

# Forth View Care Centre

## Care Home Service

6 Sea Road  
Methil  
Leven  
KY8 3DE

Telephone: 01592 716 500

**Type of inspection:**  
Unannounced

**Completed on:**  
9 December 2025

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2011302958

## About the service

Forth View Care Centre is a purpose-built care home registered to care for up to 45 older people. A maximum of 10 adults with physical and sensory impairment can be supported in Loch Head Unit.

The home is part of the Balhousie Care Group. The service is located in Methil and can be easily reached using local transport networks from nearby Leven and Kirkcaldy.

Accommodation is provided over two floors. The service has single ensuite bedrooms with wet room showers. Each floor has a number of seating areas and dining areas to allow residents to make choices about where to spend their time. Small kitchen areas in the lounges are accessible to residents, relatives and visitors to the service.

The garden to the rear of the building is secure and accessible from the dining room on the ground floor.

On the day of the inspection 41 people were residing in the home.

## About the inspection

This was an unannounced inspection which took place between 12 November 2025 and 20 November 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with 12 staff and management
- spoke with seven people living in the service and five relatives
- observed staff practice
- reviewed quality assurance systems
- reviewed medication and finance systems
- reviewed support plans.

## Key messages

- We saw many kind and caring interactions between staff and people living in the home.
- Falls management required improvement.
- Opportunities for people to have meaningful engagement required improvement.
- Management and leadership required improvement.
- Staffing arrangements and staff training required improvement.
- Support for people to remain independent required improvement.
- Care planning required improvement.

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

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

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affected people's experiences and outcomes.

Our observations concluded that people were generally supported and cared for in a kind and compassionate way. This was reflected in what people told us. People living in the service told us, "Oh I am happy here", "It's better than it was before", "No complaints about the food" and "I'm very well looked after; the staff are kind and help with everything". Relatives told us, "The carers look after her; things have improved since Covid", "The staff are lovely, very caring, and they adapt to meet his needs", "I'm kept up to date with their wellbeing" and "It's the biggest blessing of my life and his quality of life has just shot up". However, people also told us that there was often not enough staff on duty to meet people's needs. This is addressed further in the 'How good is our staff team' section of this report. They also told us that communication needed to improve. This is addressed further in the 'How good is our leadership' section of this report.

We looked at progress made on an outstanding requirement relating to falls management. We concluded further improvement was required to mitigate the risk of falls and this requirement remains in place. This is addressed further in the 'What the service has done to meet any requirements made at or since the last inspection' section of this report.

We looked at the medication administration and recording systems and we were confident people were getting their regular prescribed medication at the right time. However, the record keeping in relation to as required medication required improvement. This is addressed further in the 'How well is our care and support planned' section of this report.

People should benefit from positive mealtime experiences. We observed people having lunch on the first day of our visit and felt there were missed opportunities to make it more enjoyable. On one floor some people appeared dishevelled in appearance, unshaven, hair not brushed, and wearing stained clothing. There was no description of what meals were being served; this could have been beneficial to people with cognitive impairment. Nobody was taking responsibility for coordinating the lunch and it seemed chaotic. Within the staff team there were two new staff members and an agency staff; none of whom knew people's needs or likes and dislikes well enough to meet their needs, with nobody directing them. This mealtime experience did not promote choice or dignity.

Opportunities for people to be active, engaged, and do things that they enjoy, were limited. Management devised a weekly activity planner and staff were tasked with implementing it. However, we concluded from our observations and from what people told us, that staff did not have the time. We found no evidence to suggest people were consulted on how they would like to spend their time, or that the planner took account of people's likes, dislikes or preferences. People living in the service told us, "I'm bored" and "I don't like it here; it feels like a prison", and relatives said, "There is a lack of activities; they used to have them but not now" and "The activity coordinator left, and now there is nothing for them to do. They used to post things on the Facebook page to keep us up to date which was good; but not now". There was very limited opportunity for people to leave the home or establish links with the local or wider community. This would support people to enhance their sense of wellbeing and independence. A requirement is made.

## Requirements

1. By 03 March 2026, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must:

- a) ensure people's wishes, interests and previous life history are discussed and documented
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them
- c) keep accurate and evaluative records of the impact and outcomes of the support provided
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with 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).

## How good is our leadership?

## 2 - Weak

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affected people's experiences and outcomes.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls and the environment. This should ensure any deficits or trends could be highlighted and action taken to improve outcomes for people. However, we found this was inconsistent and not always resulting in good outcomes for people.

The new manager was placing a high emphasis on developing good oversight of clinical care, for example weights, nutrition, and wound management. However, we had concerns about the effectiveness of some of the service's quality assurance processes. Although they were being carried out, they were not always being completed appropriately therefore not supporting improved outcomes for people. For example, care plan audits had not identified inaccurate risk assessments, or gaps in healthcare monitoring charts. This is further addressed in the 'How well is our care and support planned' section of this report.

