

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
10 April 2026

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2006124775

About the service

Fairknowe is registered to provide a care home service for up to 40 older people who may have physical support needs and/or dementia. At the time of the inspection, 31 people were living in the service.

Fairknowe is located in Maybole, South Ayrshire, close to the town centre. The home is a large converted villa with purpose-built extensions. Accommodation is arranged over two floors, with premium rooms on the upper floor and the majority of bedrooms located within two separate units on the ground floor.

The service provides a range of communal spaces, including two lounges, a dining room, and a multipurpose room used for group activities and family events.

There is a secure, easily accessible garden to the rear of the building, which can also be accessed directly from some ground-floor bedrooms via patio doors. To the front of the property, there is a well-maintained landscaped garden and a small car park for visitors.

About the inspection

This was an unannounced inspection which took place on 8, 9 and 10 April 2026. The inspection was carried out by one inspector from the Care Inspectorate. 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 six people using the service and eight of their family
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People experienced warm, respectful and compassionate care which supported their wellbeing.
- Care planning had improved significantly, with people and families more involved in decisions about care.
- Medication practice was safe and well managed, supporting people's comfort and health outcomes.
- Leadership was visible and effective, driving sustained improvements across the service.
- Staff morale and teamwork had improved, contributing to more consistent and person-centred care.
- Quality assurance processes were well established and supported ongoing improvement.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, because there were several clear strengths in how care and support were delivered, and these had a positive impact on people's wellbeing and quality of life. These strengths clearly outweighed the areas identified for further improvement.

People experienced warm, respectful and compassionate care. Observations throughout the inspection showed staff interacting with people in a kind, calm and unhurried manner. Staff knew people well and communicated in ways that were reassuring and responsive to individual needs. This helped people feel valued, relaxed and safe. People spoken with described staff as "very nice" and said they were "looked after really well", which was consistent with what we observed in practice.

People's dignity and individuality were well promoted. Care was personalised and respectful, with staff consistently supporting people's choices and preferences. Bedrooms were personalised to reflect people's tastes, interests and routines, and people were involved in decisions about how their personal spaces were arranged. This supported people's sense of identity, independence and emotional wellbeing.

People and their families were increasingly involved in planning and reviewing care and support. Structured systems, including keyworker and named nurse arrangements, alongside regular care reviews, supported meaningful involvement. Families described reviews as detailed, person-centred and well prepared. They reported feeling listened to and reassured that care was responsive to people's changing needs and preferences.

Medication practices supported people's health, comfort and safety. Systems were well organised and managed, with clear protocols in place, including for 'as required' medication. Staff demonstrated good knowledge of medication processes and monitored effectiveness appropriately. Pain assessment tools were being used more consistently to support symptom recognition and management, contributing to improved comfort for people. A small number of minor improvements were identified, such as ensuring opened medications were always clearly dated, to further strengthen safe practice.

People benefited from improved assessment and monitoring processes. Pre-admission assessments were comprehensive and supported smoother transitions into the home, helping people to settle more quickly. Ongoing monitoring of key risks, including nutrition, mobility, skin integrity and falls, helped ensure care remained proactive and responsive to changes in people's health and wellbeing.

Mealtimes were well managed and contributed positively to people's experiences. Meals were calm, unhurried and sociable, taking place in a pleasant and welcoming environment. Staff provided appropriate support that respected people's dignity and independence. There was good communication between care and kitchen staff, ensuring people's dietary needs, preferences, intake and weight were monitored and responded to effectively. This supported people's nutritional health and overall wellbeing.

How good is our leadership?**4 - Good**

We evaluated this key question as good, because there were clear strengths in leadership and governance that had a positive impact on outcomes for people. These strengths clearly outweighed the areas identified for further improvement.

Leadership within the service was visible, approachable and effective. Staff, people and families consistently described the manager as supportive and communicative, which helped create openness and trust. This approach encouraged staff to raise concerns, reflect on practice and contribute to improvement.

The manager and leadership team had a clear and shared vision for how the service should operate, which promoted consistency and direction across the home. The manager demonstrated ambition and determination to improve the service. This resulted in a strong culture of continuous improvement that was focused on people's experiences and outcomes.

There was clear evidence of significant and sustained progress since the previous inspection, including improvements in care planning, meaningful activity provision, staffing stability and clinical practice. People's outcomes benefited directly from this improvement-focused culture.

