

Forth View Care Centre Care Home Service

6 Sea Road
Methil
Leven
KY8 3DE

Telephone: 01592 716 500

Type of inspection:
Unannounced

Completed on:
11 March 2026

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 36 people were residing in the home.

About the inspection

This was an unannounced inspection which took place on 11 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate. We focussed on the progress made to meet the seven outstanding requirements and three areas for improvements.

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

Key messages

- The service had worked hard to make the necessary improvements to meet all seven outstanding requirements, and two out of three areas for improvement.
- People we spoke with told us they were happy with the positive direction the service was going in.
- We were pleased to find a calmer, more relaxed environment.

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?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

There were two outstanding requirements relating to this key question. We were satisfied that these had been met. Details can be found in the 'outstanding requirements' section of this report. This had a positive impact on outcomes and experiences for people. To reflect these improvements we have regraded the quality indicators awarded at the previous inspection.

How good is our leadership?

3 - Adequate

There was an outstanding requirement relating to this key question. We were satisfied that this had been met. Details can be found in the 'outstanding requirements' section of this report. This had a positive impact on outcomes and experiences for people. To reflect these improvements we have regraded the quality indicators awarded at the previous inspection.

How good is our staff team?

3 - Adequate

There were two outstanding requirements relating to this key question. We were satisfied that these had been met. Details can be found in the 'outstanding requirements' section of this report. This had a positive impact on outcomes and experiences for people. To reflect these improvements we have regraded the quality indicators awarded at the previous inspection.

How good is our setting?

3 - Adequate

There was an outstanding requirement relating to this key question. We were satisfied that this had been met. Details can be found in the 'outstanding requirements' section of this report. This had a positive impact on outcomes and experiences for people. To reflect these improvements we have regraded the quality indicators awarded at the previous inspection.

How well is our care and support planned?

4 - Good

There was an outstanding requirement relating to this key question. We were satisfied that this had been met. Details can be found in the 'outstanding requirements' section of this report. This had a positive impact on outcomes and experiences for people. To reflect these improvements we have regraded the quality indicators awarded at the previous inspection.

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 the last 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. 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 had a full understanding of an individual's needs in relation to fall prevention. It was important that agency workers were 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 that time. This requirement had not been met and we agreed an extension until 03 March 2026.

During this inspection we learned the overall staffing in the service had greatly increased; this is discussed further in the 'action taken on requirement 5' section of this report. This meant more staff were available throughout the service to observe and assist people with mobility requirements. We saw people being encouraged and supported to walk around the home at their own pace.

Falls analysis was being carried out monthly which highlighted a significant reduction in falls since the previous inspection. The manager had a good oversight of falls and falls management in the service. We saw evidence of action being taken to minimise the risk of falls such as alarm mats, and sensor beams. Increased observations by staff and better diligence of sensor equipment appeared to be contributing towards falls reduction.

Falls risk assessments, falls analysis, and care plan reviews were being considered whilst completing the monthly staffing dependency tool. This helped to calculate the appropriate provision of staff to support falls management.

Staff spoken with told us they regularly check sensor equipment to make sure they are plugged in, and in good working order. Records in the electronic plans verified this.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 2

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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw two full-time activity coordinators had been employed offering engagement seven days a week. People's likes, dislikes, hobbies, and interests had been recorded and incorporated into the activity planners. People were being supported to go out for walks in the local area, and to planned events such as the church, and shopping trips. Appropriate transport was being sought to support people with mobility aids in outside activity.

People were enjoying visits from children at the local nursery, and the service was reaching out to older students to participate in personal meaningful interests such as playing the guitar.

Activity care plans were informative and regularly evaluated which kept staff informed of how to best meet people's needs. The activity coordinators produced weekly activity newsletters and photographs to share with loved ones and visitors. It was pleasing to see that people were involved in decision making in relation to activity planning.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 3

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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

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.

During this inspection we saw that the quality assurance systems were being used much more effectively. Risk assessments and audit outcomes were being used to identify areas for improvement and plan remedial action.

Management had a good overview of the service including falls management, care planning, staff training, and staff practice through observation, quality assurance processes, and improved communication.

People were being supported to be more involved in decisions relating to service delivery such as activities and menu planning.

People told us communication was much better, meetings were taking place to gain people's views and regular newsletters were devised to keep people up to date on what was happening in the service.

