shared in the best interest of the individual and this could compromise their dignity and respect.

Residents should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. However this was not happening in the home.

Whilst daily events were organised and some imaginative, age appropriate celebrations took place, for much of the time, some people passed the day asleep in wheelchairs or chairs without stimulation or interaction.

People's care and support was based on routines and tasks in the home and there was no sense of enhancing their care through social interactions. This can best be achieved if the past life and hobbies and wishes and aspirations of the individual are known. The information held was not sufficient to support people and records were often blank. One area for improvement had not been implemented and is carried forward.

See area for improvement 1.

People should experience high quality care and support to meet their healthcare needs and for a sense of well-being. There had been some improvements in aspects of care, such as continence management which also helped people maintain a sense of dignity and respect.

Work had taken place to make the dining experience more pleasurable and this can encourage better food and fluid intake for people. There remained some issues to be addressed in respect of nutrition but the management were aware of the need to address this.

Improvement had been made in handwritten entries for medications. However we could not be assured that people were receiving their prescribed medication as items were sometimes out of stock. It is important that people have medication as prescribed to optimise their health and well-being. One requirement outstanding in respect of medication is carried forward with amendments taking account of improvement made. See Requirement 1.

We had significant concerns about how people were helped to look after their skin. Many residents needed prescribed treatments to maintain supple, healthy skin and to avoid breakdown. Additionally, people at high risk of developing pressure ulcers need assistance and support to move their position. Staff were not guided in the care that should be delivered and as a result some individuals suffered damage to their skin and non healing wounds.

This aspect of care is the subject of an Improvement Notice.

Requirements

1. In order to meet the health and welfare of residents, the provider must ensure that residents' receive their medication as prescribed and in line with the prescribers instructions and 'good practice guidance'. To achieve this, the provider must by 31 January 2019:

- a) medications must be ordered in a timely manner to avoid people missing treatment
- b) the use of codes and/or carers' notes on medication administration records (MARs) to indicate the reason a medication has not been given as prescribed
- c) put in place protocols for medication which is given on an 'as required' basis to give information on how residents should be supported before giving medication.
- d) staff must be clearly directed in the use and application of topical preparations

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention that I experience is safe and effective."

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

Areas for improvement

1. In order for residents to have an active life and experience a range of social activities, the service should develop the range of recreational opportunities on offer, both in and out of the home.

The service should use information gained from evaluations of activities, overview records and feedback from residents to develop a programme, for both group and individual activities. This will help to develop the range of social opportunities that is meaningful for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.25 which state 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" and 2.22 which state "I can maintain and develop my interests, activities and what matters to me in the way that I like."

How good is our leadership?

1 - Unsatisfactory

We have assessed that the service is reaching an unsatisfactory level overall in response to the question 'How good is our leadership?'. There are major weaknesses in aspects of the performance of the service which requires immediate action to improve the experiences and outcomes for people.

Residents' should expect that their experiences are continually evaluated so that, as far as possible, they are

provided with the right care and support. It was positive that external auditing took place and confirmed that issues relating to health and safety were in order.

There were some quality assurance processes in place however these were largely ineffective. The approaches taken were not sufficiently detailed to show that improvements had been made. We discussed the need for continued audit of the quality of the service with the management. Requirement 1.

There were key issues in the service which have led to poor outcomes for residents. These included the staffing levels and staff deployment, the lack of guidance and support given to staff to deliver quality care and the lack of reporting of significant events to keep people safe and free from harm.

There were a number of key posts unfilled and this impacted on the management and leadership available to guide and support staff in delivering care and in organising and running the care service. Management and leadership is crucial for the smooth operation of a care service and to make sure that standards are of a high quality.

This issue is the subject of an Improvement Notice.

Requirements

1. In order to ensure the health and welfare of residents, the provider must ensure that there is a culture of continuous improvement within the organisation, having robust and transparent quality assurance processes. To achieve this, the provider must by 31 January 2019:

a) Review the current audit system to make sure that issues identified in this report (such as the dining experience, staff practice, medication management and the environment) can take into account the outcomes for residents.

b) Make sure that any action identified for improvement are dated and signed off as completed and made available at inspection.

c) Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

How good is our staff team?

1 - Unsatisfactory

We have assessed that the service is reaching an unsatisfactory level overall in response to the question 'How good is our staff team?'. There are major weaknesses in aspects of the performance of the service which requires immediate action to improve the experiences and outcomes for people.

