

Lizdean Nursing Home Care Home Service

46 Portland Road
Kilmarnock
KA1 2DL

Telephone: 01563 525 208

Type of inspection:
Unannounced

Completed on:
30 October 2025

Service provided by:
Blair and Fiona McKellar, a partnership

Service provider number:
SP2010011088

Service no:
CS2010271358

About the service

Lizdean Nursing Home is registered to provide a care home service to a maximum of 18 older people. The provider is Blair and Fiona McKellar, a partnership.

The care home is located in a residential area of Kilmarnock close to local amenities. Ten single and four double bedrooms are provided over two floors with access to the upper floor by chairlift or stairs.

There is an intention to convert one of the remaining shared bedrooms into two single rooms. People with impaired mobility are assessed for suitability before they are accommodated on the upper floor of the home.

Shared lounges, toilet and shower/bathing facilities are available on both floors with the dining room located on the lower level. Residents also have access to an enclosed garden area.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 October 2025. The inspection was carried out by three inspectors from the Care Inspectorate who were accompanied by an inspection volunteer.

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 seven people using the service and five of their friends and family and received seven completed questionnaires;
- spoke with 13 staff and management and received three completed questionnaires;
- observed practice and daily life;
- reviewed documents;
- received feedback from five professionals involved with the service.

Key messages

Residents experienced compassionate, responsive support from skilled and caring staff who were familiar to them and this promoted their health and wellbeing.

People praised staff and expressed satisfaction with the care and support provided.

Staff managed residents' health and wellbeing responsively, supported by good personal planning tailored to people's individual needs.

Quality assurance processes are in need of further development to inform and drive improvement.

The environment is homely and supportive of small group living. However, there is a need for ongoing investment and refurbishment to maximise the available space, create an enabling environment and deliver high quality facilities.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We identified important strengths that positively influenced people's experiences and outcomes. We evaluated this key question as good.

Residents, families, and visiting professionals told us that staff managed healthcare needs effectively. They highlighted the positive impact of good staff practices on people's health and wellbeing, as well as the supportive relationships that had developed. During the inspection, we observed staff interacting with residents in a kind, responsive, and genuinely caring manner.

Comments included:

'The care is excellent'.

'We would like to say that we are very happy with our mother's care and wellbeing. We feel she is treated with kindness and dignity. The staff also are very kind to our father when he visits and look out for him'.

'Very happy. The carers are very, very good and the nurses as well. Communication is good and I'm always kept up to date. Staff are kind, caring and considerate. Very impressed - a very caring team'.

'I'm generally very happy with the care. They take a lot of the worry away which is good. I've known some of the staff for quite a while. They're always kind and interact and show an interest in me as well. They are good people. I'm very happy with how it's worked out for her and us. I'm happy that mum is there - don't have any concerns'.

Maintaining meaningful contact and relationships is important for residents and their families. Feedback from people confirmed this had been well managed. Protocols had been developed to continue to support contact should restrictions on visiting be applied, for example, during outbreaks of infection.

Residents' health and wellbeing needs had been assessed by skilled and knowledgeable staff. Information gathered during admission and through ongoing assessment enabled staff to develop a good understanding of each individual. This proactive approach allowed early identification of health concerns which were appropriately escalated to senior staff or external healthcare professionals. Staff vigilance, combined with good working relationships with community healthcare teams, ensured residents received safe and effective treatment and interventions.

Visiting professionals commented:

'Lizdean are always open to support and have reached out for us for further support/training when required'.

'I find staff are quick to refer people to our service if they think it is appropriate. I do feel staff support and care for residents and they always do this in a way that is specific to that individual'.

'I was mainly dealing with the manager who was very keen to participate in research and find ways to access our many educational opportunities. I can only say the staff appeared very caring and gentle with the residents'.

Risk assessments had been completed as expected and informed the development of personalised care plans tailored to residents' needs. This enabled staff to deliver individualised support. We observed good preventative healthcare and positive outcomes, such as falls prevention, stabilised weight, and improved mental health.

Clinical audits had allowed staff to manage risks effectively, promoting health and wellbeing through a collaborative team approach. Clear communication ensured key information had been shared and acted upon promptly. This helped to clarify the actions needed to keep people safe and well.

