

Threshold Edinburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
19 December 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2008187003

About the service

Threshold Edinburgh is a combined housing support and care at home service registered to support adults with learning disabilities, physical disabilities and mental health conditions. At the time of the inspection, the service was offering care and support to 18 adults across Edinburgh in supported accommodation and in people's own homes. The service provider is Church of Scotland trading as Crossreach.

About the inspection

This was an unannounced inspection which took place between 10 and 16 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate. An additional inspector spoke with a number of people's family members.

To prepare for the inspection we reviewed information about this service. This included:

- previous inspection findings
- registration information
- information submitted by the service
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with 12 people using the service
- spoke with and received electronic feedback from 6 family members
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- received electronic feedback from 11 staff and two people.

Key messages

- The service was under new management arrangements and was responsive to making required improvements to the quality of support people experience.
- People's personal plans and risk assessments required to be reviewed and updated to reflect people's current needs in greater detail.
- Staff required further training to increase their knowledge and skills to promote consistently positive outcomes for people.
- People's staffing arrangements required to be reviewed so that at all times staff supporting them have the required skills and knowledge to meet their needs.
- The quality of personal care recording required improvement to demonstrate that people received the right care to promote their health and wellbeing needs.
- Quality assurance systems needed to be embodied in practice to promote consistently positive outcomes for people.
- People's support with their finances needed further attention to ensure that practice was in line with the organisation's revised policy and procedures.

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 well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

People received care and support from a staff team who were kind and keen to make a difference though some staff needed further mentoring and guidance to improve their communication skills and knowledge when supporting people with complex care needs. We observed some warm interactions between people and some of their staff. Regular staff knew people well, including their likes and dislikes. People generally had busy schedules and were enjoying festive activities throughout the inspection. This meant that people experienced warmth and kindness in how they were supported and cared for though some staff required additional support and mentoring to promote consistently positive interactions and engage in a person centred manner.

People received a variable quality of support with their medication. Medication administration records were often well completed but we did find some concerning discrepancies and omissions. We found instances of unsafe medication storage. We discussed these concerns with the service, who were committed to making improvements. People's medication care and support had been identified as an Area for Improvement in previous inspections and remained unmet during this inspection (see 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report for further information). This meant that people could not be assured that all treatments or interventions were safe and effective (see requirement one).

Key aspects of people's health were not being monitored effectively. Health monitoring charts were not being used effectively and contained omissions. This included seizure monitoring, stoma and continence care, oral care and bowel movement recording. Care records were inconsistent and did not contain the necessary information to evidence that people were receiving the right care for their assessed health and wellbeing needs. Body maps were used to record any noted skin issues, however there were no actions recorded to evidence how a person was being supported or monitored when redness of the skin was noted. This meant that people could not be assured that they would receive high quality care and support that was right for them (See requirement two).

The provider had identified issues with the quality of people's personal plans and recognised that improvements were needed. Staff had been involved in a care planning workshop to support their learning and development. There remained insufficient detail in people's personal plans to guide staff as to the support people required with their continence needs including stoma care. People who were at risk of skin damage did not have sufficient detailed in their plans to guide staff in how to support them effectively, identify any risks and respond promptly when needs changed. We noted that a person was at risk of choking but there was insufficient detail in their eating and drinking plan and no risk assessment in place to support minimising potential health risks. Improving the quality of detail in people's personal plans was an area identified for required action at the previous inspection of the service (see 'What the service has done to meet any requirements we made at or since the last inspection' section of this report for further information)

The service had made some progress with reviewing people's care and involving those important to them. Further progress was needed to ensure everyone supported had six monthly review meetings on a

consistent basis. The provider should ensure that agreed actions were carried forward into personal plans as well as update plans when needs and circumstances change. We have extended the timescale of the previous requirement to allow the provider further time to improve and update people's personal plans. We have added an additional section to the original requirement as risk assessments did not contain sufficient detail to effectively guide people's support staff and mitigate potential health risks and promote responsive care. There was insufficient detail about equipment in use to promote people's skin health such as pressure relieving equipment. This meant that people could not be assured that their personal plan was right for them and set out their needs effectively. (See requirement three)