The manager had developed a service improvement plan taking into account people's views and suggested areas for improvement. This enabled her to track progress and share with stakeholders to keep them updated.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 4

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
- e) 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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw all new staff had/were working through induction booklets with support from a mentor. Probationary period reviews were completed prior to people being offered permanent positions. This helped to ensure people were deemed competent in carrying out their tasks. Mandatory training for all staff was up to date. A training needs analysis had been carried out to highlight any gaps in staff's skills and knowledge and the manager had/was sourcing training specific to people's needs.

Staff supervision and appraisals were taking place regularly and shift observations were carried out and recorded to monitor staff practice. Staff told us they were benefitting from the increased training and felt more confident in their role.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 5

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.

Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because 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.

During the last 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.

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

During this inspection we learned that staffing had greatly increased. The use of agency staff was minimal in comparison to our previous inspection. Staff sickness was being managed through the organisation's policies and procedures.

We saw better use of the staff dependency tool which was giving more consideration to people's assessed needs, and the environment. Staff told us they had more time to socially interact with people and visitors told they were noticing a big difference in staff availability.

Regular checks were being carried out to ensure staff's registration with appropriate regulatory bodies were valid.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 6

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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

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. That 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 was restrictive of people's independence and choice.

During this inspection we learned the overall staffing in the service had greatly increased. This meant more staff were available throughout the service to observe and assist people with mobility requirements. We saw people being encouraged and supported to walk around the home at their own pace. People were being supported to choose where to sit, and in what area of the home; better use of the different spaces around the home was being made.

People were being encouraged to make decisions about how they would like to spend their time, and menu planning. People had more opportunities to go out, and links with the community were being made, for example, regular visits from the children at a local primary school.

Staff training had improved which enhanced their skills and knowledge in all areas of people's wellbeing, and regular observations were being carried out to monitor staff practice.

Technology aids such alarm mats were being checked regularly, and recorded to ensure they were in good working order.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

Requirement 7

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).

This requirement was made on 12 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because while some care plans were detailed and personalised, information in others 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.

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. 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.

During this inspection we sampled a range of support plans, care records, and assessments. We found good, consistent recording of people's continence and repositioning needs, where this was required. Plans were detailed, person centred, and promoted best practice. For example, plans for people with cognitive impairment promoted the use of pain assessment tools. This gave us assurance that support staff were being guided by care plans that were attentive to people's needs.

For those who required support to manage stress and distress, plans we sampled were clear and holistic. The promotion of non-pharmaceutical interventions in the first instance was clearly detailed. We suggested that the service reviews any use of restrictive practice to ensure this aligns with legal powers and/or is supported by clear multi-disciplinary risk management.

All plans evidenced having had monthly reviews and were up to date. A consistent staff team meant people's needs were well known. One relative told us the staff team manages the needs of their loved one well, particularly during periods of stress and distress. Although the use of agency care staff had significantly reduced, the service evidenced having 'essential' needs plans in place for new staff to review prior to delivering care and support. Overall, we saw significant improvement in the standard of care planning and assessment. This helps to ensure that people's needs are met.

We were satisfied that this requirement had been met. This had a positive impact on outcomes and experiences for people. As a result, we have adjusted the grades awarded at the previous inspection.

Met - within timescales

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

The provider must implement robust processes for effective stock management within the service kitchen. This should include collaborative meal planning and ensuring that a variety of nutritious snacks are consistently available to meet people's individuals' needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.33: I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

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 people experiencing care should expect well balanced, nutritious meals and snacks in line with their individual needs and preferences. We could not be assured from our observations and from information provided that nutritious snacks for people's individual needs were always available.

During this inspection the manager stated the new chef was much more in control of stock management and liaises directly with the suppliers if orders are incorrect. A petty cash tin was available should anything run out. New hydration stations were in each unit with a choice of drinks and fresh fruit. We observed the kitchen assistant delivering stocks of bread, milk, fresh fruit, yoghurt, crisps, and biscuits to each unit in the afternoon.

This area for improvement has been met.

Previous area for improvement 2

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)

This area for improvement was made on 12 November 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw provision had been made to hold money on the premises should someone request it. However, there was no effective recording system in place to support any financial transactions. We discussed this with the manager who stated it will be addressed and we will follow this up during future regulatory activity.

This area for improvement has not been met.

Previous area for improvement 3

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 the last 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.

During this inspection we were pleased to see more information was being sought prior to people starting the service. Information such as interests, hobbies, likes, and dislikes were recorded. This gave staff a better understanding of how to best meet people's needs, and offer a better transition into the service.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
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	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.