Encouraging residents to remain active and providing regular opportunities for indoor and community based activities had contributed to wellbeing and quality of life. Motivated activities staff demonstrated an appreciation for the value of meaningful engagement and community connections. As a result, residents had benefitted from a range of enjoyable, and health-promoting activities, with the positive impact of these evident during our visit. One example we observed was an intergenerational activity where staff accompanying nursery children told us 'the kids love coming here and they've built up special relationships with the residents'.

Medication had been well managed overall, supporting residents' safety and wellbeing. During the inspection, we observed staff responding to individuals experiencing anxiety or distress with patience and compassion. It was encouraging to see that staff had successfully minimised the use of 'as required' medication for stress and distress, which can carry unwanted side effects. We asked staff to develop some additional protocols for the use and review of these medicines and this was acted on. Plans were in place to provide further staff training on accurately recording medication balances received and carried forward. This will further strengthen the medication auditing processes that had informed and supported impactful improvements.

Mealtimes were calm and unhurried with responsive support provided. Choices were offered, and alternatives made available to maximise food and fluid intake. Residents told us they enjoyed the food. Catering staff demonstrated a good understanding of residents' nutritional needs and preferences, including special diets. Menus offered good variety, and food, drinks, and snacks were available throughout the day, and overnight, if required. Where concerns such as weight loss had been identified, staff responded proactively, and we saw evidence of close monitoring and effective support.

Infection prevention and control (IPC) measures had recently been reviewed and strengthened. The improvements made had become established and we observed good standards of hygiene and cleanliness throughout the care home. Staff were trained in IPC and demonstrated this in their practice, helping to protect people from the risk of infection.

The manager was aware of the need to closely monitor supplementary charts used for enhanced care as we found some gaps in recording. It was agreed that this would be added to the quality assurance checks undertaken to ensure staff completed the required charts in full to reflect the care and support being provided.

How good is our leadership?

4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes with some areas for development that would inform and support more robust quality assurance. We evaluated this key question as good.

People experiencing care, and their families, need to have confidence that care services are well led. The provider and the new manager had a good awareness of what was needed in terms of improvement as well as a commitment to the ongoing development of the service. Where possible, action was taken responsively during the inspection to address concerns or suggestions. This demonstrated a willingness and capacity for improvement.

The people we spoke with felt that Lizdean was a well-managed service that delivered positive experiences.

Comments were:

'Staff and residents are very well looked after by the manager and owners'.

'Owners and management are fair with staff and try to maintain healthy relationships with them. They are very approachable and willing to help with any issues raised'.

'Owners very approachable and caring'.

'Both owner and manager are very responsive and helpful'.

The people we spoke with knew how to raise any issues or concerns and said they would feel comfortable doing so as they had good relationships with staff. This meant that people were confident they could express their views, would be listened to and taken seriously. The new manager was aware of the need to maintain a complaint log and this was in progress.

We received positive feedback from professionals who had contact with the service. They told us that they had good relationships with staff who communicated well.

Comments included:

'Yes, it is a very welcoming home, and I have built good relationships across different roles within the home'.

'It is a person centred and open environment'.

'I find the service at Lizdean as a very personal service for individuals. I don't know if this is due to the small size of the care home but residents don't seem to be just another resident amongst many'.

Accidents and incidents had been monitored alongside clinical and medication audits to monitor risk and promote the safety and wellbeing of residents. Staff played a proactive role in reducing risks by responding promptly to concerns, and implementing measures to keep people safe and well.

The quality assurance approach should clearly demonstrate how the systems and processes in place support and drive continuous improvement, leading to positive outcomes for residents and their families. Work was underway to develop an annual quality assurance framework to guide checks and audits that measure compliance with best practice. Where audits had been completed, they identified and addressed areas for improvement, including medication management, care planning, and the home environment. Subsequent audits reflected a clear improvement journey, which was encouraging to see. Once the framework is fully

established, involving the wider staff team in quality assurance activities will be important. This engagement promotes awareness of good practice and fosters a culture of responsibility and accountability.

There was a need to develop additional audit tools informed by good practice standards to measure performance across the service and to support the implementation of the quality assurance framework. Audits and associated action plans should include a focus on the evaluation of people's experiences and the inclusion of outcomes linked to the Health and Social Care Standards (HSCS) would help to support and develop meaningful quality assurance processes.

Residents and their families should be involved in the service in meaningful ways to encourage the sharing of views and ideas. This enables people to feel empowered and valued. A localised policy would help to inform a meaningful and inclusive approach so people are clear about the range and frequency of the opportunities available to them; for example, surveys, meetings, projects and so on.

