

Oversteps (Care Home) Care Home Service

Earls Cross Road
Dornoch
IV25 3PJ

Telephone: 01862 810393

Type of inspection:

Unannounced

Completed on:

21 August 2019

Service provided by:

Church of Scotland Trading as
Crossreach

Service provider number:

SP2004005785

Service no:

CS2003008465

About the service

This service has been registered since 2002.

Oversteps Care Home provides a care service for up to 24 older people. It is situated in the coastal village of Dornoch. Oversteps is managed by Crossreach, which is the social work department of the Church of Scotland.

The aim of the service as noted in the information pack:-

'To provide a happy and caring environment enabling residents to live as independently as possible through individually designed personal plans.'

What people told us

During the inspection we spoke with eight people who use the service and one relative/carer. We also took in to account feedback we received from the eleven care standard questionnaires we sent out to people who use the service and seven from relatives/carers.

Some of the comments were as follows:

- 'I like most of the staff. I have been here a long time'
- 'I like living here. The staff are kind and caring'
- 'I feel comfortable to raise a concern'
- 'I don't worry about my mum, I can go away happy'
- 'I like to go out. I don't go out as much now, but its not because I am stopped from going'
- 'Sometimes aware of the lack of available staff'
- 'I have no awareness of my opinion being sought'
- 'If I had any complaints I would just tell someone.'

When we asked people who used the service if, overall, they were happy with the quality of care they received, seven out of 11 people strongly agreed, three agreed and one did not know.

Other comments from our discussions during the inspection are included in the body of this report.

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?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	4 - Good

How well is our care and support planned?	3 - Adequate
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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

At this inspection we found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact, but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should experience warm, compassionate and nurturing care and support. Through our observations we saw that staff had good awareness of people's needs and preferences and that they knew them well. When we observed staff practice through our SOFI (short observation framework for inspection) assessment we could see that most staff supported people in a kind and caring way, showing patience and understanding. This had a positive benefit on people's wellbeing.

When we asked people about the quality of care and support provided by the staff they told us:

- 'I like to be in my room. Most of the staff are nice, but some are not so helpful'
- 'The staff have always treated my family member very well'
- 'Some of the staff are very caring'
- 'There is no such thing as privacy here.'

The service continued to experience staffing shortages and there was still a high use of agency carers. We were told that, at times, people had to wait long periods of time to receive the support they needed. This impacted on some people's dignity and caused them distress. **(See requirement 1 under key question 3)**

People should be able to choose to have an active life and participate in a range of recreational, creative, physical and learning activities every day, both indoors and outdoors.

There was evidence to support that people were offered to participate in some planned activities. The service should improve the way they display information about activities. Activity information should be displayed in an appropriate format, so that those people who live with dementia, or have communication difficulties, also have the information they need to make an informed choice about how they spend their day.

People continued to enjoy trips out and the various group activities such as knitting and arts and crafts. There was an activities coordinator and she worked hard to provide both group activities and also one to one, for those people who chose to spend most of their time in their own room. We noted that, when the activities coordinator went out on a day trip, care staff did not take on the responsibility to provide activities to those people who remained in the home. This had the potential to affect people's health and wellbeing as although the weather was nice and there were beautiful accessible gardens, we noted that people sat for long periods of time without any stimulation. **(See area for improvement 1)**

People's care and support should meet their needs and be right for them.

We could see more evidence that people's needs were being assessed to monitor areas of risks. There were some good examples where the management and staff had suggested changes to people's care with health professionals where they felt these would improve people's care and quality of life. Staff contacted relevant

health professionals when they had concerns about people's health. We saw an improvement in the way people's skin care needs were being monitored.

