

# Kincaid House Care Home Service

Kincaid House  
Oakfield Terrace  
GREENOCK  
PA15 2AH

Telephone: 01475553920

**Type of inspection:**  
Unannounced

**Completed on:**  
3 February 2023

**Service provided by:**  
Kincaid Care Limited

**Service provider number:**  
SP2021000161

**Service no:**  
CS2021000264

## About the service

Kincaid House is a care home registered for 90 older people. The service is located in a residential area of Greenock. It is close to local amenities, including shops and transport links.

The provider is Kincaid Care Limited.

The care home is a purpose built property with accommodation over three floors, divided into three units (suites) - Arran, Bute, and Waverly. All 90 bedrooms have ensuite facilities that include their own wet floor shower. There are lounges and dining facilities, small kitchen areas, and adapted bathrooms on each level. The garden area is well landscaped.

There were 84 residents living in Kincaid House when we visited.

## About the inspection

This was an unannounced inspection which took place on 26, 27, and 30 January 2023. The inspection was carried out by four inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 16 people using the service, and five family members
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

## Key messages

- Staff conveyed a commitment to improve experiences for people who use the service, however, management, leadership, and teamwork must be improved to achieve this.
- There were some good examples of information within individual support plans. This was not consistent for every person using the service.
- To ensure that people get the most out of life, opportunities to participate in therapeutic and meaningful activities should continue to be developed.
- Quality audits were not being consistently used to achieve improvements.
- Environmental upgrades require to be completed to ensure people benefit from a safe, clean, and comfortable living environment.
- Staff training and development processes must be improved to ensure staff have the required knowledge, skills, and competence to meet people's needs.

## 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?	2 - Weak
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 made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement. Information detailed within Key Question 5 'How well is our care and support planned?' was also considered when making this evaluation.

The service had made appropriate referrals for the input of external health professionals, such as GPs, care home liaison nurses, and older people's mental health team. We saw that the advice given had led to improved outcomes for people who use the service in areas such as wound management.

We reviewed medication management systems and found that there had been improvements made since the last inspection. Related practices were being undertaken safely and effectively.

People who experience stress and distress should be confident that staff have been given clear guidance on what strategies to use. This is to help the person regain a sense of calm in themselves, and security in their surroundings. The quality and accuracy of information within support plans and risk assessments varied. It was not always clear how to provide safe and effective care. Our observations evidenced people were not always helped to manage their day or interactions to reduce the risk of them becoming stressed and/or distressed. A requirement has been made under Key Question 5 'How well is our care and support planned?'

Where a person is known to experience falls, measures should be in place to reduce the risk of these happening. Information recorded within support plans, risk assessments, and falls records did not always provide clear advice on how to best to support the person. Falls related records did not evidence that there had, in every instance, been a thorough review to identify actions to be taken to reduce the risk of this happening again for the person. A requirement has been made under Key Question 5 'How well is our care and support planned?'

We looked at how people's needs were being assessed and met when it was known they were at risk of losing weight or becoming dehydrated. There were examples where this had been managed well, however, the practices in this area did not all promote a healthy intake of food or fluids for everyone. See 'Outstanding areas for improvement' for details of where we had previously highlighted concerns. A requirement has been made under Key Question 5 'How well is our care and support planned?'

Mealtimes should be used to create opportunities for social interaction and conversations. There was a range of choice in relation to meals, snacks, and drinks available across the day. Encouragement and physical support was provided at meal times for some, however, this was not the case in every instance. To improve the dining experience, tables should be set and staff should be on hand to help where required. We asked that the tables being used by people to have their meals in bed be replaced, where required, to allow for a safe, comfortable, positioning whilst eating and drinking. (See area for improvement 1).

We saw that some people looked clean and were well presented. For others, we had concerns in relation to washing, shaving, hair washing, nail care, and clothing. We looked at records relating to the provision of these areas of care and found that they were being poorly completed. There was an absence of effective daily oversight by the leadership team. A requirement has been made under Key Question 5 'How well is our care and support planned?'