Quality assurance activity was well embedded and included regular audits, monitoring and review across key areas of practice. These systems supported effective oversight, helped identify issues early and drove improvements in safety, consistency and quality of care.

External professionals confirmed the positive impact of leadership and governance arrangements. They described significant improvements since the last inspection and spoke positively about communication, responsiveness and partnership working with the service. This strengthened joined-up care and helped ensure people's needs were met promptly and appropriately.

People and families were increasingly involved in shaping the service. Feedback was actively gathered through reviews, meetings and ongoing communication and was used to inform service development. This ensured that people's views, experiences and priorities were reflected in improvement activity and reinforced a culture of partnership.

While improvement activity was strong and effective, a more formally structured and documented self-evaluation framework would help strengthen the sustainability of progress. The manager recognised this and demonstrated good insight into the next steps needed. She was confident that further work on self-evaluation, aligned to the service improvement plan, would support continued improvement and long-term assurance of outcomes for people.

How good is our staff team?

4 - Good

We evaluated this key question as good, because there were clear strengths that had a positive impact on outcomes for people using the service and these outweighed the areas identified for further improvement.

Staff were increasingly skilled, well supported and organised, which helped ensure care was delivered consistently and responsively. Improvements in leadership, teamworking and communication had created a more stable and positive working environment, contributing to better experiences for people living in the home.

Staff had good access to relevant and appropriate training, including mandatory subjects and specialist areas such as palliative and end of life care, infection prevention and control, medication practices and clinical skills. This supported staff to meet people's increasingly complex needs safely and with confidence. Staff told us they felt supported to develop their skills and described increased confidence in their practice.

Training was well managed. The manager had a clear training plan in place and used an electronic system to maintain an accurate overview of training completed, training due and planned future training for all staff. This enabled effective monitoring of compliance and ensured training needs linked to service priorities, individual roles and identified development needs were recognised and acted upon. The manager was able to clearly describe how training needs were identified and how learning was followed up in practice.

Supervision and support arrangements had improved. Systems were in place to plan and record supervision, and staff confirmed that access to supervision had increased since the previous inspection. Supervision supported reflection on practice and professional development. Although not all staff had yet received supervision in line with the service's own ambitious targets, there was evidence of progress and management awareness of this, with plans in place to continue improving consistency.

Clinical practices, including medication management and pain assessment, were safe and well organised. Staff demonstrated good knowledge and followed established protocols effectively. Audits, champion roles and management oversight supported safe practice and continuous improvement.

Teamwork and staff morale had improved significantly. Staff consistently described a more positive culture, stronger leadership and better communication. This improvement in morale supported continuity of care and more meaningful relationships between staff and people living in the home.

Staffing arrangements effectively supported people's needs. Staff were visible, responsive and approachable, and people and families reported feeling reassured by their presence.

Recruitment had strengthened continuity and reduced reliance on agency staff. While staffing decisions were well informed in practice, further formalising how staffing levels and professional judgement were consistently evaluated and recorded would strengthen oversight and sustainability (**see area for improvement 1**).

Areas for improvement

1. To ensure staffing arrangements are consistently appropriate, transparent and sustainable, the provider should implement and embed a formal Staffing Method Framework (SMF) approach for regular, evidence based assessment and review of staffing levels and deployment, including clear recording of professional judgement and the impact of staffing decisions on activity provision and contingency arrangements.

This should include, but is not limited to:

- a) establishing a structured SMF cycle that brings together evidence about people's needs, workload and risk, alongside qualitative information reflecting professional judgement, and documenting how this evidence informs staffing establishment, daily deployment and any adjustments made
- b) routinely recording professional judgement decisions about staffing
- c) systematically capturing and evidencing relevant inputs to staffing assessment and review, including feedback.
- d) aligning contingency planning to the SMF process, so that when staffing pressures arise the service can evidence what actions were taken to mitigate impact on people's outcomes.

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

"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17); and
 "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 is also to support alignment with the Health and Care (Staffing) (Scotland) Act 2019 statutory guidance, particularly:

- Chapter 14 (Duty to Ensure Appropriate Staffing and Guiding Principles in Care Services), which describes how care service providers should meet the duty on appropriate staffing and apply the guiding principles, including openness and transparency in staffing decisions;
- and
- Chapter 16 (Role of Social Care and Social Work Improvement Scotland (the Care Inspectorate) in relation to staffing methods), which explains the purpose and status of staffing methods and the role of staffing methods/tools in supporting evidence based staffing decisions.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, because there were clear strengths in how care and support were planned and reviewed, and these had a positive impact on outcomes for people. These strengths clearly outweighed the areas identified for further improvement.