Some people were supported with their shopping and cooking. We noted that food storage systems were not meeting best practice as to labelling food when opened and disposing of foodstuffs when expired. There was also foodstuff in storage boxes without labels so it was unknown what the food was, whom it belonged to or when it should be disposed of. The manager was responsive when this was noted but we would expect to see consistently safe food storage systems in place. This meant people could not be assured that staff were promoting their safety and wellbeing consistently. (See area for improvement one)

Requirements

1.

By 23 February 2026, to ensure people receive safe and effective care and support with their medication, the provider must, at a minimum:

- (a) ensure that people's medication is stored safely.
- (b) ensure that people receive their medication as prescribed with medication administration records being completed consistently and accurately.
- (c) ensure that any discrepancies in recording of people's prescribed medication, including 'when required' medication are picked up promptly and addressed through a system of regular planned quality assurance and monitoring.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

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

2. By 23 February 2026, to ensure that people's receive effective support with their health and wellbeing needs, the provider must at a minimum:

- (a) ensure that seizure monitoring charts are being completed effectively and detail of the type and length of seizure activity is recorded.
- (b) ensure that oral care, bowel monitoring, stoma care and continence care records are completed consistently.
- (c) ensure that health monitoring charts have a clear purpose and guidance for staff to follow as to when action is required and reported to management.
- (d) Ensure standards are maintained through regular quality and monitoring.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

This is to comply 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)

3. By 23 February 2026, to ensure that people's personal plans are right for them, the provider must at minimum:

- a) ensure that personal plans accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported.
- b) Undertake reviews of personal plans every six months and when people's needs or circumstances change. The service should ensure that supported people are meaningfully involved in developing and reviewing their personal plans and involve people who are important to them.
- (c) ensure that risk assessments are in place to guide staff effectively when providing support to people. This is to include minimising potential risks to people who are risk of choking, those with continence and stoma support needs and those at risk of skin damage.
- (d) ensure that all equipment in use to promote people's skin health is detailed in their plans.

This is in order to comply with regulation 4(1)(a) and regulation 5 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 Standards (HSCS) which state that:

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

Areas for improvement

1. To promote people's safety and wellbeing staff should consistently follow safe food storage practice. The provider should ensure that all staff have had appropriate training and instruction in food hygiene and safe storage of food and that staff practice is regularly monitored.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

The provider had an action plan in place to address concerns about people's health, wellbeing and protection and were collaborating with relevant agencies. Additional support had been brought in from within the organisation to support quality auditing as well as staff learning and development and mentoring. The recently appointed manager was being supported to develop in their role and demonstrated commitment to improving outcomes for people experiencing support and improving the quality of the service. There had also been a recent addition to the leadership team to support improvement moving forward.

Care plan audits were being progressed at the time of the inspection. Staff were participating in a care planning workshop at the time of inspection. This proved beneficial in sharing information about people's needs and developing person centred plans. This meant that people could be assured that their care provider recognised improvements needed and that leaders were working to promote change. However, the provider needed further time to ensure that people's care and support needs were well documented and were regularly updated when needs changed.

Accidents and incidents were being recorded but lacked sufficient detail and analysis to minimise potential risks to people and demonstrate that all factors contributing to people experiencing stressed behaviours were being well considered. There was evidence of poor recording with language used in some cases reflecting a lack of insight and knowledge of positive behavioural support. The provider was using charts to monitor stressed behaviours but these lacked depth and sufficient detail to support people who experience stress and anxiety effectively. This meant that people could not be assured that their care provider's quality assurance systems were being used effectively to improve their wellbeing outcomes. (see area for improvement one)

