

Queens Care Home Care Home Service

34 Ardayre Road
Prestwick
KA9 1QL

Telephone: 01292 470501

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Sanctuary Care (Queens) Limited

Service provider number:

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Service no:

CS2007157973

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Queens Care Home is registered to provide care and support for up to 49 people at any one time. The care home provides different levels of care and support to residents with mental and/or physical impairment.

Out of the 49 places, the service is also registered to provide respite care for up to four people.

Queens Care Home is situated in a quiet residential area on the promenade in Prestwick. It is close to all local amenities and transport links. The building is a large extended two-storey property with a small garden facing the seafront. Communal areas consist of three lounges/dining areas, two of which have limited kitchen facilities. All bedrooms are a variety of single rooms, and some have en-suite facilities. Some bedrooms are large enough to be used as a double bedroom, if necessary.

Queens Care Home is operated by Sanctuary Care (Queens) Limited. The service aims to:

'Offer care that is of the highest standard and is tailored to meet the needs of individuals with specific wishes and choices. These choices will be respected and honoured at all times.'

What people told us

Through speaking with residents and their visitors, and through questionnaire returns, we found that although many people were generally satisfied with support and care offered within Queens, there was room for improvement. Some comments received included those as below:

'Require more staff to open door. Rather than financial assistant from her office at the front door.'

'The staff team from manager to cleaner are excellent. All cleaners greet me with a smile and ask how I am.'

'As I had my relative in the Queens 10 years ago, the difference now is 100%. The manager and all her staff who remember me from my previous involvement are excellent.'

'The changes to Queens are welcome. Clean and tidy.'

'The staff are very caring. Excellent. You have a great staff.'

'On directly answering the questions interpreted yes or no, resident feedback included with a tick (yes) or a cross (no):

'I feel valued' - some said yes, some said no with sometimes writing beside the cross. The same applied to the statement 'I feel listened to'. Comments made included:

'When I use my buzzer, it can take up to 35 minutes before anyone answers. I get anxious waiting for assistance with the (specific need).'

'I feel waiting for help this affects my dignity. It makes me angry and can ruin my day.'

'I feel I wait a while for someone to come when I use my buzzer.'

'Sometime the carers do not know how to help with my (specific care need).'

'I feel that not everyone looks after my meal choices. I like to choose different things.'

'Sometimes I wait for a while to go to my room for peace and quiet. My mattress and pillow are not very comfortable.'

'When I go to see the manager, I feel I am not listened to, or if I am, I do not feel that anything is done about it.'

'After breakfast, I can wait a while to be assisted to the toilet or my chair. I need (equipment) to help me mobilise. I have waited over an hour for help. I don't think there are enough staff.'

Other comments included:

'Staff should all wear name badges. Care charts should be easily accessed i.e within patient's room. I don't ever know when my relative had a shower etc.'

'My relative always appears well cared for. She is usually very happy and content living at Queens.'

'Some staff are more friendly than others. Overall, it is a happy and professional care home. I feel the new manager has had a very positive impact on staff relations.'

What one thing you would like to see changed?

'For everyone to go to the dining room at meal times and not left at their chair with a table in front of them.'

'My relative's care home does not have enough staff sadly (with a sad face emoji drawn).'

'Staff are very good at keeping me informed in times of crisis or illness. There is always room for improvement. However, I would never move my relative from Queens.'

'Would like to go out more.'

'Feel my relative could be more involved in own care.'

'I can take part in resident's meetings.'

'I like to join the community for a walk and have tea at the (local) hotel.'

'I enjoy taking part in light exercising and in helping to set the tables.'

'I like to sit in the garden. I like to go out to see the children at the nursery school. Sometimes it can be noisy at night.'

'I am looked after well.'

'If there is something I don't like (at mealtimes) I am offered a choice.'

'Sometimes when I go into the lounge, I have to go looking for someone to help me move my relative to her bedroom.'