If people need help with eating and drinking, this should be carried out in a dignified way and their personal preferences should be respected. People were happy with the meals and told us the food was good. We carried out an observation at lunch time and tea time. Both these observations showed some positive interactions between staff and people who used the service. Where people required support to eat this was carried out in a dignified and respectful manner. The meal time experience appeared calm and unrushed. The chef came into the dining room during the meal and spoke with people, which they clearly enjoyed. Staff need to ensure that they use 'show and tell' to offer choice to those people who have communication difficulties. **(See area for improvement 2).**

We noted that breakfast times were staggered, which we thought was positive, as people obviously had a choice as to what time they preferred to get up. We did note, however, that the lunch time was set. Therefore, for some people breakfast almost run into lunch time. The service should look at this and ensure that there is adequate time between meals. This will ensure that people's nutrition needs are fully met. **(See area for improvement 3)**

We looked at the medication system and found that the audit was now of a better standard and was, therefore, picking up continuous errors and issues with some staff practice. Although these issues were being highlighted by management, no action had been taken to ensure that people's health and safety was being protected. Staff were still not consistently using a pain assessment tool to assess and manage people's pain. **(See requirement 1)**

Requirements

1. By 31 October 2019, the provider must ensure that where people need support with their medication they receive this at the right time, safely and effectively.

In order to do this the provider must:

- a) ensure the care and support people experience with medication and treatment is based on relevant evidence, guidance and best practice.
- b) ensure arrangements are in place to monitor administration and recording practices and to take prompt and appropriate action where any issues are identified in relation to this;
- c) ensure that information relating to people's medication, for example, assessments and the circumstances in which it should be given, are recorded accurately and evaluated regularly. This is to ensure that people's medication remains effective in bringing about relief from their symptoms.
- d) ensure suitable arrangements are in place and are followed so that medication is being used within date and that stock piling of medications does not happen.
- e) ensure where people have been prescribed topical creams that the staff follow the directions on the topical medication administration record (Tmar). This will support good outcomes for people's health and well being and ensure that people receive their treatments as prescribed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

Areas for improvement

1. The provider should ensure that people are offered opportunities to take part in regular activities that are meaningful to them, regardless of their abilities and needs.

In order to do this the service should:

- a) use the information about people's past and present interests and wishes to develop their personal plan. This should support people with activity that is meaningful to them in their day to day life and which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b) ensure that people continue to receive opportunities to participate in activities when the activities coordinator is not in the building.
- c) look at ways that people who spend most of their time in their room can be involved in activities that are meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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' (HSCS 1.25).

2. To ensure that people who live with dementia, or have communication difficulties, are offered choice at meal times the service should use 'show and tell' so that people can see and smell the food and make a choice that is right for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

3. To ensure that people's individual nutritional needs continue to be met, the service should give consideration to the timings of meals and whether there is sufficient time between each meal for those people who choose to rise later in the morning.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'My care and support meets my needs and is right for me' (HSCS1.19).

How good is our leadership?

3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact, but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be confident that the service and organisation are well led and managed. We received some positive comments about the management of the service. People told us they thought that things were getting better and that the management were approachable. We were told at the time of the inspection that the manager would be leaving in the near future. This meant a time of uncertainty again for people who use the service and staff, as the provider would have to start the recruitment process again. The deputy would be acting up while the recruitment process was carried out. Staff were positive about this and stated that they felt that she was a very stabilising influence on the service.

There was evidence to support that meetings were being held for people who use the service, their relatives/ carers and also for staff. Although these appeared to be an opportunity to share information and gain people's views, we could not see evidence that any action plans had been developed from these meetings. It was, therefore, difficult to evidence how people's feedback and views were being used to influence changes and make improvements to the service. **(See area for improvement 1)**

The management had worked to make some improvements in relation to issues identified at the last inspection, however, there were still areas of concern that continued. This had the potential to impact on outcomes for people. For example, staff care practices, medication, staff training, supervision and appraisal and monitoring the quality of the service. The provider and manager needed to have a more proactive approach to monitoring aspects of the of the service delivery, with a focus on sustaining and building on improvements.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

There was an improvement plan for the service and this took into account any requirements or areas for improvement from previous inspections. The kings fund tool had been used to assess the environment of the home and this had now been added to the improvement plan. We could see that the improvement plan had been reviewed on 29 June 2019. Given the on going concerns in relation to staff recruitment, staff practice, and environmental issues we suggested that the plan should be more of a live document with regular review dates to enable the service to monitor progress in each area. **(See area of improvement 2)**