Leaders were visiting people in their homes and were supporting staff who needed further training and mentoring. Observations of staff's medication practices were recorded however there was a lack of recorded observations of staff practice including moving and handling practice. We observed that some people who used wheelchairs were not being supported safely to minimise potential risks to them. Implementing regular recorded observations of the support people experience contributes to staff's ongoing learning and development and promotes people's safety and wellbeing. (See area for improvement two)

The service did not have an improvement plan that took account of key aspects of the Care Inspectorate quality improvement framework for support services. There was limited use of self evaluation tools to support effective quality assurance and direct service improvement planning. The management team expressed commitment to developing a service improvement plan and have been directed to guidance that would support them with this. This meant that people could not be assured that their care provider's current quality assurance processes were effectively promoting service improvement. The provider had a complaint procedure in place, however there was a delay in supplying us with the complaint log, which should be readily accessible within a service. We made an area for improvement at the previous which has not evidenced to have been fully met and we have made a new area for improvement in relation to service improvement planning (see area for improvement three)

People's financial plans needed to be reviewed and updated to ensure that financial contributions in shared living situations did not include paying into another service user's bank account or giving cash to their flatmates for contributions to household bills. Information on people's support with monies plans was not current and lacked dates for review. There were communal arrangements in place for food purchases via shopping kitties in some parts of the service. We considered current arrangements needed to be more individualised and equitable to ensure each person gained maximum benefit from their personal monies. Protocols for bill sharing needed to be clear and outlined in people's personal plans. We found a lack of detail relating to a larger transaction coming from a person's account paid to the organisation. Where the

organisation are supporting people to manage their monies the reason for all transaction must be transparent and recorded in detail. (see requirement one)

Requirements

1. By February 23 2026 order to ensure that people's who require support with manage their finances are being supported effectively, the provider must at a minimum:
 - (a) Ensure that all transactions are clearly documented with an explanation of the reason for monies being paid out of people's funds.
 - (b) Ensure that a full audit of people's financial support plans is carried out and people's arrangements for accessing their monies are clear.
 - (c) Ensure that all shared living financial arrangements are reviewed.

This is to comply with Regulation 4(1)(a) Welfare of Users of the Public Services Reform (Scotland) Act 2010.

This is to comply 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).

Areas for improvement

1. To promote people's safety and wellbeing and minimise stressed behaviours the provider should ensure that incidents are analysed. This is so that factors which may have contributed to people experiencing stress are identified and used to improve the quality of people's support.

This is to comply with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. To improve the quality of support people experience, the provider should complete recorded observations of staff practice. This is to include observations of how people are supported with their mobility equipment.

This is to comply 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).

3. To promote positive outcomes for people experiencing care the provider should develop a comprehensive service improvement plan which includes learning from adverse events and details actions to be completed with timescales for review.

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

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

The provider maintained a staff training plan which included mandatory training including medication and moving and handling training. There was a two day induction for staff joining the organisation followed by staff accessing on-line training modules. Staff received training in positive behaviour support and safe physical intervention techniques, however there was no policy in place for staff to follow in relation to restraint/restrictive practices. The physical intervention guidance for staff around hair pulling release technique had the potential cause harm to people supported. This was discussed with the trainer who agreed that the guidance was not in line with best practice and needed reviewed. This meant that staff did not have access to the right guidance to keep people safe and protect them from harm.

Staff supported people who were at risk of skin damage. Some staff had completed a tissue viability module but others lacked a basic understanding of promoting people's skin health. Not all staff had undertaken continence care training and there was poor recording of continence care which could be reflective of a lack of guidance and training. Staff had learned about stoma care from other members of staff and were following a poorly completed stoma care plan. All staff supporting people with stoma care need to be trained by a health professional to ensure that they are carrying out safe practices and recognising when to report issues on. Involved health professionals told us that they while there were some competent staff in the organisation others lacked the insight, knowledge and communication skills needed to support people with complex supports needs safely and effectively. This meant that people could not have confidence that all staff supporting them had the right skills and knowledge to meet their needs. (see requirement one)

Staff were reported to be kind but some appeared task driven rather than engaging and connecting well with people supported. Some staff had undertaken training in autism but a more comprehensive approach was needed to ensure that all staff understood people's communication needs and their diagnosed conditions. Further mentoring was needed as well as direct observations of practice to support staff's learning and development. We observed some staff not following safe practices when supporting people who used wheelchairs for their mobility needs. Wheelchair training needed to be included in staff training plans (See requirement one).

