

Braemount Nursing Home Care Home Service

21 Donaldswood Road
Paisley
PA2 8EA

Telephone: 01418 841 260

Type of inspection:
Unannounced

Completed on:
21 January 2026

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361022

About the service

Braemount nursing home is registered to provide a care service to a maximum of 90 older people of whom 60 may have dementia. The care home is operated by Advinia Care Group. The service is in a residential area in Paisley with good local transport links.

The home is a purpose-built single storey building. People who live in the home reside in two self-contained units named Nethercraigs and Espedair. The building sits within extensive well-maintained grounds. A separate building comprises of office space and the main reception, a large industrial kitchen and a laundry.

The registered manager is supported by seven nurses, four senior carers and a team of carers.

59 people were living in the home at the time of the inspection.

About the inspection

This was an unannounced inspection, which took place in the service on 13, 14 and 15 January, and remotely on 16 and 19 January 2026 between the hours of 09:15 and 22:35. The inspection was carried out by three inspectors from the Care Inspectorate and one 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 21 people using the service, and seven of their relatives
- spoke with 20 staff and management
- explored feedback forms from 17 people supported, 13 staff and two external professionals
- observed practice and daily life
- reviewed documents
- spoke with professionals who have contact with the service.

Key messages

- A stable staff team helped people experience warm and trusting relationships.
- People enjoyed their meals, but not everyone had meaningful choice, or the right support at mealtimes.
- Activities and community connections were valued, but not everyone could access them, especially people who spent time in their rooms.
- Quality assurance systems were developing, but action planning and follow through needed to be more consistent, to show improvements in people's experiences.
- Staff were committed, and training uptake was high, which had a direct positive impact on some areas of support.
- Staff deployment at key times needed review, to ensure people received timely support.
- The environment was improving and becoming more homely, with further work planned to enhance comfort, way finding and social interaction.
- The content of care plans was variable, many required updating to ensure staff had clear, accurate guidance to support people well.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People benefited from a stable staff team, which helped build relationships and support meaningful connections with people and their families, including through video calls for some. Most relatives felt well informed about their loved one's care. Where this was less consistent, opportunities should be created to explore different ways of communicating to strengthen confidence. A relative shared "x has come on leaps and bounds, they have developed good relationships with the staff, who have got to know all their quirks and aren't phased by this. They let me know when they have any concerns, I can leave a visit knowing they are being well cared for."

Staff had recently completed training in nutrition and escalation of concerns. Staff identified this, increased their confidence in recognising and responding to concerns with regards to weight loss. Referrals to other agencies had improved, although, we identified some examples of delays and gaps in recording. This meant it was not always clear whether people received timely follow up where there were concerns.

Monitoring of health information was in place, which demonstrated fluid targets were often met. However, food charts were not always accurate. We were not consistently able to see escalation where there were gaps in bowel movements. This could delay people getting the support they need, leading to dehydration and health concerns. (See area for improvement 1).

People should be able to choose suitably presented and healthy meals and snacks. People generally enjoyed their meals, but not everyone was enabled to make an informed choice, particularly those eating in their rooms, or requiring textured diets. A person shared "the food is good and I always eat it all, staff know what I like so just bring me that." Menus and show plates were not always available, and mealtime experiences varied. We saw some kind and supportive interactions, although, other people would have benefited from more prompting and encouragement. Kitchen staff demonstrated good awareness of textured diets, which supported the safe preparation of food, in particular for people who had swallowing difficulties. For people with specific dietary needs, such as diabetes, their meal choices did not always reflect the guidance in their care plans. (See area for improvement 2).

There were systems in place which meant medication was generally administered safely. Clearer guidance was required for soluble, covert and as required medication to ensure consistency. (See area for improvement 3).

If people require intimate personal care, this should be carried out in a dignified way, with their privacy and preferences respected. For some people, there was limited evidence that bathing or showering had been offered in line with their preferences. (See area for improvement 4).

