

# Balhousie St Ronans Care Home Service

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**Type of inspection:**  
Announced

**Completed on:**  
8 June 2023

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2012308787

## About the service

Balhousesie St Ronan's is a care home for older people situated in a residential area of Dundee, close to local transport links, shops and community services. The service provides nursing care for up to 67 people.

The service provides accommodation over two floors in single bedrooms, each with en-suite facilities. There are four units, each with communal lounges and dining areas. There is also a large communal lounge at the entrance to the home which provides access to a pleasant secure garden.

## About the inspection

This was an unannounced which took place on 29, 30, 31 May and 01 June 2023. The inspection was carried out by two inspectors 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 four people using the service and seven of their families
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional

## Key messages

- Interactions between staff and people were warm, friendly and fun
- Further consideration needs to be given to how people are always treated with dignity and respect
- Infection prevention and control practices needed to be improved
- Quality assurance processes needed to be fully and effectively implemented
- There were some issues with staff knowledge and skills around medication and nutrition
- A new, permanent manager started in post during the inspection, and was responsive to our inspection findings
- The building is pleasantly decorated and benefits from large windows giving plenty of natural light
- There is a large and accessible garden for people to use

## From this inspection we evaluated this service as:

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

|  |              |
|--|--------------|
| How well do we support people's wellbeing? | 2 - Weak     |
| How good is our leadership?                | 2 - Weak     |
| How good is our staff team?                | 2 - Weak     |
| How good is our setting?                   | 3 - Adequate |
| 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 evaluated this key question as weak as some strengths were identified but these were outweighed by significant weaknesses which have the potential to compromise the experiences and outcomes of people who live in Balhousie St Ronan's.

Throughout the inspection we saw some warm and fun interactions between staff and people. Some social interactions were facilitated for some people, and people told us that they got to know each other chatting together at mealtimes. In this way, new relationships were nurtured and a sense of community was promoted at mealtimes.

We identified areas where people's dignity was not always being promoted. We heard some staff referring to people they were caring for by their care needs rather than by their names. We found torn bedding, crash mats, and broken furniture in use in bedrooms, we observed people's continence aids and underwear laid out in rooms visible to public spaces. We were told that it was staff practice to carry out 'toileting rounds' for people rather than responding to people's needs. We also found people's walking aids left around the home or left out of people's reach when they were sitting down. This not only puts people at risk of falls, but also potentially restricts their freedom and choice to move around the home.

A lack of dignity and respect in care services has the potential to be dehumanising and can negatively affect people's sense of self-worth, mental wellbeing and ultimately outcomes. Given that our observations of direct care and interactions between staff and people in Balhousie St Ronan's were generally positive, we felt it was unlikely that staff were aware of the potential harmful impact of these actions. However, there was a risk that this becomes accepted practice within the care home which could lead to a culture of disrespect.

Visitors were able to come and go in the home and were able to support their relatives at mealtimes if they wished. We observed activities taking place throughout the course of the inspection and there was an activity planner for the week on display with a range of activities. Families told us they did not feel well informed about the activities available for their relatives. Staff told us they did not have enough time to spend on activities and that some people in the care home could not engage with them. We also heard that activities tended to be offered downstairs only and to those who were more physically and cognitively able. There was little evidence of people's individual needs, preferences or interests being taken into account when planning activities. Meaningful engagement is essential to allow people a sense of purpose, to promote wellbeing and to get the most out of life.

People were supported to make food and drink choices at mealtimes and there were alternatives to the options on the menu. We saw that food looked well-presented and appetising and portion sizes were adapted to suit people's needs. Nutrition and hydration were further supported throughout the day with fresh fruit, home baking and drinks available. People told us the food was good and they had a choice. We observed that mealtimes could be chaotic and disorganised with people requiring support having to wait longer for their meals. The service had identified this as an area for improvement prior to our inspection and had started to review this area.

We spoke to kitchen staff who were knowledgeable about specialised diets and dietary needs. However, care staff did not demonstrate sufficient knowledge and skills for us to be confident that people who required specialised diets or support with eating and drinking were always receiving the correct support. We also found documentation was unclear and potentially misleading. This can pose a risk to people's swallow safety, nutrition and associated health conditions. **See Requirement 1.**

We identified that staff knowledge, training and practice around medication administration and recording was inconsistent putting people at risk of medication errors. We recognise that a medication audit had been commenced by the provider prior to the inspection to identify and rectify issues, however we were not confident enough actions had been taken to fully keep people safe. **See Requirement 2.**

We found other areas of care documentation that were incomplete or misleading. In particular, wound care plans, risk assessments for the use of restraints and 'as required' medication protocols. There are risks to people's health and wellbeing if these are not clear and able to direct care in line with best practice.