The provider used a tool to calculate the numbers of staff required to meet people's care and support needs safely and effectively. However, on examination it was clear the tool was inaccurate and ineffective. This is discussed further in the 'How good is our staff team' section of this report.

Care services should have improvement plans in place to ensure high-quality, person-centred care enhances safety and promotes continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. The manager informed us an improvement plan was in place but on inspection it transpired this was more of a business improvement plan and not person-centred. There was little evidence to suggest people were consulted or included in driving improvement in a way that was meaningful to them. People we spoke with told us communication was poor. For example, there were no regular resident/relative meetings or newsletters to keep people up to date with any changes in service delivery. Some people were frustrated with the frequent change in staff with no communication, introduction, or information about the new employees.

The internal quality assurance systems had failed to identify and address the above areas for improvement, therefore a requirement (1) is made.

The service was transitioning to a new process of managing people's finances. This meant people would not be able to access their own money if they wanted to go out socially, or make purchases independently; this restricted people's independence and choice. An area for improvement (1) is made.

The new manager gave her assurances that all necessary improvements will be made, in consultation with people.

## Requirements

1. By 03 March 2026, the provider must ensure that service users experience a service which is well led and managed, and which results in continuous improved outcomes for service users through a culture of self-assessment and development, underpinned by robust and transparent quality assurance processes. To do this, you must, at a minimum:

- a) ensure that there is a sufficient quality assurance system in place to continually monitor and evaluate the quality of the service provision to help inform improvement and development of the service
- b) maintain a record of areas for improvement within the provision of care detailing the actions to be taken, the timescales within which action is to be taken, the individual with the responsibility for furthering improvement, and the expected outcome.

This is to comply with Regulations 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

## Areas for improvement

1. To support people's independence and right to make their own choices, the provider should ensure a process is in place to enable people to have access to their own money at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

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

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affected people's experiences and outcomes.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

People told us that the permanent staff were very kind and caring, and they were always treated with dignity and respect. They also told us there was often not enough staff on duty to meet their needs. There continued to be a high level of agency use to fill gaps in staffing. There were no effective measures in place to ensure agency staff were fully appraised of people's needs, operational procedures, or their roles and responsibilities while working in the service. One person living in the service told us, "I am not keen on agency carers because they don't know me well enough".

The provider's staffing needs dependency assessment tool continued to be lacking in fully assessing the physical, psychological, social and recreational needs of people using the service. We did not see how the lay out of the building or audit data influenced staffing decisions. We noted inaccurate information relating to someone's needs in the assessment tool. This meant that the assessment outcome relating to safe staffing was incorrect and unreliable. Information must be accurate to ensure data is correct and staffing levels meet people's health, welfare and safety needs.

It is mandatory for social services workers to be registered with the Scottish Social Services Council (SSSC). SSSC registration outlines the purpose, requirements and responsibilities of workers and employers in Scotland's social service sector. This registration ensures that the workforce has the necessary skills, qualifications and values to deliver high-quality care and protect the public. The service had identified three members of staff who had not renewed their registration therefore removed them from service until renewal was complete. Services should have an effective process in place to monitor this and ensure all staff are, or in the process of being registered, and registration is maintained throughout the period of employment. Had this been the case, the need to remove staff from an already depleted staff team could have been avoided. An outstanding requirement relating to staffing arrangements had not been met and remains in place. This is addressed further in the 'What the service has done to meet any requirements made at or since the last inspection' section of this report.

The organisation's policies dictate new staff are to be supported by a robust induction. Regular reviews should be carried out during staff's probationary period. This is to ensure staff are being supported to develop the necessary skills, knowledge and abilities. Staff should be assessed as competent by their line manager/supervisor before being confirmed in post. We found little evidence of staff receiving induction training and staff spoken with confirmed this. Furthermore, we established some staff had not undertaken some essential mandatory training. Staff's skills and knowledge needed to be thoroughly assessed as there were gaps in many areas, including training in topics relating to people's individual health conditions/needs. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed. Staff supervision was in the early stages of development; we discussed with the manager the benefit of this to identify training needs. A requirement (1) relating to staff training and development is made.

We had no concerns about the safe recruitment of staff.

## Requirements

1. By 03 March 2026, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained. To do this the provider must, at a minimum, ensure:
  - a) all staff receive and complete the provider's induction, and mandatory training, including refresher training when appropriate
  - b) ensure that staff receive all appropriate training necessary to enable them to carry out the tasks they are to perform
  - c) ensure that staff practice is observed and evaluated
  - d) ensure an ongoing training plan is in place
- d) supervision sessions with staff should be planned and carried out on a regular basis, with appropriate records kept of each sessions.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

## How good is our setting?

## 2 - Weak

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affected people's experiences and outcomes.