Care planning systems had improved significantly since the previous inspection and now generally ensured that people received care that reflected their assessed needs, preferences and risks. Clear structures, roles and responsibilities supported accurate, up-to-date and consistent care planning across the service.

People benefited from structured personal plans that were regularly reviewed. Systems such as the keyworker and named nurse arrangements, alongside the 'resident of the day' process, supported ongoing oversight and timely updates. This helped ensure that important information was reviewed and acted upon, promoting safe and consistent care.

Care plans reflected people's health and care needs and included regular review of key risks, such as nutrition, mobility, falls and skin integrity. Anticipatory and end of life planning had also strengthened. This proactive approach supported early identification of changes and contributed to positive health and wellbeing outcomes for people.

People and their families were meaningfully involved in care planning and reviews. Pre-admission assessments were comprehensive and well documented, supporting smooth transitions into the home and helping people to settle more quickly. Families described review meetings as detailed, person-centred and well prepared. They reported feeling listened to, informed and involved in shared decision-making about care and support.

Regular review processes supported ongoing monitoring and improvement of care. Six-monthly reviews were taking place consistently and were more outcome focused than at the previous inspection. These reviews helped identify what was working well and what needed to change, supporting responsive care.

However, some inconsistencies remained in how personal outcomes were clearly defined and expressed within individual care plans. While improvements were evident, outcomes were not always clearly distinguished from tasks or goals. Addressing this would further strengthen practice and help demonstrate more clearly how care planning supports what matters most to people.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's wellbeing and improve their quality of life, the provider should ensure that everyone has regular access to meaningful activities and opportunities for engagement, both within and outside the home.

This should include, but is not limited to:

- a) ensuring consistent activity provision
- b) supporting people to access the community and maintain social connections
- c) involving people in planning and evaluating activities that reflect their interests and preferences.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25);

and

'I am supported to be involved in meaningful activities in a way that I choose' (HSCS 2.22).

This area for improvement was made on 16 September 2025.

Action taken since then

There had been clear and positive progress in how people were supported to be meaningfully active, both within the home and in the wider community. The appointment of a wellbeing coordinator had strengthened activity provision and introduced a more flexible, person-centred approach. People benefited from a wider range of regular activities, including social, physical, creative and faith-based opportunities, as well as frequent outings. Observations showed a relaxed but active atmosphere, with people choosing to spend time together and take part in everyday routines and events.

People's individual interests and life events were recognised and celebrated in more meaningful ways. Examples included personal birthday celebrations, community links such as line dancing, therapy dog visits and positive intergenerational contact.

Feedback from relatives was consistently very positive and highlighted noticeable improvements in people's enjoyment, stimulation and quality of life. The home was also becoming more positively viewed within the local community, supported by improved communication and social media engagement.

Care plans and reviews did not yet consistently demonstrate how activities were planned with people, evaluated and adapted based on outcomes and preferences. The manager had recognised this and planned to strengthen six-monthly reviews and improve how people's views and experiences were captured.

Overall, meaningful activity and engagement had improved notably and were having a positive impact on people's wellbeing. Continued focus was needed to embed consistent planning, documentation and evaluation to ensure everyone remained fully involved in shaping activities that reflected what mattered to them.

This area for improvement was met.

Previous area for improvement 2

To ensure that quality assurance processes lead to sustained improvements in care and support, the provider should strengthen the structure and use of the service development and improvement plan.

This should include, but is not limited to:

- a) prioritising key areas for improvement and linking them clearly to outcomes for people
- b) ensuring progress updates and actions are consistently recorded and monitored
- c) using audit findings and feedback to inform and update the plan dynamically.

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);

and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 16 September 2025.

Action taken since then

The service had made significant progress in strengthening its quality assurance arrangements and using these to drive improvement. A service improvement plan (SIP) was in place and supported by an electronic management system, which provided a clearer structure for identifying, recording and reviewing improvement activity.

There was strong evidence of regular audits across key areas, including medication, the environment, care planning and clinical governance. These processes were well embedded and were used effectively, with responsibility clearly delegated to support leadership and accountability at different levels of the service.