We observed and spoke with staff whose practice and wishes for residents took account of the principles of compassion, dignity and respect. They were aware of the need to deliver quality care but were hampered by the lack of leadership and direction in the service. This impacted on the care that was given to many residents who did not receive person centred care but care that was based on ritual and routine. Reporting of incidents/ significant events is expected but this did not always happen or was not managed in a way to safeguard people. Whilst there was no intent on behalf of staff, they need to be guided in practice.

Residents should expect that their care needs are met by the right number of people who have time to support, care and speak with them and to also be responded to promptly when they ask for help. This was not what we found at this inspection.

Dependency assessments were used however were not effective in making sure there were sufficient numbers of staff to fully meet residents needs. Staff were working under pressure and important aspects of care and support were being missed. Despite staff's best efforts care and support was basic and there was little time for speaking with residents or supporting them to maintain interests. Without sufficient staff working in the service residents did not receive quality support to meet their well-being needs and the problem with staffing levels had led to low staff morale and poor team work. This is the subject of an Improvement Notice.

How good is our setting?

3 - Adequate

We have assessed that the service is reaching an adequate level overall in response to the question 'How good is our setting?' There are some strengths but there remain some key areas of performance which need to be improved.

Meadowvale has seen improvement in the environment over several years which has benefitted people living in the service. This included replacement windows and ensuite vanity units. We saw that some residents had personalised their rooms with their own items such as furniture, ornaments and enjoyed spending time there.

Indoors was spacious with room for residents to walk around. The outdoor space had been tidied since our last inspection but this could be further improved to make it inviting and comfortable for people to sit. Insufficient staffing levels meant that residents could not always experience all that the setting offered.

Residents should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. This was not always the case as there was a lack of attention to cleaning and making sure that facilities were of an acceptable standard. This can compromise the dignity of residents.

Much of this work can be easily rectified with appropriate staff levels to complete the jobs and for comprehensive audits to identify any improvements needed taking place.

How well is our care and support planned?

2 - Weak

We have assessed that the service is reaching a weak level in response to the question "How well is our care and support planned?". Whilst we identified areas of strength, these were outweighed by weaknesses.

Residents should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices. Care plans were not always completed or in place and used to direct and guide staff in the care needed by an individual. This means that care can be inconsistent and does not respect the needs and preferences of each person.

There was a lack of recognition of people's past history which would give a sense of the individual and this would aid the development of care plans which set out what is important to the person both now and in the future.

Risk assessments were not always completed or updated monthly for key aspects of care, for example in relation to health and pressure ulcer prevention. This meant that care planning could be inaccurate and would not guide staff in delivering care.

Care plans were not adequately evaluated to show the outcomes for people. This meant that there was no consideration of what was working well and what needed to be changed to make sure that care was appropriate.

Additionally there was a lack of care reviews which is important to make sure that relatives or significant others could be involved in discussing the care needs of the resident.

One requirement remains outstanding and this is carried forward with amendments where we have concerns. Requirement 1.

Requirements

1. In order to ensure that residents experience high quality care and support that is right for them, the provider must :

Develop care plans in respect of personal care (including oral care), skin care, nutrition, continence management, stress and distress and activity. These must take account of risk assessments (where appropriate) and reflect the choices and wishes of individuals.

Ensure that there is a plan to carry out reviews that are not up to date and that reviews are on going.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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, in order to comply with Regulation 4.-(1) A provider must-(a) make proper provision for the health, welfare and safety of service users and, Regulation 5.-(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 31 January 2019.

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

Requirements

Requirement 1

In order to ensure the health and welfare of residents, the provider must ensure that residents' skin is cared for to minimise risks of skin damage and where damage has occurred, appropriate treatment is delivered to aid healing. To achieve this, the provider must by 31 January 2019:

a) Residents are supported with personal hygiene according to their needs and wishes.

b) Creams and lotions are applied according to the prescription.

c) measures put in place, for example repositioning, to reduce the risk of development of pressure ulcers are adhered to.

b) wound care assessments and treatment plans are completed taking account of 'best practice'

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention is safe and effective".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 22 October 2018.

Action taken on previous requirement

We found that there had been improvement in meeting the personal hygiene needs of most residents. However there was insufficient care and support to care for the skin, minimise the risks of breakdown and prevent the development of pressure ulcers.