Self-evaluation against the HSCS and the quality framework for inspection should be undertaken in collaboration with residents, families and staff. The findings should inform the wider development plan, ensuring that people's needs, wishes and aspirations are acknowledged as primary drivers for change.

How good is our staff team?

4 - Good

We identified important strengths that positively influenced people's experiences and outcomes, alongside some areas for improvement related to staff development and support.

We evaluated this key question as good.

People using care services should benefit from staff having the right knowledge and competence as well as appropriate staffing levels and effective teamwork. This ensures that personalised care is delivered safely, consistently and responsively. We found that residents and their families had confidence in staff and we received positive feedback from them and from professionals associated with the service.

Comments included:

'Very friendly, welcoming staff. Always have time to talk either in person or on the phone'.

'I always find them to be professional and knowledgeable on infection control practices, and they have responded to these promptly. Where recommendations have been advised, they worked to resolve these quickly'.

'Lizdean are always open to support and have reached out for us for further support/training when required'.

Staff valued their work and collaborated effectively to provide stable, consistent support. Staff worked well together and told us they felt appreciated and well supported. Good communication, information sharing, and prompt reporting of concerns to senior colleagues enabled the team to meet residents' needs effectively.

Staff told us that staffing levels were sufficient to meet people's needs. Our findings and observations supported this view. We saw that staff were able to spend time in conversation with residents or comforting

individuals who became anxious or distressed, preventing further escalation. This led to people feeling safe, acknowledged and involved.

Monthly dependency assessments informed by a review of residents' needs had been carried out and recorded. We found examples where this had been adapted responsively to ensure adequate staffing. In addition to the monthly dependency assessments, the manager should implement the staffing method framework to consider and link the various aspects of workforce and workload planning that deliver positive outcomes for people as well as supporting the wellbeing of staff. Staffing assessments should be shared with residents, families and staff in an open and transparent way. (See area for improvement 1).

Recruitment processes had been well managed with checks undertaken prior to employment to ensure the safety of people experiencing care. The provider agreed to make some changes in respect of references to further strengthen good practice. We continued an area for improvement regarding the induction process for new staff as detailed later in this report. Prioritised and role-specific induction processes ensure that staff receive the training and support they need to provide high quality care and support to residents.

Staff were positive about training and development opportunities and it was good to see staff being supported in respect of their individual learning styles. We found that, although there was oversight of the staff training programme, some training was overdue and this was addressed responsively during the inspection. We continued an area for improvement regarding the staff training plan as detailed later in this report. To prevent the risks associated with training becoming overdue, this should be closely monitored using quality assurance processes. We also suggested that the development of in-house trainers for fire safety and moving and assisting would be beneficial in respect of ongoing training.

Direct observation of staff practice is essential to assess competency and compliance with good practice and HSCS principles. Observations should include, but not be limited to, moving and assisting, medication administration, and infection prevention and control. Although direct observations had been undertaken, these had not always been recorded. A policy on minimum observation frequency should be established with findings recorded and used to inform reflective supervision.

Staff supervision should support better outcomes for people experiencing care. It should reflect a sense of planning and progression, reflection on practice and, by pooling skills, experience and knowledge, the aim should be to improve the skills and capability of individual staff and the team as a whole. Supervision meetings should be improved to become a two-way process that supports, motivates, and develops staff. This includes reviewing key working, setting clear goals, celebrating achievements, reflecting on professional registration requirements, and identifying learning opportunities. We continued this as an area for improvement as detailed later in this report.

Staff meetings had taken place and these should continue to be facilitated so staff play an active role in service development. In addition to the topics being discussed, celebrating successes and promoting awareness of the HSCS would support staff to reflect on how they embed these principles in daily practice.

Areas for improvement

1. In addition to the monthly dependency assessments, the staffing method framework should be fully implemented to consider and link the various aspects of workforce and workload planning that deliver positive outcomes for people as well as supporting the wellbeing of staff. Staffing assessments should be shared with residents, families and staff in an open and transparent way.

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

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

How good is our setting?

3 - Adequate

We found some strengths that had a positive impact on people's experiences and outcomes. However, these strengths just outweighed weaknesses and we evaluated this key question as adequate.

People experiencing care should experience high quality facilities that meet their needs and promote independence. This maintains people's dignity, giving a sense of control, self-fulfilment and wellbeing. We saw that the presentation of the home environment reflected a welcoming and homely setting that supported small group living. Decoration, fixtures and furnishings were of a good standard overall and bedrooms had been personalised which gave people a sense of ownership over their private space.