People enjoyed the strong community links within the home, entertainment and events brought enjoyment to many. However, these opportunities were not always accessible to everyone, especially those who spent most of their time in their rooms. Televisions were often on but did not always reflect people's interests, so exploring individual preferences could help make their day more meaningful.

Several people told us they would like more chances to go out into the local community, or take part in more purposeful activities. The service was developing their provision for activities, to improve people's daily experiences. (See area for improvement 5).

Areas for improvement

1. To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service.

This should include, but not be restricted to, monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

2. To promote choice and ensure people's nutritional requirements are met, the provider should ensure people are supported with food choices that meet their dietary needs and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences" (HSC 1.37), and

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33).

3. To keep people safe and improve consistency of support, the provider should develop clear guidance for each person supported, where medication is administered covertly, prescribed as required, or in soluble forms.

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

4. To respect people's choices and support health and wellbeing, the provider should ensure support is carried out in line with peoples wishes. This should include the frequency of personal care activities.

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

5. The provider should enhance the provision of activities throughout the home, to ensure these are designed around people's choices and preferences, aimed to support better outcomes.

This should include but not be limited to:

- a) Regular planned activities linked to individuals' preferences that provide stimulation and meaningful engagement.
- b) Creating opportunities for all people who live in the service to have access to meaningful activities.
- c) Improved availability of one-to-one support where people are unable, or do not wish to be involved in group activities.
- d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had a comprehensive improvement plan, which was reviewed regularly. This supported the ongoing development of the service.

A wide range of quality audits were in place, reflecting a clear commitment to developing practice and maintaining people's safety and wellbeing. These systems were utilised to identify both strengths and areas that needed attention. Action plans had been created with many actions being completed. Whilst some plans were detailed and clear about what needed to improve and how this would be achieved, others were less specific. Strengthening the consistency of action planning, and recording evidence-based updates, would help demonstrate how improvements were being implemented and are enhancing people's experiences.

We could see that the quality assurance system was developing, and there was a genuine intention to use it to drive improvement. To maximise impact it will be important to ensure that audits lead to clear, outcome focused actions, and that progress is reviewed in a way that demonstrates how people's comfort, safety and quality of life are improving over time. Considering approaches that focus more on individuals' experiences, rather than tasks, may also support this. (See area for improvement 1).

There were clear reporting arrangements to the wider organisation, which meant senior leaders had good oversight, and were able to guide improvements and recognise good practice. This provided a helpful structure for supporting positive outcomes for people.

People should be meaningfully involved in how the organisation works and develops. Resident meetings were used to share information and gather feedback, and actions from these were added to the improvement plan. We also saw examples of learning from incidents leading to positive changes, such as additional staff training.

Staff described the management team as approachable and open to improvement suggestions. It would be helpful to explore opportunities to build on this, by creating more ways for staff to contribute ideas.

Areas for improvement

1. To continue the improvement journey, the provider should ensure that quality assurance is well led, to ensure people experience consistently good outcomes.

This should include at a minimum:

- a. the registered manager having complete oversight of the service and ongoing key activities
- b. the registered manager ensuring audits are effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay
- c. utilising evidence-based information to review and update quality assurance tools, to ensure they are effective and driving forward improvement.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's needs should be met by the right number of people. Dependency assessments were being well utilised, and took account of meaningful factors, such as the current number of people with wounds and infections. This helped build a clearer picture of people's needs. The outcome of this assessment showed that there was an underutilisation of staff over the day. When used consistently, this information should support better deployment of staff, so people receive support when they need it.

Staffing levels were generally stable, which helped create routines and consistency for people. However, at key times of the day, there were still occasions when people waited longer than they would choose for support, such as getting up in the morning, or when staff were assisting others to bed. This meant some people did not always experience timely or uninterrupted support. Exploring staffing levels, skill mix and deployment at these times would help ensure people's choices and comfort are prioritised. (See area for improvement 1).