An area for improvement in relation to detailed inventories of people's personal belongings has been repeated. (See area for improvement 2).

Visiting arrangements were not restrictive and were taking place in line with Scottish Government 'Open with Care' guidance. This meant that people could visit their loved ones, or take them out, as they wished.

Issues with the phone system had negatively impacted on incoming and outgoing calls. The provider responded quickly to our concerns. Assurances were given that the issues had been rectified with appropriate contingencies put in place.

Having regular access to meaningful activities both within and outwith the care home is important for individuals' well-being. There was an activity planner which detailed activities within the care home and in the local community. Records evidenced that these had been enjoyed by the people who had taken part.

The activity planner did not meet the needs of every person using the service. For some, this meant spending long periods of time with no interaction and nothing to keep them occupied. This can increase the risk of falls, and stress and distressed behaviours. To improve people's sense of purpose and wellbeing, the provider should support the whole staff team to provide opportunities for more therapeutic and meaningful activities. Consideration should be given to how the units could be better equipped, and to how the communal spaces could be better used. (See requirement 1).

Those we spoke to from the housekeeping and laundry team were knowledgeable about their roles in relation to infection prevention and control (IPC). Cleaning schedules were in place and were being completed appropriately. There were plenty stocks of the required materials for staff to use for these roles and for others who were providing direct care.

We highlighted some concerns in relation to infection prevention and control and the environment. We previously asked that the provider ensure that their organisational quality assurance systems be monitored, audited, and evaluated, to ensure that the IPC practices within the home keep people safe. See 'Outstanding Areas for Improvement.' This has been repeated. (See area for improvement 3).

## Requirements

1.  
By 12 May 2023, the provider must ensure that a personalised programme of activities is in place for each resident living in the home, taking into account the abilities and preferences of everyone experiencing care.

This is to comply with Regulation 4 (1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

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

## Areas for improvement

1. To promote a positive experience for people and support good nutrition, hydration, and well-being, the provider should review and improve dining experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (1.35).

2. In order to ensure that people's belongings are kept safe and secure, the service should ensure that an inventory of valuables and belongings are recorded on admission. Where people do not wish valuables to be kept by the service for security, the discussion with the person or their representative should be recorded.

This is in order to comply with the Health and Social Care Standards which state: 'My human rights are central to the organisations that support and care for me' (4.1).

3. To keep people safe, the provider should implement their organisational quality assurance systems to monitor, audit, and evaluate the IPC practices within the service and the quality of the environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

## How good is our leadership?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

Staff spoke positively about the support they received from the leadership team. Daily flash meetings had been set to allow each department in the home to share information and to identify priorities. It had been hoped that they would assist the management team to have a clear oversight of the operations of the home. The frequency and quality of the meetings was inconsistent, therefore, had not had the planned impact on the delivery of the service. (See requirement 1).

People who use care services should benefit from a culture of continuous improvement achieved through robust and transparent quality assurance processes. Quality assurance systems and tools were available to help the management team to identify and prioritise improvements. However, these were not consistently used to good effect and were not always completed within the required timescales or used to devise improvement action plans. (See requirement 1).

We were given assurances by the provider during the inspection that a range of supports would be put in place to help with the improvements we have identified.

During the inspection we observed the day-to-day co-ordination of the delivery of care and support. Staff were pleasant in their interactions with the people who use the service. However, these were mainly time limited and task focussed. We concluded that we could not be confident that leaders made effective decisions in relation to staff deployment. We were assured by the management team that there were enough staff on shift, however, we found it difficult at times to locate staff in the units. Our findings reported under 'How well do we support peoples' wellbeing?' highlight the impacts this had on the people who use the service. (See requirement 2).