The manager was able to clearly describe recent improvement projects and demonstrate measurable progress across a range of practice areas. Quality assurance activity was further strengthened by regular involvement from external managers, commissioners and social work review teams, which supported transparency and effective external oversight.

Feedback from residents and families was actively sought, listened to and reflected in service development activity, demonstrating a positive culture of learning and partnership working. Previous inspection feedback had been acted upon and there was clear evidence of improvement in outcomes for people.

To ensure improvements were sustained, continued focus was required on consistently prioritising actions within the SIP, clearly linking them to outcomes for people, and routinely updating progress using audit findings and feedback.

This area for improvement was met.

Previous area for improvement 3

To support staff development and ensure people receive care from confident and skilled practitioners, the provider should implement structured systems for supervision and training planning.

This should include, but is not limited to:

- a) introducing regular one-to-one supervision to support reflective learning and development
- b) developing a proactive training plan based on identified needs and service priorities.

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);
and

'I am supported to discuss my views and experiences with my worker, and these are used to improve my outcomes' (HSCS 3.16).

This area for improvement was made on 16 September 2025.

Action taken since then

There had been clear and sustained improvement in supervision and training since the previous inspection. Staff confirmed that they had regular access to both individual and group supervision, and records showed that supervision sessions and completed training were consistently logged. This demonstrated a strong and ongoing focus on supporting staff confidence and competence, in line with the Health and Social Care Standards.

Supervision arrangements were embedded and used effectively. A clear supervision format was in place, with actions agreed during supervision recorded and reviewed at subsequent meetings. This strengthened reflective practice and supported continuous improvement. Training arrangements were also well organised. A structured training plan and forward calendar were in place, which linked learning opportunities to service priorities and identified staff development needs.

Overall, supervision and training were planned, monitored and reviewed consistently. These arrangements supported staff learning and development and contributed positively to outcomes for people using the service.

This area for improvement was met.

Previous area for improvement 4

To ensure people experience consistent and responsive care, the provider should strengthen staffing oversight and contingency planning, particularly in relation to activity provision and documentation of staffing decisions.

This should include, but is not limited to:

- a) documenting professional judgement decisions about staffing levels and deployment
 - b) developing contingency plans to maintain activity provision during staff absence
- ensuring staffing arrangements support both care delivery and meaningful engagement

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17); and
'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 16 September 2025.

Action taken since then

The provider has taken a number of positive actions since the last inspection, and there is strong evidence that current staffing arrangements are working well in practice. Observations, along with feedback from people experiencing care, staff, families and external professionals, showed that staffing levels and deployment were appropriate and supported good outcomes.

Significantly reduced use of agency staff, alongside successful recruitment, has helped maintain continuity of care, and this has contributed to improved staff morale. People were observed to receive timely support, and relationships between staff and residents were positive and responsive.

However, despite these strengths, the service should implement further improvements. There remains no formalised, consistent process for assessing staffing needs, recording professional judgement, or systematically reviewing staffing arrangements using a Staffing Method Framework, as set out in statutory guidance. Decisions about staffing were found to be well informed and thoughtful, but they were largely informal and not clearly documented. This reduces transparency and makes it difficult to evidence how staffing decisions are reached and reviewed over time.

The manager clearly recognised that further improvement was needed. A range of assessments and quality assurance activity is already used to inform staffing decisions, and it was agreed that bringing these together into a more structured approach could be achieved within a short timescale. To sustain the improvements made, the service needed not only to ensure effective staffing in practice, but also to consistently show how staffing oversight, contingency planning and activity provision are planned, monitored and reviewed. To support this, we identified a new area for improvement (see area for improvement 1 in the section 'How good is our staff team').

This area for improvement was met.

Previous area for improvement 5

To ensure people receive care and support that reflects their current needs and preferences, the provider should improve the accuracy and consistency of personal plans. Key information and changes should be clearly documented in the main care plan and front-page summary, rather than solely in review notes.

This is to ensure that care and support is consistent with the 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 September 2025.

Action taken since then

Since the previous inspection, there has been clear and measurable progress in improving how people's care and support needs are identified and reviewed. Pre admission assessments and six monthly reviews are now detailed and meaningful, and families spoken with confirmed that they felt involved and well informed. These processes are contributing to positive outcomes for people and a stronger sense that their views and preferences are listened to and respected.