Adults in care homes should live in an environment that is clean, tidy and well maintained. On the surface, some areas were fresh and inviting to sit in and to use. However, we found several items of furniture both individual and communal that were heavily contaminated, stained and posed an infection risk to people. Care staff were unclear on their role and responsibilities with infection prevention and control and told us they did not feel they had the time or the skills to carry out effective checks on equipment and furniture. Domestic staff were clear about their role and responsibilities although we found some gaps in cleaning schedules making it unclear if the expected cleaning tasks were always being carried out. We also identified inconsistent infection prevention and control practices among staff such as improper use and disposal of PPE and infrequent handwashing. As a result of poor staff practice and knowledge and the reduced cleanliness of the environment and furniture, the health, safety and wellbeing of people who lived in Balhousie St Ronan's was at risk. **See Requirement 3.**

## Requirements

1. By 06 July 2023, the provider must ensure that service users are provided with meals, snacks, drinks which are appropriate to meet their needs, and are supported to eat and drink in accordance with their nutrition and hydration needs and preferences.

To do this, the provider must, at a minimum:

- a) Ensure that service users' care plans record their nutrition and hydration needs and preferences.
- b) Ensure that nursing and care staff are familiar with, and can implement, service users' nutrition and hydration needs identified in care plans.
- c) Ensure that nursing and care staff are able to identify, and respond to, any change to a service user's nutrition and hydration needs and review and update personal plans accordingly.

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 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)

2. By 06 July 2023, the provider must keep people safe from harm by managing the administration of medication safely.

To do this, the provider, must at a minimum:

- a) Create a complete, accurate and auditable record of all prescribed medication in the care home.
- b) Ensure that staff receive and record completion of appropriate training to enable them to administer medication safely.
- c) Ensure that staff demonstrate competency in medication administration and managers implement a system for ongoing evaluation of staff practice.
- d) put in place and effectively implement a system to audit people's medication records to provide assurance that people are having their prescribed medication administered in accordance with their individual needs.
- e) ensure that monitoring arrangements identify any errors in administration or recording of a service user's medication and appropriate actions are taken.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220)

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

3. By 06 July 2023, the provider must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection.

To do this, the provider must, at a minimum:

- a) Ensure the care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- b) Ensure there are appropriate procedures in place for the prevention and control of infection and staff are familiar with these and implement them.

This is to comply with Regulations 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS, 5.24).

## Areas for improvement

1. In order to improve people's physical and mental wellbeing, you, the provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people within and out with the home. People should be supported and enabled to participate in the way that suits them best.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 4 November 2022 and has been restated.

## How good is our leadership?

2 - Weak

We evaluated this key question as weak, any strengths identified were outweighed significantly by the weaknesses.

Quality assurance systems were available to support clinical oversight and service improvement. Some of these systems were being used, but records were inconsistently completed and were ineffective in supporting service improvement. As an example, a recently completed environmental audit had not identified the significant number of communal chairs which we found to be contaminated and unsafe. Other service audits such as care plans and resident of the day identified areas for action, but we were unable to see evidence of these being followed up.

Some staff told us they could not effectively keep up to date with changes in people's care needs as they did not have enough time to read handover information from the previous shift. This had the potential for staff to deliver support which was not reflective of people's current needs and wishes. We were told that communication between staff had improved recently, but there were still limitations and inconsistencies.

Staff records were in place and up to date to ensure staff working in Balhousie St Ronan's were registered with the required professional body. There was no staff supervision matrix in place, and some staff told us they were unsure of when their last supervision was, which staff told us left them feeling unsupported. Staff meetings were not being held regularly, so opportunities for whole team discussions and learning were limited. Staff did not feel involved in service developments.

It's important that the experiences of people using the service are evaluated and used to guide improvements in order to support better outcomes for them. Families told us new relatives' meetings had commenced and a newsletter had been implemented helping them stay up to date with service developments. However, they also told us they had not been involved in service improvement plans.

As a result of ineffective quality assurance, there was poor clinical oversight and poor staff support which have potential for poor care, experiences and outcomes for people. **See Requirement 1.**

Throughout the inspection, the leadership team were responsive to on-going feedback and tried to rectify issues identified. We acknowledge that some of these issues will take longer to resolve. It's positive that a permanent manager is now in post, and we hope this brings stability to the leadership team in Balhousie St Ronan's.

## Requirements

1. By 20 August 2023, the provider must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met.

To do this, the provider must, at a minimum:

- a) Ensure the quality of service users' care and the environment is continuously assessed by knowledgeable, skilled and competent staff using a range of methods.
- b) Ensure that where quality assurance identifies areas for improvement, appropriate action is taken
- c) develop action plans which take into consideration views of staff, people and their representatives and include specific, measurable actions designed to lead to continuous improvements.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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).