This aspect of care is now subject of an Improvement Notice.

Not met

Requirement 2

In order to protect the dignity, respect and health and welfare of residents, the provider must ensure that residents' are supported with managing their continence. To achieve this, the provider must by 31 January 2019:

- a) Ensure that residents' needs are reassessed and documented in care plans to guide staff in the management of care.

- b) Ensure that residents are supported to access toilet facilities when they request.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and the principles which states "I am respected and treated with dignity as an individual".

It is also necessary to comply with Regulation 4 (Welfare of Users) and 4(1)(b) (dignity) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 22 October 2018.

Action taken on previous requirement

We saw staff respond to requests and found that they were aware of the continence needs of residents. We did not see anyone uncomfortable or wet.

We have assessed that this requirement has been implemented .

However improvement is needed in care planning for this aspect of care and should be taken into account when care planning is reviewed.

Met - outwith timescales

Requirement 3

In order to protect the dignity, respect, independence and health and welfare of residents, the provider must ensure that residents' have a positive dining experience to encourage and support adequate food and fluid intake. To achieve this, the provider must by 31 January 2019:

- a) Ensure that there is sufficient space in the dining room to avoid possible harm to residents.

- b) Ensure that the atmosphere is calm and relaxed.

- c) Ensure that residents have appropriate crockery and cutlery which can help aid their independence.

- d) Ensure that residents are supported to eat and drink if they need or request.

- e) Ensure that records are maintained and audited accurately where any resident has an intake which is monitored.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and the principles which states "I am respected and treated with dignity as an individual" and 1.34 which states: "If I need help with eating and drinking, this is carried out in dignified way and my personal preferences are respected". It is also necessary to comply with Regulation 3 (Principles) (independence) and 4 (Welfare of Users) and 4(1)(b) (dignity)of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 22 October 2018.

Action taken on previous requirement

Considerable work had taken place to improve this aspect of care and whilst we found some inconsistent practice over the course of inspection, we thought that there had been sufficient improvement in the dining experience to make sure that residents were comfortable and assisted and had appropriate crockery and cutlery. The majority of people who had their fluid intake monitored exceeded their daily target. However, where artificial feeding regimes were in place the recording and overview of this could have been better. This was shared with the management.

Met - outwith timescales

Requirement 4

In order to meet the health and welfare of residents, the provider must ensure that residents' receive their medication as prescribed and in line with the prescribers instructions and 'good practice guidance'. To achieve this, the provider must by 31 January 2019:

- a) medications must be ordered in a timely manner to avoid people missing treatment
- b) the use of codes and/or carers' notes on medication administration records (MARs) to indicate the reason a medication has not been given as prescribed
- c) put in place protocols for medication which is given on an 'as required' basis to give information on how residents should be supported before giving medication.
- d) handwritten prescription changes should clearly detail who has authorised a change or addition
- e) staff must be clearly directed in the use and application of topical preparations

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states: "I am in the right place to experience the care and support I need and want" and 1.24 which states "any treatment or intervention that I experience is safe and effective."

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 22 October 2018.

Action taken on previous requirement

We were satisfied that hand written entries were appropriately completed. However the remaining aspects of medication management needed to be improved to meet the health and welfare needs of people. This was particularly in respect of out of stock medications. We are aware that a system of audit was in place to highlight areas for improvement but these need to be cross checked and signed off. We will carry forward this requirement.

Not met

Requirement 5

The provider must review the staffing levels in the home. In order to achieve this the provider must:

- a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.
- b) Review the roles and responsibilities of all staff needed to work in the service.
- c) Ensure that there are sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services).

Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement: To commence on receipt of this letter and for on going assessment.

This requirement was made on 18 May 2015.

Action taken on previous requirement

We acknowledge that the provider had implemented a system to assess the dependency needs of staff working in the home to deliver direct care.

However, staff had additional roles and responsibilities and we could not see that time had been accounted for to run the home and provide an acceptable level of care in the service.

This had impacted on the outcomes and quality of life for people who lacked stimulation and interaction and appropriate care.

Staffing and deployment is now subject of an Improvement Notice.