The service benefitted from a full-time maintenance man and we saw evidence of action being taken when improvements were required. Systems were in place for the maintenance of equipment and premises; for example, lifts, lifting aids, electric/gas appliances, water temperatures and fire safety.

Throughout our visits we found the home to be clean, clutter-free and fresh smelling. We had no concerns about infection control and prevention (IPC) systems in the service.

Unfortunately, the shortage of staff meant opportunities for people to be supported to maintain/enhance their independence were limited. We did not see any evidence of people being encouraged or supported to be physically active indoors or outdoors. This meant their movements were being restricted which could result in a long-term increased dependence on staff. No outings were organised which meant people could not have links with the local or wider community.

Some people required the use of technology to summon assistance and we learned that on occasion the equipment had been disabled which had gone unnoticed for unknown periods of time. This meant people had no way of summoning assistance, for example to go to the toilet. We also heard call alarms being activated for longer than necessary periods of time before being answered. This compromised people's independence and dignity.

We saw little evidence of people having the opportunity to be involved in decisions about their home, for example the layout and décor. Again, this is restrictive of people's independence and choice. We have made a requirement (1) relating to promoting people's independence.

## Requirements

1.  
By 03 March 2026, the provider must ensure that people's independence is supported. To do this, the provider must, at a minimum:
  - a) ensure staffing numbers are sufficient, and have the right skills and knowledge to promote mobility
  - b) ensure people are enabled to be involved in decisions about their setting
  - c) ensure people have access to appropriate technology and equipment
  - d) ensure people are supported to have access to outdoor space and the wider community.

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

People had access to external professional supports, such as GPs, opticians, and dieticians when required. This meant people could receive regular routine health screening and had access to other peripatetic professional supports. We found guidance from other health professionals recorded in people's care plans we sampled; this kept staff informed of how to meet people's needs.

However, while some care plans were detailed and personalised, information contained within these documents was not always accurate or consistent. These errors had not been identified through quality assurance processes, resulting in key information being overlooked and follow-up actions missed. For example, we saw some risk assessments had been completed inaccurately and did not identify all risks. This had the potential to compromise people's health and wellbeing as the appropriate measures were not in place to keep people safe, leaving them vulnerable to harm.

We found gaps in some healthcare monitoring charts such as personal care, bowel management, and oral hygiene. We also found a lack of recording in relation to the use of 'as required' medications. There was lack of clarity around why medications had been administered or if they had the desired effect. This meant thorough evaluations of care could not be carried out to inform future care planning. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements can be met.

There continued to be a high level of agency use to fill gaps in staffing and a number of new staff were in post. There were no effective measures in place to ensure these staff were fully appraised of people's needs. A requirement relating to effective care planning (1) is made.

## Requirements

1. By 03 March 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- a) ensure care plans accurately and consistently reflect the current health and care needs of the person.
- b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
- c) ensure care plans are reviewed as people's needs change and in line with legislative requirements.

d) ensure staff are familiar with and actively use people's care plans and risk assessments to inform the support they deliver.

This is to comply with Regulation 4(1)(a) and Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 meets my needs and is right for me' (HSCS 1.19).

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

### Requirements

#### Requirement 1

By 11 November 2025, the provider must make proper provision for the prevention of falls and fall management. In order to achieve this the provider must:

- a) make proper provision for adequate availability of staff (in accordance with Requirement 2)
- b) make proper provision for the prevention of falls and the consideration of alternative measures/ equipment and additional staff supervision to support those at risk.
- c) ensure appropriate risk assessment and care planning relating to the prevention of falls.
- d) ensure the adequate and timely review of the risk assessment and care plan following a fall or a change in the individual's condition.
- e) ensure all individuals have access to methods and/or equipment in order to summon assistance when required.

This is in order to comply with: Regulation 4(1)(a) 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 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 requirement was made on 11 September 2025.**

#### Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because people must experience appropriate equipment to meet their needs and to summon assistance when required. It was clear that someone using the service lacked the capacity to access the call system, where this occurs, alternative methods of asking for help should be explored and attempted. Should more frequent observations be required, clear and specific direction must be made available to the care team to ensure the individual's health, welfare and safety.

During this inspection, we saw improvements had been made in relation to assessing people's risk of experiencing a fall. Falls risk assessments had been consistently reviewed monthly, and when a change occurred. Falls prevention care plans included the measures required to keep people safe. Alternative measures/equipment should always be considered when existing preventative measures are no longer effective. We did not always see that reviews of the falls risk assessments or care plans resulted in any consideration of alternative measures/equipment and/or increased supervision.

Falls auditing had been undertaken, however we could not see how the data was used to help determine safe staffing. We concluded that the regular shortages of staff on duty may have contributed to some of the falls people experienced, and/or the time people had to wait before being assisted.