Care and support should be consistent and stable, because people work together well. Most staff described positive teamwork and trust across the staff team, which contributed to a calmer and more positive experience for people. Where tensions existed between some staff members, this had the potential to affect the quality of support. The management team should seek to address any conflict within the staff team.

Training opportunities had improved, with high uptake from staff. Observations of practice had taken place, giving the management team confidence in staff skills in key areas, such as administration of medication.

Ensuring that observations also cover areas such as medication prescribed as required, covert and soluble medication would help strengthen consistency, and reduce variation in people's medication experience. It was encouraging to see staff reflecting on their learning after care planning training. Management team responses to their feedback would help sustain this openness.

A supervision structure was in place, with care staff having access to both group and individual supervision. Extending one-to-one opportunities to housekeeping and catering staff would support their development, and help ensure everyone involved in people's care feel confident and valued. While informal discussions were happening regularly, planned team meetings and reflective supervision would give staff protected time to think about their practice, and how it impacts on people.

Areas for improvement

1. To ensure the safety of people and that support is provided in line with people's preferences, the provider should ensure effective staff deployment.

This should include sufficient staffing hours being allocated appropriately over the course of the day, with the right skills mix of staff to meet people's assessed needs and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people." (HSCS 3.15).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. Cleaning schedules were in place for equipment, and housekeeping staff were clear about their roles. The home was generally clean, although, time pressures meant some areas required closer attention. Where odours were identified, the management team were aware of this, and were exploring solutions, including the replacement of flooring. Personal protective equipment and infection control supplies were well stocked, helping maintain a safe environment for people.

Ongoing refurbishment was helping each area feel more homely, it was encouraging to see this work continuing in line with the environmental improvement plan. This contributed to people feeling more comfortable in their surroundings. Some bedrooms required further attention, such as touching up areas around where the call alarms had been installed, to ensure people's personal spaces felt well cared for and welcoming.

Most bedrooms had personalised name plates, and plans were in place to ensure these were in place for everyone, to support people's sense of identity and way finding. Directional signage in corridors was placed very high up, which was unlikely to help people navigate the home independently. The management team were aware of this and exploring improvements, which had the potential to enhance people's confidence and autonomy.

Seating in the lounges was arranged around the walls, which made it difficult for people to interact with one another. Exploring different layouts could help create more natural opportunities for conversation and connection.

A schedule of internal and external servicing and maintenance was in place, with clear records kept. These systems supported people's safety, and reassurance that equipment and the environment were being well-maintained. Regular room inspections were not being undertaken at the time of inspection, due to a lack of permanent maintenance support. The management team were exploring options to develop this, whilst recruitment to this post was underway.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from care plans which are person-centred, up-to-date and reflect their rights, preferences and desired outcomes. Some care plans contained warm, person-centred detail that reflected what mattered to people, and how they wished to be supported. When this information was clear and up-to-date, it had the potential to guide staff well, and support consistent, personalised care. A number of plans sampled however, contained outdated or conflicting information, which made it difficult to see people's current needs. This meant staff did not always have reliable guidance to help them provide timely and appropriate support.

For some people, where clear and direct plans were in place, the lack of accurate day-to-day recording meant we could not be assured that support was consistent, or aligned with their assessed needs. This had a direct impact on people's comfort, reassurance and emotional wellbeing.

Care plans were being reviewed regularly, which showed a commitment to oversight, but reviews did not always lead to updates in the support being provided. Many reviews summarised what was happening, rather than evaluating whether the care remained right for the person. This limited the service's ability to adapt support as people's needs changed. We recognise that meaningful reviews are more challenging when daily records lack detail, particularly for staff who know people less well. (See requirement 1).

The management team were aware of the need to improve the quality-of-care planning and reviewing, and were committed to developing these. This focus on improving accuracy and clarity has the potential to strengthen consistency, ensure people's needs are clearly understood and support staff to deliver timely care reflective of people's wishes.

Requirements

1. By 25 May 2026, the provider should ensure care plans are up-to-date and detail accurate information, to ensure that people receive the right support at the right time.