The provider maintained a staff supervision matrix. The quality of supervision records was variable. While some evidenced reflective discussions about practice and learning and development needs, others lacked sufficient detail to evidence robust leadership and direction. Having planned actions agreed in supervision records would support evidencing that staff's learning and development needs are being fully discussed and planned for (See area for improvement one).

Some people told us that there had been a lot of changes to their staffing arrangements which they had found unsettling. The provider had limited the use of agency staff and used a pool of relief staff and were actively recruiting to vacant posts. Feedback from people supported and their relatives indicated that there could be improvements made to the way people were informed about their staffing arrangements as well as any changes to their staffing arrangements. There was a recognition however that the leadership team were working hard to improve communication systems and there was improving consistency and stability in people's staffing arrangements.

Staff received training in epilepsy and midazolam (as required medication) but there was some training still to be delivered. Although the provider told us that they always ensured that staff had epilepsy training before supporting people who experienced seizures a member of staff who had provided support to a person living with epilepsy did not have the required training. This meant that people could not be assured

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that all staff providing their support had the right training to meet their assessed health and support needs. (See requirement two)

Requirements

1. By February 23 2026 to ensure that staff have the right skills and knowledge to meet people's assessed needs the provider must at minimum:

- (a) ensure that stoma and continence care training is organised for staff supporting people with their stoma and continence needs.
- (b) ensure that all staff are following best practice guidance when using hair pull release techniques.
- (c) ensure that all staff have an understanding of promoting people's skin health and factors which contribute to skin damage.
- (d) ensure that staff are trained in safe wheelchair practice.

This is in order 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).

2. By February 23 2026, to ensure that people's staffing arrangements are right for them, the provider must:

- (a) ensure that all staff providing support to people living with epilepsy have the required training to support them safely.
- (b) ensure that staffing arrangements are regularly checked so that all people supported have staff with the right skills and knowledge to promote their wellbeing.

This is in order 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:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. To promote staff learning and development the provider should review the quality of staff supervision and support leaders in further developing their skills in this area.

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 well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

As detailed under Section 'How well do we support people's wellbeing?' section of this report people's care and support was compromised due to there being a lack of sufficient assessment information in their plans.

As reflected in this report we were concerned about the quality of positive behaviour support plans for those experiencing stress and distress and any restrictive practices in use needed to be safe and line with best practice guidance.

The quality of daily recordings were poor and did not capture that people were being supported well with their assessed needs. Information relating to people's capacity to make decisions and any restrictive practices such as the use of baby monitors and cameras needed to be better detailed in people's personal plans to evidence that the least restrictive practices were in place and who was involved in decision making.

We have carried forward a previous area for improvement in this report as there remained limited information in relation to pain management. Having detailed communication plans and information for staff to follow supports promoting people's wellbeing and health outcomes. The care provider was introducing a range of formats to support people to communicate their needs but further development of this was needed to ensure people's assessment and care planning was right for them. (see area for improvement one)

The provider was actively promoting the involvement of staff in developing people's personal plans. While we saw that there was some information about people's preferences and choices in the personal plans these lacked review to evidence that they reflected people's current choices and circumstances. Further work was needed to support people to identify their goals and review outcomes regularly to support them to reach their potential. This was being progressed at the time of the inspection.

Areas for improvement

1. In order to ensure positive outcomes for people, the provider should ensure that care plans reflect how to support people to manage their pain effectively. This should include, but is not limited to, clearly identifying as required medication, what advice may be required, and supporting the person to identify the level of pain they are experiencing.