From the feedback we received, the only aspect of the service people felt was in need of improvement was the home environment.

Comments included:

'Ideally, we would want en-suite facilities for mum but the quality of care she receives more than makes up for that'.

'It would benefit from modernisation'.

'I feel there are areas that require upgrading and refurbishment, however, staff have been working to address these and increase cleaning/checks where necessary'.

The care home was well placed for residents to access local community resources and places of interest. A range of outings had been supported, enabling people to remain connected to the community and various groups had been welcomed into the service on a regular basis to deliver activities and entertainment. Residents told us how they particularly enjoyed visits by local nursery children with whom they had developed meaningful intergenerational relationships. We encouraged staff to continue to support access to the outdoors, including the garden area.

Revised housekeeping procedures, structured cleaning schedules, and regular infection prevention and control (IPC) audits had established and maintained a clean and tidy environment. This not only reduces the risk of infection but also creates a pleasant and welcoming atmosphere for residents and visitors.

The provider had established environmental maintenance procedures that ensured security and safety from avoidable risks or harm. This had included equipment used to meet the needs of residents. The records we sampled showed that checks were up to date with actions arising from external fire and health and safety audits either completed or in progress. This meant that people could feel reassured that they lived in a safe and well-maintained environment.

Maintenance and fire safety records were in need of archiving and reorganisation to make them easier to monitor and check. Action was commenced during the inspection visit to address this.

Individuals should experience a high quality environment that has been adapted to meet their needs. This can promote greater levels of independence and wellbeing. The 'King's Fund (EHE) Assessment Tool' had been used to identify the actions needed to create a supportive environment. This considers lighting, signage, décor and furnishings that can help to promote orientation, independence and freedom of movement, embedding an enabling approach. Desirable outcomes, such as promoting continence and preventing falls, can be achieved within a supportive environment. We continued this as an area for improvement from previous inspections (as detailed later in this report) and the action plan should be progressed.

The provider acknowledged the limitations of the footprint of the building in terms of being unable to convert three of the four remaining shared rooms into single bedrooms or the addition of en-suite facilities. There was limited storage space and the lack of a passenger lift had the potential to impact on positive outcomes for individuals living with restricted mobility. The environmental improvement plan should continue to be reviewed and updated to maximise the quality of the home environment.

How well is our care and support planned?

4 - Good

We found important strengths that positively influenced people's experiences and outcomes. We evaluated this key question as good.

People experiencing care should benefit from dynamic, innovative, and aspirational care and support planning that consistently informs all aspects of their care. We found evidence of consultation with residents and families when developing care plans. This helps to ensure that people are able to express their views so that staff are well informed about how they want their support to be delivered. Records were accurate and up to date with detailed information and person-centred prompts that helped staff to deliver support in accordance with people's desired outcomes.

The personal plans we reviewed included clear information on risk management and the strategies in place to minimise risks, ensuring people's safety and wellbeing. We observed examples where effective risk management led to positive outcomes for individual residents across various health concerns, such as preventing unplanned weight loss, reducing falls, and improving mental health.

Staff demonstrated a strong understanding of the people they support, and it was encouraging to see detailed care plans reflecting what mattered most to each individual. Residents' preferences and daily routines had been recorded and the people we spoke with told us that staff respected their choices. It was encouraging to see that the strengths-based approach to care planning recognised people's abilities and promoted their independence.

Personal plans should include details on maintaining meaningful connections and relationships, tailored to residents' individual needs and preferences. Although this had been managed well in practice, care plans could have been more detailed, particularly where family members lived further away and during times where visiting restrictions might apply such as during infectious outbreaks. We referred the manager to the resources on meaningful connections available on the Care Inspectorate Hub and this should be shared with staff.

Care plan evaluations and six month reviews should focus on how planned care delivers positive outcomes. Whilst risk assessments and care plans had been reviewed regularly, some evaluations lacked detail and did not fully reflect the impact of planned care of people's experiences. This can result in missed opportunities to capture positive experiences or identify beneficial changes. Staff should ensure evaluations are outcome-focused and demonstrate the impact of care in achieving planned goals.

Future care planning helps people to plan ahead so that their wishes and priorities are known and respected. Work was ongoing to develop future care plans for residents and we will review this at the next inspection.