People who experience care should be confident that they are supported by staff who are trained, competent, and skilled. Supervisions and observations of staff practice had not been completed in line with the provider's policy. To ensure that staff training and development promotes safe care practice and positive outcomes for people, a training needs analysis should be completed and a robust training plan produced. (See requirement 2).

There was little evidence of evaluation of people's experiences. Management quality audits did not focus sufficiently on improving outcomes for people. Although there was a service development plan, this lacked detail. Improvement should be informed by feedback from staff, and people who use the service, and/or their relatives. (See area for improvement 1).

## Requirements

1. By 12 May 2023, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this the provider must ensure:

- a) routine and regular management audits are being completed across all areas of the service being provided;
- b) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported;
- c) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified; and
- d) action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

This is 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 (SSI 2011/210).

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

2. By 12 May 2023, the provider must ensure that people have their health, welfare, and safety needs met.

To do this the provider must:

- a) ensure employees are undertaking their roles and responsibilities as set out in the organisational structure;
- b) ensure that supervisions and observations of practice are carried out in line with the organisations policy, and that where required, actions are taken to improve employees practices;
- c) undertake a training needs analysis and put into place a training plan to meet these;

and

- d) ensure that there are appropriate staff numbers and that these are deployed to fully meet the health, welfare, and safety needs of people.

This is to comply with Regulation 15(a) (staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'I use a service and organisation that is well-led and managed' (HSCS 4.23).

## Areas for improvement

1. A service development plan should be created with input from the people who use the service, for example, families/representatives, staff, and stakeholders, in line with the Care Inspectorate's 'Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support' (published April 2022).

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

## How well is our care and support planned?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement. Information detailed within Key Question 1 'How well do we support people's health and well-being?' and 'Outstanding areas for improvement' was considered when making this evaluation.

People should expect their personal plan to reflect their needs, wishes, and choices. We saw in care plans that there was some clear and personalised information that staff could use to provide care. In other sections of personal plans and risk assessments we found that information was not accurate and/or easy to follow. This meant that people could not be assured that they would consistently receive the care and support that was right for them. Our observations of practice evidenced that what was recorded was not always being applied to practice, and that actions were not always taken to reduce risks for individuals. (See requirement 1).

Information in relation to power of attorney and guardianships was recorded clearly with ongoing communications with those responsible for these roles being evident.

We reviewed the completion of charts in relation to areas which included personal care, oral hygiene, food and fluids. The poor completion and monitoring of these meant that we could not be confident that the care and support required was always being provided. (See requirement 1).

We were told that the key worker system needed to be revisited and improved. This would also ensure every person using the service, and their family/representatives, knew who was leading on the related processes.



## Requirements

1.  
By 12 May 2023, the provider must ensure service users' health, safety, and social care needs are appropriately assessed, documented, and effectively communicated between all relevant staff and met.

This must include, but is not limited to, ensuring that:

- a) staff complete and record an accurate assessment of individuals' health, physical and mental health needs. This must include, but is not limited to, falls prevention, nutritional needs, dementia care, and stress and distress;
- b) support plans are implemented, and care is delivered in accordance with the assessed needs of each individual service user;
- c) improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions and the outcomes used to direct staff on how to support people; and
- d) provide training to develop staff skills regarding personal planning and the maintenance of accurate records.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

## Areas for improvement

### Previous area for improvement 1

To keep people safe and promote their wellbeing, staff should receive training and guidance in the use and completion of healthcare assessment tools. This should include, but not be limited to, MUST, hydration, pressure ulcer risk assessments, food and fluid intake records, and how these are to be used effectively minimising the risk to people living in the home.

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

This area for improvement was also made following an inspection completed on 9 December 2021.

**This area for improvement was made on 5 November 2021.**

## Action taken since then

Assessment tools relating to the management of wounds were completed well with noted improvements being achieved for the people affected. The quality and accuracy of information recorded in assessment tools for nutrition and hydration, falls reduction, and management of stress and distress were inconsistent. A requirement has been made under Key Question 5 'How well is our care and support planned?'