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

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

Requirements

Requirement 1

By 04 June 2025, to support people's health and wellbeing, the provider must ensure that all service users have an up to date personal plan.

In order to achieve this the provider must adhere to the following:

- a) Personal plans to accurately reflect all health and wellbeing needs with detailed and clear information about how people are to be supported.
- b) Undertake reviews of personal plans every six months. The service should ensure that supported people are meaningfully involved in developing and reviewing their personal plans and involve people who are important to them.

This is in order to comply with regulation 4(1)(a) and regulation 5 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 Standards (HSCS) which state that:

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 4 March 2025.

Action taken on previous requirement

Personal plans were not meeting expected standards and needed to be updated and regularly reviewed to reflect people's current needs and circumstances. We have continued this requirement under 'How well do we support people's wellbeing' section of this report with a revised timescale for the provider to fully implement the necessary improvements.

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 ensure positive outcomes for people experiencing care, the provider should consider systems that ensure that any learning and improvement work recommended as a result of regulatory interventions are shared across the organisation.

This is to ensure care and support is consistent with 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 18 June 2024.

Action taken since then

We found that the provider had taken action to promote staff's understanding of the the legislation which underpins their practice and had introduced personnel from other parts of the organisation to share and disseminate good practice examples.

We also noted that there had been a new finance policy developed with a view to improving practice when supporting people with their moneys and putting safeguards in place to protect people from potential financial harm. We found that not all of the best practice shared by leaders was being followed. Further work needed to be done with the staff team to ensure that the learning from adverse events is embedded into practice. Further staff development was needed to ensure that lessons learned were embedded in practice. This area for improvement has been closed and has been replaced by a new area for improvement in relation to service improvement planning under the 'How good is our leadership?' section of this report.

Previous area for improvement 2

In order to ensure good outcomes for people, the provider should ensure medication support systems are robust and consistent. This should include, but is not limited to, ensuring the care plan reflects the support required, listing the dates medication checks are undertaken, ensuring discrepancies are noted and explained.

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

This area for improvement was made on 16 July 2024.

Action taken since then

Medication management is discussed under the 'How well do we support people's wellbeing section of this report'. We saw evidence of some good practice where people's medication charts were being completed well however practice was inconsistent with a number of medication errors identified and discrepancies within the medication records.

Personal plans did not contain sufficient details of how medication support was to be provided and there was limited information to evidence that medication checks were being carried out regularly.

This area of improvement has not been met. It has been closed and is superseded by the requirement we made in relation to medication management in the section titled "How well do we support people's wellbeing?" in this report.

Previous area for improvement 3

In order to ensure positive outcomes for people, the provider should ensure that care plans reflect how to support people to manage their pain effectively. This should include, but is not limited to, clearly identifying as required medication, what advice may be required, and supporting the person to identify the level of pain they are experiencing.

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

This area for improvement was made on 16 July 2024.

Action taken since then

There was limited information in people's plans regarding their pain management and a lack of consistent protocols for staff to follow, including when to seek medical attention.

There was evidence that some work has been done around people's pain management but there were incomplete and inconsistent records. Medication administration records do record pain management but recording in the daily notes needed to improve to evidence that people were being supported effectively.

This area for improvement is continued under 'How well is our care and support planned.'

Previous area for improvement 4

To promote positive outcomes for people experiencing care, the provider should include focused oversight and detailed recorded review of recently introduced improvements in communication strategies and adult protection processes in their quality assurance systems.

This is to ensure care and support is consistent with 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 26 September 2024.

Action taken since then

This area for improvement has not been met in full. The service had an action plan in place relating to adult protection concerns and were working in collaboration with social workers and health professionals to continue to improve outcomes for people. Further work was needed to have regular discussions with staff in relation to adult support and protection processes and embed effective quality assurance strategies in practice.

We have closed this area for improvement and made a requirement and a new area for improvement under 'How good is our leadership?' section of this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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
3.2 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 well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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