We could see that the management were carrying out audits of falls, medication, accidents and people's levels of dependency. There was some evidence to support that the results of these audits were used to make changes to people's care and influence staffing levels in the home. The service should move forward and look more at monitoring people's experiences to ensure that outcomes are being met and that people's care and support meets their needs and is right for them. **(See area for improvement 3)**

Areas for improvement

1. To ensure that people who use the service and their relatives/carers are involved in how the organisations works and develops the provider should:

a) offer regular opportunities for people involved with the service to meet, share information and gather feedback.

b) develop a plan to take forward any actions and give people feedback as to how their input has been used to make improvements to the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I can be meaningfully involved in how the organisations that support and care for me work

and develop' (HSCS 4.6) and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

2. The provider should ensure that the improvement plan is a live document, which is regularly reviewed. This will support the monitoring of any progress in the areas of concern highlighted through inspection and the homes on assessment. This includes but is not limited to:-

- a) staff induction, training and development.
- b) medication practice
- c) supervision and appraisal
- d) quality assurance
- e) improvement of aspects of the environment

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

3. To ensure that people's care and support is right for them and meets their needs the service should use the health and social care standards to support the development their audits to look more at people's experiences.

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

How good is our staff team?

2 - Weak

We found that there were strengths but these are outweighed, or compromised, by significant weaknesses. The weaknesses either individually, or when added together, substantially affect people's experiences or outcomes.

People should 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.

Through our observations we noted that staff were very professional kind and patient when caring for people. We did however, receive some feedback that not all staff were polite and in some cases, were abrupt and impatient. Management were aware of concerns and had highlighted some further issues during the inspection through their own observations. Actions were taken and investigations were ongoing to ensure that people remained safe and protected at all times.

We looked at the staff training plan and we could see that some staff's training was out of date, or they had not completed the elearning courses specified as necessary for their job role. The management were making some efforts to follow this up through supervision and individual letters, however, the rate of completion remained poor. Where staff had completed training the quality of their reflective accounts was poor. This meant that the management struggled to evaluate training and gain evidence of staff's learning and how they intended to use it to improve their practice. Issues had been identified with aspects of staff practice, for example medication errors. We could see through supervision notes that suggestions of further training and reflective accounts had been made by management. However, we could see that, to date, this had not happened and the staff concerned continued to display poor practice in their day to day work. We felt that this was putting people at risk of harm. Although management were aware of this and were looking at ways to progress things, we asked that they take immediate action in relation to this matter. The management took action that day and we were satisfied that there was no longer a risk to people's health and wellbeing due to some staff practice in this area. **(See requirement 1).**

There was more evidence of staff being offered supervision at this inspection. This was used as an opportunity for staff to discuss any learning and development needs or any work issues. The quality of the supervision notes were varied. Some were very detailed and meaningful. We noted in the notes that were not so good that, where staff had brought up some important issues, these had not been taken forward and they remained an issue at the next supervision. **(See area for improvement 1).**

The system of appraisal was being developed and was just in the initial stages at the time of the inspection. Progress will be monitored on this at the next inspection.

People's needs should be met by the right number of people.

The service continued to have problems recruiting and retaining staff. There was still a reliance on agency staff to provide care and support to people. The management made efforts to try and use the same agency staff to provide consistency of care to people, however this was not always possible. The provider was continuing to recruit to fill the remaining staff vacancies and to cover any periods of annual leave, sickness or unplanned absences. **(See area for improvement 2).**

Requirements

1. By 31 December 2019 the provider should ensure that people receive care and support from staff who are trained, competent and skilled and are able to reflect on their own practice. In order to do this the provider should:-

a) ensure that where training for staff has been identified as necessary, staff complete this within the times stated on the service training plan.

b) ensure that where training has been carried out that staff are supported to evidence their learning through reflective accounts and being observed in their day to day work. This will support the manager in the evaluation of the training and ensure that staff practice has improved as a result of the training provided.