Not met

Requirement 6

The provider must ensure that the premises are maintained to a suitable standard and ensure health and safety measures are improved. In order to do this the following must be addressed:

- a) The refurbishment of the building continues and takes particular account of bedroom vanity units and maintenance issues.
- b) Ensure care equipment, such as commodes and shower chairs are fit for use and that they are clean.
- c) Pantry areas must be clean and storage of foodstuff must show that they are fit to be eaten.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services)

Regulations 2011 SSI 2011/210 Regulation 3 Principles, Regulation 4 1 (a) Welfare of users and Regulation 14 (b) Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people Standard 4 Your environment, Standard 9 - Feeling safe and secure.

Timescale: To commence on receipt of this report and for completion by 31 January 2019.

This requirement was made on 18 May 2015.

Action taken on previous requirement

We acknowledge that there had been continued work over the years to make improvements to the environment. However, there remained issues that still needed to be addressed, such as the general cleanliness and maintenance of bedrooms and some items of equipment.

We understand that staff are taking on additional roles, for example the care staff looking after the pantry areas. These were much improved with food items marked and dated.

This, along with the planned decoration and maintenance of bedrooms as they become vacant, should give people a quality of facilities that they should expect.

We have assessed that a review of staffing numbers, to allow them time to carry out their duties, should help improve the environmental issues that remain. (Staffing is subject to an Improvement Notice).

We will continue to look at the environment at future inspections.

Met - outwith timescales

Requirement 7

In order to ensure that residents experience high quality care and support that is right for them, the provider must:

- Develop care plans in respect of personal care (including oral care), skin care, nutrition, continence management, stress and distress and activity. These must and take account of risk assessments (where appropriate) and reflect the choices and wishes of individuals.
- Ensure that consent is agreed and documented for the use of restrictive measures.
- Ensure that there is a plan to carry out reviews that are not up to date and that reviews are on going.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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, in order to comply with Regulation 4.-(1) A provider must -(a) make proper provision for the health, welfare and safety of service users and, Regulation 5.-(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 31 January 2019.

This requirement was made on 22 October 2018.

Action taken on previous requirement

This requirement has not been implemented.

Care plans continued to need to be developed. Examples we found were:

- * a lack of up to date photos which were signed and dated
- * a lack of updated risk assessments
- * a lack of completed documents associated to care planning which would give a picture of the person and their wishes and preferences
- * A lack of evaluations to show if any care needed to be reviewed or altered.

It was difficult at times to find and follow the current care needs of some residents.

Additionally care reviews were not all up to date which meant that residents and their families were not given the chance to say what could be better to improve the quality of life in the home.

This requirement is carried forward.

Not met

Requirement 8

In order to ensure the health and welfare of residents, the provider must ensure that there is a culture of continuous improvement within the organisation, having robust and transparent quality assurance processes. To achieve this, the provider must by 31 January 2019:

- a) Review the current audit system to make sure that issues identified in this report (such as the dining experience, staff practice, medication management and the environment) can take into account the outcomes for residents.
 - b) Make sure that any action identified for improvement are dated and signed off as completed and made available at inspection.
 - c) Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.
- This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

This requirement was made on 22 October 2018.

Action taken on previous requirement

A number of audits took place in the service but we could not see written evidence to show that actions arising from all audits had been signed off as completed.

For example, medication management which is significant for the wellbeing and health of individuals. The use of audits in helping the service improve needed to continue and be developed to review and monitor all aspects of the service. There was sufficient improvement in auditing to show where the service needed to make changes but this needs to be followed through to completion. This requirement is carried forward.

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

In order for residents to have an active life and experience a range of social activities, the service should develop the range of recreational opportunities on offer, both in and out of the home.

The service should use information gained from evaluations of activities, overview records and feedback from residents to develop a programme, for both group and individual activities. This will help to develop the range of social opportunities that is meaningful for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.25 which state 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" and 2.22 which state "I can maintain and develop my interests, activities and what matters to me in the way that I like."

This area for improvement was made on 22 October 2018.

Action taken since then

This area for improvement has not been implemented.

There was a number of activities and events in the home but there were times when residents were unstimulated and lacked interaction.

Documents which told us about the resident and their preferences and wishes were incomplete.

The service is recruiting an activity coordinator whose remit, in part, will include the gathering of this key information. This helps staff get to know the resident well and develop a programme tailored for the home.

This area for improvement will be carried forward.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
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	2 - Weak
2.3 Staff are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.3 Staffing levels and mix meet people's needs, with staff working well together	1 - Unsatisfactory

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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