## How good is our staff team?

2 - Weak

We evaluated this key question as weak. Without improvements there is potential for the welfare of people in the service to be compromised.

We received conflicting feedback from staff about the support they received and were told by some staff that a lack of leadership had contributed to low staff morale and, in some areas, poor team working. As a result of feedback during the inspection, the leadership team have taken some steps towards improving support and the way they gather staff views. It is important that staff feel valued for the work they do, invested in the service and can work well as a team to support best outcomes for people.

Training opportunities had increased recently and were further accelerated in response to inspection findings but there was not a culture of ongoing training and development within the service. People, including families, told us that they felt there was a shortage of training. There was a lack of records for mandatory training such as moving and handling, medication and adult support and protection. Staff competency checks for medication administration and infection prevention and control were limited and not completed regularly. We observed errors made by staff during medication administration and PPE disposal which demonstrated a lack of staff knowledge and competency.

We were not assured that staff training was up to date or effective, that staff practice and development was well supported, or that outcomes for people were improved or supported by ongoing staff development. This put people in Balhousie St Ronan's at increased risk of poor practice and care. **See Requirement 1.**



## Requirements

1. 5. By 20 August 2023, the provider must ensure that service users experience care delivered by staff that have appropriate training to allow them to undertake their role safely. This is to support the health, safety and welfare of service users.

To do this, the provider must, at a minimum:

- a) Ensure a review is conducted to identify all areas of staff training required for each staff member.
- b) Ensure identified training is provided to staff to staff and completion of any training is recorded.
- c) Ensure observations of care practice and staff competency are regularly assessed and recorded.
- d) Ensure training and development records are in place for all staff including supervision and appraisal meetings.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 15 (b) (i).

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 20 August 2023, you, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe and high quality services to ensure the best health care outcomes for people.

To do this, you, the provider, must, at a minimum consider and record:

- a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators, and medication administration as well as ancillary staff;
- b) how and where staff are deployed;
- c) the location of the service and time taken for additional support to arrive if needed;
- d) significant events, for example, end of life care, people starting to use or leaving the service.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must take proper provision for the health, welfare, and safety of service users.

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

This requirement was made on 04 November 2022 and has been restated.

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, there were some strengths, but these just outweighed the weaknesses.

The care home is purpose built over three levels, with lifts in use for access to all floors. Corridors were wide and accessible and there was lots of natural light in the building. It was easy to orientate around Balhousie St Ronan's as clear signage was in use. There was a range of communal spaces, meaning people had choice over where to spend their time. Quiet lounges offered private spaces, and there was a secure accessible garden and we saw people enjoying time outdoors throughout the inspection.

All rooms benefitted from an ensuite shower room and communal bathrooms were available if people wished to take a bath. Rooms were personalised and felt homely. One family member told us that they had been able to provide their relative's bed linen but did not always see this in use.

Maintenance records indicated that mandatory checks were being done to ensure the environment was safe. There was a maintenance person in post and staff regularly identified and communicated areas for action on each unit.

As referenced under key question 1, we found that some areas of the home were not as clean as we would expect and there were items of furniture needing cleaned or replaced in communal areas and in bedrooms. We identified two sluices which were left unlocked during our visits posing a risk that people could access hazardous substances and clinical waste. This was reported to the leadership team who rectified this quickly.

## How well is our care and support planned?

### 2 - Weak

We evaluated this key question as weak, there were some strengths, but these were significantly outweighed by weaknesses which, without improvement, could compromise people's health and wellbeing.

Care plans and assessments, although being regularly reviewed, contained many inconsistencies and out of date information. Assessments of people's needs were not always accurately completed. This meant that these could not be effectively used by care staff to direct the support they provided.

People have a right to be fully involved in developing and reviewing their personal plans to ensure they continue to reflect their personal choices and needs. Reviews were being carried out, but it was unclear if these were carried out at least once every 6 months with the person or their representative, in line with legislation.

Legal documentation was mostly in place and easy to access so that the service could identify who had legal decision-making powers for individuals who could not make decisions for themselves.

Death and dying care plans and ACPs have started to be developed, with some containing more detail than others. It's important that all relevant information is recorded to ensure that end of life care is reflective of the person's needs and wishes.