c) where issues are identified in staff's practice, which puts people at risk of harm, action should be taken immediately to ensure that risks are reduced and people are safe and protected at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes' (HSCS 3.14).

and in order to comply with The Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of Service users and Regulation 15 (Staffing)

Areas for improvement

1. The provider should ensure that the system of supervision and appraisal is meaningful for staff. There should be an opportunity for staff to discuss their learning and development needs, including strengths or areas for development in their work practices. Any issues raised should be taken forward by the manager and followed up at the next meeting. Each member of staff should be offered a yearly appraisal, which should take into account the views, suggestions and any issues from the supervisions to ensure that people's learning and development needs have been met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes' (HSCS 3.14).

2. The provider should continue to recruit staff to fill the current vacancies and cover any periods of annual leave or sickness. This is to support good outcomes for people by ensuring that people's health and wellbeing needs are met by the right number of people and the their care and support is right for them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

4 - Good

We found there were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People should experience an environment, which is relaxed, welcoming peaceful and free from avoidable and intrusive noise and smells. The environment was clean and homely. People's were encouraged to personalise their rooms with their own belongings which is important as personal objects are reassuring and can help to promote self-care. The communal lounge and dining room areas had a real homely feel to them and there was a nice relaxed atmosphere.

Premises should be adapted, equipped and furnished to meet people's needs and people should be empowered and enable to be as independent and in control of their life as they want and can be. The kings fund tool had been used to assess the environment of the home and this had raised some issues. We suggested that the results from this assessment be added to the service's continuous improvement plan, to enable them to take necessary actions and monitor any progress. **(See area for improvement 1).**

We found that some areas of the home looked tired and some of the furniture was in need of replacement. Some chairs had ripped areas on the arms and seats and there was sponge showing through. This would be an infection control risk to people and the provider should make arrangements to have these items removed and replaced. **(See area for improvement 1).**

There was a secure garden area to the front of the home. There was mixed views on this, as some people felt that the building of the high wooden fence had taken away the beautiful outlook from various parts of the home. People told us that they could access the garden area from the lounge and enjoy a walk whenever they wished.

Areas for improvement

1. The manager should take action from the results of their kings fund audit and also the environmental risk assessment, to ensure that the environment of the home is well maintained and that furnishings and equipment are of a good quality. This will promote positive outcomes for people and ensure that any risks from the environment are kept to a minimum.

This is 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).

How well is our care and support planned?

3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People's care plans should be right for them because they set out how their needs will be met, as well as their wishes and choices.

The service had made some improvements to the quality of the health assessments for people. We could see that assessments were carried out at the point of admission and the outcome of these assessments was used to develop care plans. In most of the samples we looked at, we could see that assessments were being reviewed and the care plan updated to reflect any necessary changes.

Each person had a care plan in place and these were now being developed with a much more outcome focussed approach. The information in the sample we looked at was person centred and the monthly evaluations were now much more meaningful. Work still needed to be carried out to develop care plans to ensure that they fully reflected people's care needs, for example, pain management and stress and distress. For some people their care plans gave staff clear guidance about how their care was to be delivered. However, the other care records which supported this did not always evidence that the care was being carried out, for example, topical marks and medication records. Due to some of the issues we found during the inspection in relation to pain assessment, medication and caring for people's skin we were not confident that the care plans were being put in to practice for everyone. This had the potential to impact on outcomes for people as their care and support may not have been offered reflecting their current care needs, wishes and preferences. **(See area for improvement 1)**

There was evidence to support that people were now being offered a regular review of their care plan. We were told by people who use the service, or their relatives/carers, that they were involved in this process and were asked for their views on aspects of their care. This would help ensure that people received a level of care that was right for them.