The introduction and consistent use of keyworker and named nurse systems has strengthened accountability for care planning. There is good evidence that reviews are taking place, with nurses updating care plans and evaluating care on an ongoing basis. This provides a more robust framework for ensuring care plans remain relevant, person centred and responsive to changing needs.

The manager demonstrated good awareness of areas that needed further improvement, including the need to strengthen staff understanding of personal outcomes. Continued focus on consistency, clarity and outcomes based planning was required to ensure everyone receives care that fully reflects their current needs, wishes and choices.

This area for improvement was met.

Previous area for improvement 6

To support people to be fully involved in planning their care and support, the provider should improve the quality and consistency of care reviews. Reviews should be outcome-focused, clearly identify what is working and what needs to change, and include measurable actions to support improvement.

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

'I am fully involved in assessing my needs, planning my care and support, and reviewing my plan' (HSCS 1.17).

This area for improvement was made on 16 September 2025.

Action taken since then

There was clear evidence that the quality and consistency of care reviews had improved since the last inspection. Reviews were taking place regularly, supported by a tracking system, and were more meaningful and outcome focused. Families and social workers confirmed that people were involved in six monthly reviews and felt listened to, with a clearer understanding of what was working well and what needed to change. Records showed improved clarity around agreed actions and next steps, supporting ongoing improvement in care and support. Overall, progress had been made in involving people and their representatives in planning and reviewing care, in line with the Health and Social Care Standards, although continued focus is needed to ensure this improved practice is consistently embedded across the service.

This area for improvement was met.

Previous area for improvement 7

All staff should receive training on Palliative and End of Life care. Staff should be supported to understand the need to be sensitive and respectful when conversations need to take place regarding end of life care.

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

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

This area for improvement was made on 18 February 2025.

Action taken since then

This area for improvement was effectively addressed. The service took clear and meaningful steps to strengthen staff knowledge and confidence around palliative and end of life care. Dedicated dignity champions were appointed and provided with enhanced training, enabling them to support and guide other staff in delivering sensitive, respectful and person centred care. Practical supports, such as end of life care boxes and equipment for relatives, were put in place to improve the experience for people and their families at a very difficult time. Evidence, including positive feedback from families, demonstrated that recent end of life care has been managed well and with compassion.

This area for improvement was met.

Previous area for improvement 8

Staff should ensure that pain assessment tools are completed when a person experiencing care is in pain. The pain assessment records should be fully completed to give an overall view of pain and how it is being managed. Staff should ensure they ask for external health input when a person experiencing care expresses pain for a prolonged period of time.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 18 February 2025.

Action taken since then

The service made significant improvements. There was good evidence that staff used recognised pain assessment tools, including the Abbey Pain Scale and numerical pain scales, to help identify and manage pain. Records reviewed showed clearer documentation of pain levels, the use of 'as required' pain medication, and staff recorded how effective this was. There was also evidence of appropriate engagement with external health professionals and prescribers when pain persisted, including reviews of medication and decisions to adjust or discontinue treatment where appropriate. The clinical lead demonstrated good knowledge and leadership around pain management and showed commitment to continuing to improve practice. Overall, these actions supported more anticipatory, responsive and person centred care.

This area for improvement was met.

Previous area for improvement 9

In order to continue with improving and developing the service, the provider should implement self-evaluation to identify service strengths, areas for improvement and to focus on outcomes that matter to people living in the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 March 2025.

Action taken since then

This area for improvement was made to strengthen the service's use of self evaluation so that improvements are clearly identified, outcome focused and aligned with the Health and Social Care Standards.

There was strong evidence that the manager and wider leadership team had a clear understanding of the service's strengths and areas for development. A Service Improvement Plan was in place and there was robust evidence of ongoing and significant improvement across key areas of practice. These improvements were driven by strong leadership, supported by regular quality assurance activity and effective oversight from senior external managers.

Although a fully structured and formally documented, outcome focused self evaluation framework was not yet in place, the intent of self evaluation was being achieved in practice. The management team demonstrated reflective practice, used quality assurance findings effectively and responded appropriately to identified issues to improve outcomes for people living in the service.

On this basis, this area for improvement was evaluated as met in terms of what it was intended to achieve. It was discussed that continuing work to formalise and document a more structured self evaluation approach will help sustain improvement and further strengthen assurance of outcomes for people.

This area for improvement was met.

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?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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