Care plans in Balhousie St Ronan's did not accurately inform staff about how to meet people's care and support needs. As a result, people were at risk of receiving support which did not reflect their needs, wishes or preferences. **See Requirement 1.**

## Requirements

1. By 20 August 2023, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs;
- b) accurately identify any risks to the person's health, and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them;
- c) have up to date records of the person's representative and the circumstances under which they wish to be contacted
- d) contain an accurate record of communication with people's representatives in line with their wishes
- e) are always implemented
- f) are reviewed every six months with the person and/or their representative

This is in order to comply with Regulation 3, 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 that care and support is consistent with health and Social Care standards (HSCS) which state: '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

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, have appropriate procedures for the prevention and control of infection. To be completed by: 30 April 2023

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 is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 23 August 2022.**

## Action taken on previous requirement

As reported under Key Question 1 - 'How well do we support peoples well-being?', we identified significant concerns with regards to the cleanliness of the environment, equipment and soft furnishings. Staff knowledge and practice was not sufficient to keep people safe. This requirement has not been met and has now been included in a new requirement under Key Question 1.

## Not met

### Requirement 2

By 30 April 2023, you, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe and high quality services to ensure the best health care outcomes for people.

To do this, you, the provider, must, at a minimum consider and record:

- a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators, and medication administration as well as ancillary staff;
- b) how and where staff are deployed;
- c) the location of the service and time taken for additional support to arrive if needed;
- d) significant events, for example, end of life care, people starting to use or leaving the service.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must take proper provision for the health, welfare, and safety of service users.

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

**This requirement was made on 4 November 2022.**

## Action taken on previous requirement

A recognised dependency assessment tool was in use and showed over allocation of hours to allow staffing for unplanned events. However, staff and families told us that it felt like there were not enough staff on shift and at times it was difficult to find someone to speak to. Staff told us they felt staffing across units could be more flexible to allow for variations in needs.

Staff allocation sheets were in use for each shift, however these were inconsistently completed and on some shifts completely blank. We were aware of staff supporting from other services where required and were assured that buzzers were answered in good time, when they were activated.

This requirement has not been met and has been restated.

## Not met

### Requirement 3

By 30 April 2023, you, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the assessed current health and care needs of the person;
- b) describe in detail the need and abilities of the person and the support required to meet those needs;
- c) accurately reflect any identified risks to the person's health, and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks;
- d) are always implemented; and
- e) are reviewed every six months.

This is in order to comply with Regulation 3, 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 that care and support is consistent with health and Social Care standards (HSCS) which state: '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 requirement was made on 4 November 2022.**

#### Action taken on previous requirement

As discussed in Key Question 5 - 'How well is our care and support planned?' people's care plans and risk assessments contained conflicting information, it was therefore difficult to establish what support people required. We could access reviews for 2023 and 2021 in the care plans we sampled, but could not see these consistently completed. Some sections of reviews were completely blank.

Staff told us that they do not always have time to read people's care plans on the electronic system, therefore could not be sure they were implementing them fully.

This requirement has not been met and has been rewritten into a new requirement under Key Question 5.

**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

In order to ensure residents' representatives, experience timely and accurate information sharing regarding events which may affect their general health and welfare, such as: information from other healthcare professionals, changes to their general health, falls and accidents. In addition, in order to ensure accurate and timely information is shared between the staff team, the service should:

- a) ensure the circumstances under which residents' representatives wish to be contacted is established, agreed and recorded on admission to the service.
- b) ensure timely and accurate information regarding residents' general health and welfare is fully shared with the representative and recorded.
- c) ensure improvements are made to systems of communication between staff working in the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 23 August 2022.**

#### Action taken since then

We could see that some progress had been made towards this area for improvement, with contact details and circumstances of contact detailed on some of the care plans we sampled. However, some people we spoke to told us that communication was not effective, with others saying it was inconsistent and information shared was also inconsistent.

This area for improvement has not been met and will now be included in a requirement under Key Question 5: 'How well is our care and support planned?'

#### Previous area for improvement 2

In order to improve people's physical and mental wellbeing, you, the provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people within and out with the home. People should be supported and enabled to participate in the way that suits them best.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 4 November 2022.**

### Action taken since then

We could see progress had been made with activities and observed people spending time outdoors with others during the inspection. Activity planners were also on display downstairs and offered multiple different activities. People we spoke to (families, people who live in St Ronan's and staff) told us that there could be more on offer and more people could be encouraged to attend, as discussed in Key Question 1: 'How well do we support people's wellbeing?'.

Improvements with activities should continue, with a focus on ensuring everyone within St Ronan's has access to activities that are meaningful to them.

This area for improvement has not been met and will be restated.

## Complaints

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

## Detailed evaluations

|  |              |
|--|--------------|
| How well do we support people's wellbeing?   | 2 - Weak     |
| 1.1 People experience compassion, dignity and respect  | 2 - Weak     |
| 1.2 People get the most out of life  | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support                                       | 2 - Weak     |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 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     |
| How good is our setting?   | 3 - Adequate |
| 4.1 People experience high quality facilities  | 3 - Adequate |
| 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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