## Previous area for improvement 2

To ensure people's nutritional needs are being met, the service should improve its quality assurance audits, and for effective monitoring of how people are being supported to eat when a risk has been identified.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 5 November 2021.**

## Action taken since then

The provider has systems in place for the monitoring and quality auditing of people's eating and nutritional intake. We found that the quality of these were inconsistent and did not always lead to improved outcomes for individuals. A requirement has been made under Key Question 5 'How well is our care and support planned?'

## Previous area for improvement 3

People should receive daily support to meet their mouth care needs and preferences, and this should be detailed in a care and support plan, which should also include regular dental checks.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This area for improvement was made on 5 November 2021.**

## Action taken since then

The detail recorded within individuals support plans varied in quality. Entries to evidence the delivery of daily oral care were sparse with the provision of this care not being closely monitored by the leadership team. A requirement has been made under Key Question 5 'How well is our care and support planned?'

The caring for smiles team were visiting the home.

## Previous area for improvement 4

People and/or their family should be consulted and involved when developing a care and support plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 5 November 2021.**

**Action taken since then**

We saw examples within 6 monthly reviews and communication systems within the home where families/representatives had been involved in decision making. We saw examples where this had resulted in improved outcomes for individuals. We asked that consideration be given to how their views, and the view of people who use the service, could be better captured within the overall support planning documentation. A requirement has been made under Key Question 5 'How well is our care and support planned?'

**Previous area for improvement 5**

People's choices and preferences should be recorded in their care and support plans, which gives guidance to staff.

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

**This area for improvement was made on 5 November 2021.**

**Action taken since then**

Information recorded within support plans varied in quality and accuracy. There were some which clearly detailed the person's likes, wishes, and preferences, as well as the impact of their diagnosed health needs. In others, information was sparse, inaccurate, and did not provide a clear guide for the delivery of care and support. A requirement has been made under Key Question 5 'How well is our care and support planned?'

**Previous area for improvement 6**

To keep people safe and promote their wellbeing, the provider should review and improve its medication practice. This should include, but not be limited to, the administration and recording of medications on MARS sheets, the personalisation of PRN medication protocols, staff completing training and receiving observations of practice.

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

**This area for improvement was made on 9 December 2021.**

**Action taken since then**

We found no concerns in the medication administrations records we sampled. The PRN (as and when required) protocols we looked at had some good personalised information recorded and there was some work required to ensure this consistency. Medication training was available for staff who require it. This area for improvement has been met as overall improvements have been made.

The need to complete staff observations has been captured within a requirement made under Key Question 2 'How good is our leadership?'

**Previous area for improvement 7**

To keep people safe, the provider should implement their organisational quality assurance systems to monitor, audit, and evaluate the IPC practices within the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and '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 9 December 2021.**

## Action taken since then

The provider had a range of audit tools that could be used to monitor and evaluate infection prevention and control practices in the service and the environment.

Areas of the home were found to be clean and well-presented. Some armchairs, sofas, and side tables were not clean and, in some instances, needed replaced. A recent audit had found some of the same, however, there was no clear action plan detailing when this would happen.

Mattress audits had not been consistently completed to the required standard. Where we identified that replacements were required during the inspection, these were quickly sourced.

Observations of practice were not completed in line with the organisations policy and there was a need for some staff to complete related training.

This area for improvement has been reworded under Key Question 1 'How do we support peoples wellbeing?'

## Previous area for improvement 8

To keep people safe and promote their wellbeing, the provider should implement their organisational supervision and observed practices.

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

**This area for improvement was made on 9 December 2021.**

## Action taken since then

We have highlighted in other areas of the report that expected observations of practice were not being completed in line with the providers policy and procedures. Supervision, both formal and informal, was not being provided as they should have been. The findings from the inspection evidence that both of these areas need to be improved to ensure that the health, welfare, and safety needs of those who use the service are being met.