This should include at a minimum:

- a. each person receiving care has a detailed personal plan, which reflects a person-centred and outcome focused approach
- b. they contain accurate and up-to-date information, which directs staff on how to meet people's care and support needs
- c. they contain accurate and up-to-date risk assessments, which direct staff on current/potential risks and risk management strategies, to minimise risks identified
- d. they are regularly reviewed and updated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (Personal plans) 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 states that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

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 health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service.

This should include, but not be restricted to, monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

This area for improvement was made on 21 March 2025.

Action taken since then

Health and wellbeing monitoring charts were in place. All people supported had fluid targets set, and overall were meeting these.

In relation to food monitoring, meals and snacks were being logged, however, the details were not always reflective of what people had actually eaten.

With regards bowel monitoring, whilst we could see regular recording, it was not always clear that escalation actions were being taken in line with people's care plans.

Whilst there has been improvements in the recording of health and wellbeing monitoring information, to ensure there are no delays in people accessing support required, the accuracy of these should improve, as well as details of escalation actions taken.

This area for improvement has not been met.

Previous area for improvement 2

The provider should enhance the provision of activities throughout the home, to ensure these are designed around people's choices and preferences, aimed to support better outcomes.

This should include but not be limited to:

- a) Regular planned activities linked to individuals' preferences, that provide stimulation and meaningful engagement.

- b) Creating opportunities for all people who live in the service to have access to meaningful activities.
- c) Improved availability of one-to-one support, where people are unable, or do not wish to be involved in group activities.
- d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

This area for improvement was made on 23 October 2024.

Action taken since then

The service continued to offer a range of community connections, people enjoyed the regular events taking place within the home. However, we were not able to see that planned activities were consistently linked to individuals' preferences or that everyone had meaningful opportunities to take part.

People who spent most of their time in their rooms had limited access to personalised or stimulating activity, and televisions were often used by default, even when people were not interested in what was on.

There was limited evidence of one-to-one support for people who did not wish to join group activities, and several people told us they would like more opportunities to go out into the local community or engage in more purposeful, occupational style activities.

We did not see systems in place to evaluate activities, or use feedback to shape future planning.

While the service was aware of these gaps and had begun exploring ways to improve activity provision, progress was not yet sufficient to demonstrate improved outcomes for people.

This area for improvement has not been met.

Previous area for improvement 3

To continue the improvement journey, the provider should ensure that quality assurance is well led to ensure people experience consistently good outcomes.

This should include at a minimum:

- a. the registered manager having complete oversight of the service and ongoing key activities
- b. the registered manager ensuring audits are effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action, to achieve improvements without delay
- c. utilising evidence-based information to review and update quality assurance tools, to ensure they are effective and driving forward improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 21 March 2025.

Action taken since then

A wide range of quality assurance audits were in place and carried out regularly, which helped identify areas of compliance, and areas needing development. Some audits included helpful comments about what had been assessed, and there were clear reporting mechanisms to the wider organisation, giving senior managers oversight and the ability to guide improvements.

However, the quality of action plans remained variable. While most actions were marked as complete, it was not always clear what work had been undertaken, or whether this had been evaluated to ensure improvements were effective. Several action plans lacked evidence-based updates, making it difficult to track progress, or see how changes were improving outcomes for people. This meant audits did not consistently lead to timely or measurable improvements in people's experiences.

Although the foundations of a quality assurance system were in place, the service had not yet demonstrated the level of oversight, accuracy and follow-through required to show that quality assurance was driving consistent improvement.

This area for improvement has not been met.

Previous area for improvement 4

To ensure people's choice is respected, the provider should ensure that the deployment of staff is consistent to meet people's assessed care and support needs.

This should include, but not be restricted to:

- a. clear guidance on the delegation of activities over the course of the day, to effectively meet people's needs
- b. people's choices of when support should be taken into account whilst planning support
- c. the whole staff team developing relationships and working together in a positive manner, to promote good outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15), and "My care and support is consistent and stable because people work together well." (HSCS 3.19).