Areas for improvement

1. Management should ensure that staff have access to people's most current care plan information and are appropriately trained and supported to carry out care, which reflects people's needs and takes into account their wishes and preferences.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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

Requirements

Requirement 1

The provider must by 31 October 2018 make sure that people who use the service have a care plan in place that is a current and accurate reflection of their care needs. People who use the service (and/or their family member where appropriate) should be fully involved in this process. Each care plan should be regularly evaluated to ensure that the care provided by staff continues to be right for each person and takes into account their wishes and choices.

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

and in order to comply with: Regulations 4(1)(a) and 5(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 4 June 2018.

Action taken on previous requirement

Some work had been carried out in relation to this requirement. An area for improvement has been made to allow progress to continue to be monitored in this area. **See Key Question 5 in this report. How well is our care and support planned.**

Met - outwith timescales

Requirement 2

By 31 October 2018 the provider must ensure that staff have the skills and knowledge required to meet service users' needs. In order to do this the provider/manager should:-

- a) Carry out a training needs analysis for the staff team.
- b) Identify training requirements of all staff delivering care to service users.
- c) Develop a staff training plan based upon the outcome of the training needs analysis.
- d) Put a system in place to evaluate the outcome of any training delivered including improved outcomes for service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

and in order to comply with: Regulations 4(1)(a) and 15(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 4 June 2018.

Action taken on previous requirement

This requirement has not been fully met. **Please see Key question 3 in this report where a further requirement has been made. 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

People should receive the support they need and want to make the most out of life. People should have the opportunity to:-

Maintain and develop their interests and activities

Have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors.

Make and keep friendships

Participate in their local community in the way they want.

This is to ensure that people's care is consistent with the Health and Social Care Standards which states that, 'I get the most out of life because the people and organisation who support me have an enabling attitude and believe in my potential' (HSCS 1.6)

This area for improvement was made on 4 June 2018.

Action taken since then

Some improvements were noted in relation to this area for improvement, however further work is still needed to ensure that people are support to get the most out of life. **Please see key question 1 in this report - How well do we support people's well being.**

Previous area for improvement 2

People who have been assessed as at risk of developing pressure ulcers, dehydration or malnutrition have clear and accurate records kept, which reflect their agreed plan of care. There should be a system in place to monitor records.

This will ensure that people receive care and support that is right for them and supports their needs.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, 'My care and support meets my need and is right for me' (HSCS 1.19).

This area for improvement was made on 4 June 2018.

Action taken since then

At this inspection we found that staff were making good progress in this area. Records were being accurately kept of people's food and fluid intake and actions were taken where issues were identified and risks to people's health increased. SSKIN bundles were of a better standard than at the last inspection and staff had a better understanding of the importance of why they were being asked to complete these records. **This area for improvement has been met.**

Previous area for improvement 3

Where people live with dementia and/or live with communication difficulties and experience pain, staff should support their assessment and management of people's pain using an appropriate pain assessment tool. Where staff require training in the use of the tool this should be provided by the service or externally. This will help ensure that people's pain is evaluated and managed appropriately.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, 'My care and support meets my need and is right for me' (HSCS 1.19) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 4 June 2018.

Action taken since then

This area for improvement has not been met. **Please see key question 1 and key question 3 in this report.**

Previous area for improvement 4

Work should continue to ensure that the programme of supervision and appraisal is formalised. The manager should develop a plan, which identifies when staff supervision/appraisals are due. Work should continue with this until the programme of supervision covers all levels of staff and becomes established practice. The systems of supervision and appraisal should be linked to the training plan and observed practice.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 4 June 2018.

Action taken since then

This area for improvement was not been fully met at this inspection. **Please see key question 3 - How good is our staff team for further information.**

Previous area for improvement 5

The management and staff should ensure they continue to work on the quality assurance systems and processes. This is to ensure they effectively assess the quality of the service they provided. Where audits have been carried out, action should be taken and the audit cycle completed. This is to ensure that the audit process has been effective in bringing about improvement and has had a positive impact on outcomes for all those who use the service.

This is to ensure that people's care and support is consistent with the Health and Social Care Standards which state that, 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 5 June 2018.

Action taken since then

This area for improvement has not been fully met. **Please see key question 2.2 in this report - 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.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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