A requirement has been made under 'How good is our leadership?'

## Previous area for improvement 9

To ensure that people experiencing care can have confidence in the support provided with their medications, the provider should ensure incidents relating to medication administration are fully recorded in the care plan and evaluations, document all issues relating to medication management and actions taken, where

appropriate, family/ representatives are informed of any issues which may affect compliance with prescribed medication.

This is in order to comply with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 25 January 2022.**

#### Action taken since then

We reviewed records where there had been actions required to ensure the person was receiving the medications they had been prescribed. Staff had contacted both GP surgeries and pharmacies where there had been any concerns and actions were taken to address these quickly. Records also evidenced contact had been made with relevant people such as power of attorneys and welfare guardians.

This area for improvement has been met.

#### Previous area for improvement 10

In order to promote good outcomes for people experiencing care, the service should ensure that identified concerns regarding changes to the person's health and wellbeing are monitored and updates recorded.

This is in order to comply with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me.'

To ensure people are supported to drink well, the manager should ensure that people's hydration support needs are adequately reflected in people's support plans and the support is provided and recorded by staff' (HSCS 1.19).

**This area for improvement was made on 25 January 2022.**

#### Action taken since then

A monthly management overview tool was being completed which detailed who was requiring their fluids to be monitored and recorded. We saw that there was some information within support plans in relation to people's assessed needs. The daily recording of this was not as it should be and there was an absence of effective monitoring action planning where targets had not been met.

A requirement has been made under key Question 5 'How well is our care and support planned?'

#### Previous area for improvement 11

In order to improve outcomes for people experiencing care, the service should ensure that all care offered and provided is documented within the care plan. Support which is declined and strategies used to engage the person should also be documented effectively.

This is in order to comply with the Health and Social Care Standards (HSCS) which state: '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).

**This area for improvement was made on 7 July 2022.**

## Action taken since then

The provider has systems which should be used to document the delivery of day to day care. These were not all being used to good effect. Where we saw that it was recorded that a person had declined an offer of care and support, we did not see that this was revisited. In some records we looked at, there were gaps in entries. We were not confident that care and support was consistently being provided in line with the persons assessed needs.

A requirement has been made under key Question 5 'How well is our care and support planned?'

## Previous area for improvement 12

To ensure people are supported to drink well, the manager should ensure that people's hydration support needs are adequately reflected in people's support plans and the support is provided and recorded by staff.

This is in order to comply with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 7 July 2022.**

## Action taken since then

Please see outstanding area for improvement 12. A requirement has been made under Key Question 5 'How well is our care and support planned?'

## Previous area for improvement 13

In order to ensure that people's belongings are kept safe and secure, the service should ensure that an inventory of valuables and belongings are recorded on admission. Where people do not wish valuables to be kept by the service for security, the discussion with the person or their representative should be recorded.

This is in order to comply with the Health and Social Care Standards (HSCS) which state: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

**This area for improvement was made on 7 July 2022.**

## Action taken since then

We were told that an inventory was completed by the laundry staff for clothing items only. We emphasised the need to have an inventory of every person's belongings and valuables in place which is regularly monitored and updated as required.

This area for improvement has been repeated under Key Question 1 'How well do we support people's wellbeing?'

## Previous area for improvement 14

In order to promote good outcomes for people experiencing care, the service should ensure that identified concerns regarding changes to the person's health and wellbeing are monitored and updates recorded.

This is in order to comply with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 7 July 2022.**

**Action taken since then**

Although we found some detailed and relevant information recorded within support plans, this was not consistent across individuals or areas of need. We highlighted concerns in relation to various areas relating to health and wellbeing including falls reduction, stress and distress, nutrition and hydration and personal care.

A requirement has been made under key Question 5 'How well is our care and support planned?'

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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

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



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