Where residents are sharing a bedroom, their experiences and ongoing wishes in respect of this should be clearly reflected in their personal plan and in six monthly review minutes. This includes evidence of consultation and agreement so that room sharing continues to offer positive experiences for people.

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 to enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health, the activities programme should offer regular opportunities to engage in outdoor activities. The provision of activities out with the coordinators hours should also be improved.

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

This area for improvement was made on 14 August 2023.

Action taken since then

A good variety of outdoor and community-based activities and outings had taken place, offering residents valuable opportunities to stay connected with the local community while also promoting social interaction and enjoyment. It was encouraging to see intergenerational activities that helped build meaningful relationships, with various activity providers being welcomed into the home to deliver events that residents thoroughly enjoyed. Resources and guidance had been put in place for staff to deliver activities in the coordinator's absence.

This area for improvement had been met.

Previous area for improvement 2

Regular medication audits, including stock checks, that monitor the full medication cycle should be implemented with any issues and areas for improvement being addressed to promote good practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 14 August 2023.

Action taken since then

Regular medication audits had been undertaken. The resulting actions for improvement had promoted good practice.

This area for improvement had been met.

Previous area for improvement 3

Induction procedures and records should be reviewed and improved to ensure that new staff receive the role specific training they need in a phased and prioritised way.

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

This area for improvement was made on 14 August 2023.

Action taken since then

Induction procedures remained a work in progress.

We continued this area for improvement.

Previous area for improvement 4

The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, the HSCS and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

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

This area for improvement was made on 14 August 2023.

Action taken since then

We continued this area for improvement as detailed under key question 3.

Previous area for improvement 5

The 'King's Fund (EHE) Assessment Tool' should be used to develop and implement an action plan that will promote a supportive and enabling environment for people experiencing care.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this'. (HSCS 5.11); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.18).

This area for improvement was made on 14 August 2023.

Action taken since then

The King's Fund assessment tool had been completed. The resulting action plan remained a work in progress.

We continued this area for improvement.

Previous area for improvement 6

To ensure people experiencing care are supported by staff who are skilled and competent to carry out their role, the manager should develop a staff training plan and have a quality assurance system in place that provides accurate recording and oversight of all staff training records.

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

This area for improvement was made on 27 March 2025.

Action taken since then

The staff training plan was under review. We discussed the need for the training plan to clearly set out the risk based and needs led training to be undertaken by staff as well as the timescales for completion, particularly in respect of mandatory topics.

We continued this area for improvement.

Previous area for improvement 7

To support people to live in an environment that is safe, clean and well maintained, the provider should review staff arrangements and deployment to enable consistent, manageable and sustained improvement.

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

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

This area for improvement was made on 3 June 2025.

Action taken since then

The management of cleaning tasks had been reviewed with clear guidelines in place for staff to follow. We saw that the home environment was clean, tidy and well maintained.

This area for improvement had been met.

Previous area for improvement 8

To support people to live in an environment that is safe, clean and well maintained, the provider should ensure all staff have a clear understanding of their responsibility to keep the care home clean. This should include, but is not limited to embedding the expected cleaning duties in daily practice and accurately and fully completing cleaning schedules.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

This area for improvement was made on 3 June 2025.

Action taken since then

Cleaning schedules had been devised and these had been well completed overall. Staff were clear about the cleaning duties they were expected to undertake and this had maintained a clean environment.

This area for improvement had been met.

Previous area for improvement 9

To ensure people live in an environment that is safe and of an acceptable standard of living, the provider should ensure quality assurance arrangements and action plans are completed fully and accurately, and lead to sustained improvement in the environment.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

This area for improvement was made on 3 June 2025.

Action taken since then

Environmental audits had been carried out regularly. The resulting actions had led to sustained improvements that had enhanced the quality of the home environment.

This area for improvement had been met.

Previous area for improvement 10

People experiencing care should experience high quality care and support that is right for them. In order to achieve this, the care provider should ensure people's personal care needs are well supported in accordance with their wishes and choices. The care provider should ensure accurate recording and ongoing monitoring of information relating to people's care needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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.'

This area for improvement was made on 3 July 2025.

Action taken since then

The personal plans we reviewed clearly reflected residents' needs and preferences regarding their personal care and we saw that this had been well managed for the people we came into contact with during our visit. Where individuals were reluctant to accept support, staff put strategies in place to manage this. The manager agreed to quality assure the completion of personal care charts to ensure staff continue to complete these in full.

This area for improvement had been met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
4.3 People can be connected and involved in the wider community	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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