This area for improvement was made on 21 March 2025.

Action taken since then

People's needs were assessed using a dependency assessment that considered support needs and other meaningful factors, such as wounds and infections. This showed the home was underutilising staff on a daily basis.

Staffing levels were generally consistent across day and night shifts, which helped provide stability and routine for people. However, at key times of the day, staff deployment did not always support people to receive care when they wanted it. Some people waited longer than they would choose to get up in the morning, and at times communal areas were left without staff when others were being supported to bed. This meant people did not always experience timely support, or the level of supervision and engagement that would benefit them.

Most staff described positive teamwork, but this was not consistent for all. Tensions within some teams had the potential to affect how smoothly support was delivered, and how well people's choices were respected.

This area for improvement is not met, and will be covered in a new area for improvement created within 3.3 - how good is our staff team.

Previous area for improvement 5

To promote the care and support of people who are dependent on staff to mobilise around the home, the provider should ensure people have choice in relation to their day-to-day routines, as well as having their care and support needs met efficiently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 21 March 2025.

Action taken since then

Staffing levels were generally consistent across day and night shifts, which supported routine and stability. However, the way staff were deployed meant people did not always have choice over when their support was provided. In one unit, people who required two staff were often helped to get up later than they would prefer, due to staffing pressures, rather than personal choice. Similarly, when people were being supported to bed, staffing levels within the unit could leave communal areas without staff presence, limiting people's ability to receive support when they needed it.

These patterns showed that staffing availability continued to shape people's daily routines, rather than their wishes and preferences. To ensure people experience timely support that reflects their choices, it would be beneficial to review staffing deployment, including when staff are needed, and the skill mix required at key points in the day.

This area for improvement is not met, and will be covered in a new area for improvement created within 3.3 - how good is our staff team.

Previous area for improvement 6

The provider should ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider should ensure that all maintenance, servicing and safety checks are being carried out in line with good practice guidance and organisation requirements.

Any resultant actions must be detailed and taken without delay.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is secure and safe." (HSCS 5.17).

This area for improvement was made on 21 March 2025.

Action taken since then

A schedule of external servicing and maintenance was in place, with clear records showing when checks had been completed. Personal Appliance Testing had also been carried out internally in recent months, which supported the safety of equipment used by people.

The absence of a permanent maintenance person meant that regular room inspections were not taking place. Instead, the service relied on staff noticing and reporting issues.

The management team was working to resolve this in the short term, whilst looking to recruit to the maintenance post.

This area for improvement is met.

Previous area for improvement 7

To ensure that people receive the right support at the right time, the provider should ensure care plans are up-to-date and detail accurate information.

This should include:

- a) Detailed care plans which reflects a person-centred and outcome focused approach, directing staff on how to meet people's care and support needs.
- b) Detailed end of life care plans which are person specific, to ensure staff are fully informed of the person's wishes.
- c) Stress and distress care plans for people who display signs of stress and distress. These should be descriptive, giving clear guidance on how support should be provided.
- d) Care plans containing accurate and up-to-date individualised risk assessments, which direct staff on current or potential risks and strategies to minimise any risks identified.
- e) Regular review of care plans with updates to ensure current needs are known. Care plans should be completed with involvement from people, relatives and advocates.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

This area for improvement was made on 23 November 2024.

Action taken since then

Some care plans contained helpful, person-centred detail. However, most care plans we reviewed contained outdated or conflicting information, meaning staff did not always have clear guidance on people's current needs.

For some people experiencing stress and distress, key information was missing, or inconsistent, so we could not be assured support was delivered safely or consistently. Where plans were detailed, we were not always able to see that support was carried out in line with this.

Although plans were reviewed regularly, these reviews did not always lead to meaningful updates, and daily records lacked the detail needed to inform good quality revisions.

Overall, care plans did not yet provide accurate, up-to-date direction to ensure people received the right support at the right time.

This area for improvement is not met and will be incorporated in a requirement within 5.1, 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.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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