There continued to be periods of staff shortages and high agency use. This meant that there was less opportunity for the safe supervision of people who wished to walk with purpose or attempt walking independently. Agency staff may not have a full understanding of an individual's needs in relation to fall prevention. It is important that agency workers are fully appraised of individuals' health, welfare and safety needs.

We could not be confident that the work undertaken by the provider fully met the requirement at this time.

This requirement had not been met and we have agreed an extension until 03 March 2026.

### Not met

#### Requirement 2

By 11 November 2025, the provider must ensure, that at all times, suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing and safety of service users;
- b) the provision of safe and high-quality care, and;
- c) in so far as it affects either of those matters, the wellbeing of staff. In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to:
  - i) the nature of the care service;
  - ii) the size of the care service;
  - iii) the aims and objectives of the care service;
  - iv) the number of service users, and
  - v) the needs of service users.

This is in order to comply with: Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

**This requirement was made on 11 September 2025.**

# Inspection report

## Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because it was clear that there was significant staffing issues which had negatively impacted the care and support, and safety of people.

During this inspection the manager told us that the service continued to experience staff shortages. This was partly due to staff sickness/absence which was being managed through the provider's human resource processes. The manager added that a recruitment drive was underway and that nursing and care staff were currently onboarding.

A number of care staff had recently been unable to work due to a lapse in their Scottish Social Service Council registration. It is essential that registration with professional regulatory bodies is maintained.

The manager advised us that staffing levels had been increased to eleven staff in total on day duty, however twelve would be the preferred level of staffing. We did not see these staffing arrangements being consistently met.

Staff spoken with voiced their dissatisfaction regarding the numbers and the skill mix of staff on duty. Staff described significant shortages over the previous weekend and how this negatively impacted on the provision of good care. Many people living in the service, and relatives, told us they were concerned about the regular shortage of staff on duty.

There continued to be a high level of agency use to fill gaps in staffing. There were no effective measures in place to ensure agency staff were fully appraised of people's needs, operational procedures, or their roles and responsibilities while working in the service.

The provider's staffing needs dependency assessment tool continued to be lacking in fully assessing the physical, psychological, social and recreational needs of people using the service. We did not see how the lay out of the building or audit data influenced staffing decisions. We noted inaccurate information relating to someone's needs in the assessment tool. This meant that the assessment outcome relating to safe staffing was incorrect and unreliable. Information must be accurate to ensure data is correct and staffing levels meet people's health, welfare and safety needs.

Given the continued staff shortages and the lack of review of the staffing needs dependency assessment tool, we could not be confident that staffing levels were safe.

This requirement had not been met and we have agreed an extension until 03 March 2026.

**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

To support people's wellbeing and improve their quality of life, the provider should improve falls prevention practices and processes.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 22 July 2025.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because people experiencing care, and their families/representatives, should expect care services to have good risk reduction processes in place. We were not satisfied that falls risk reduction measures and management had been properly assessed, considered and put in place, to support someone's health, wellbeing, and safety during their stay.

During this inspection we saw that although improvements had been made in relation to falls risk assessments and care plans, further improvements were required to minimise the risk of people falling. This is further addressed in the 'What the service has done to meet any requirements made at or since the last inspection' section of this report - requirement 1.

This area for improvement is no longer in place and has been incorporated into unmet requirement 1.

#### Previous area for improvement 2

The provider should develop their pre-admission process to ensure managers have enough information to make an informed decision about whether they can safely support an individual, prior to them moving into the service.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

**This area for improvement was made on 22 July 2025.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because we could not be assured that the service had taken reasonable steps to fully assess someone's needs, support arrangements and the appropriateness of the placement prior to admission to effectively reduce risk and maintain their wellbeing.

During this inspection we saw pre-admission assessments had been carried out which detailed people's physical healthcare needs and current treatments. However, they lacked information about 'the person' for example their likes, dislikes, and interests in relation to things such as food and drink, hobbies, and interests. This meant it would be very difficult to meet people's needs from the point of admission; especially for those who lack capacity or the ability to express their views.

This area for improvement had not been met and remains in place.

## Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the service should ensure that there is a range of activities and opportunities available to people to encourage engagement and stimulation. These should be recorded where offered and detail the level of participation of the person to support and inform future opportunities.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

**This area for improvement was made on 31 October 2025.**

### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because we could not be assured that people were always supported with meaningful activities in line with their choices and preferences.

During this inspection we found little evidence of improvement in the provision of meaningful engagement. No activity coordinators were in post and staff did not have time to implement the weekly activity planner. This is addressed further in the 'How well do we support people's wellbeing' section of this report.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health 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	4 - Good
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.2 The setting promotes people's independence	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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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 جا سکتی ہے۔

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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