'I see a marked improvement in standards of care, staff attitudes and leadership since the new manager took position.'

'Overall, I am extremely happy and satisfied with standards of care at Queens Care Home.'

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 staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

Overall, there were improvements in the standards of care provided within Queens. Fundamental health care needs were being more attended to. There were some areas for improvement identified to improve how well is care and support provided which are continued from previous inspection.

We observed respectful and friendly engagement between residents and staff where residents responded with warmth, with humour evident during some interactions. However, we also observed poor interactions between staff which took place which should have been more respectful in the consideration of inclusion of residents.

During our observations, particularly at mealtimes, we saw an enablement approach being offered to support people to eat their meal independently. Staff provided initial support to establish understanding of the residents in the activity.

Residents were supported to tend to the external environment of the home. This included feeding rabbits, growing tomatoes and watering flowers. Other involvement activities which residents told us they 'thoroughly

enjoyed' was being involved in intergenerational work with local schools and nurseries, learning a foreign language and being in the trishaw along the shorefront.

People were noted to be sitting for extended periods of time despite the offers of engagement activities. The service had recently joined the initiative to care about physical activity which had yet to be more fully implemented to support improvement in the health and wellbeing of residents through minimising the risk of falls through strengthening muscle of residents. See area for improvement 1.

Medication was being monitored through an audit process by the management to identify and areas for improvement, including the use of as required medication protocols. There had been an improvement which had led to a system where people could receive their medication in a more safe and effective manner.

More effective use of the keyworker system and obtaining the life story of residents would ensure any planned activities are relevant to meeting the individual needs of residents. See areas for improvement 1 and 2.

Meals provided to people within bedrooms, or who took longer to eat meals could benefit from more use of hot plates. Some residents spoke of their dislike for the 'plastic' plates which could be considered. Other residents may benefit from use of coloured plates to support them to identify their meal on the plate, whether through issues with vision or through cognitive impairment.

Throughout the day, we noted people were sitting in lounges, sometimes very closely together whilst sat in wheelchairs with a lack of stimulation. A review of the roles of staff alongside needs, wishes and preferences of residents should support allocation of staff to identify suitable engagement opportunities whilst minimising a task orientated approach to care. See areas for improvement 1 and 2.

Areas for improvement

1. The manager and staff should introduce strategies for falls prevention and management.

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

1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.

2. The provider should promote and develop the role of keyworker within the service to develop staff understanding and improve identification of outcomes for residents.

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

3.14 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.

3. The manager should continue to progress the use of life story information to enable residents to engage in meaningful activities and engagement linked to the development of the keyworker role. This would support staff to identify and facilitate opportunities for meaningful engagement.

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

1.9 I am recognised as an expert in my own experiences, needs and wishes.

How good is our leadership?

3 - Adequate

Overall, there had been an improvement in the use of the Quality Assurance System (QAS) which had had an impact on supporting better outcomes for residents. Organisational systems monitored systems to identify statistical data to identify how the service was performing. However, the opportunity to evaluate the effectiveness of the QAS of residents' experiences has not as yet yielded an effective improvement plan to implement for future development of the service. See area for improvement 1.

A more robust system was in place to support the routine maintenance of the building through appointment of a maintenance person. Challenges relating to the structure of the building were presented during inspection which led to assurances being provided that appropriate remedial action was being taken to resolve issues, not merely an interim repair job. Notifications had been sent to the Care Inspectorate to notify of the identified issues and action taken.

Residents stated they were happy with the setting of the home as they had good sea views and liked their room.

Changes in management and staffing had an impact on the opportunities to develop the service. The actions taken since the appointment of the manager earlier in the year had led to the changes in personnel and consequently, only the fundamental care and support had been addressed in the timeframe.

Improvements since the review and appropriate application of the admissions process has led to more suitable placement for people to live within the home.

Monitoring of staff attendance to respond the nurse call alarm has improved. The manager had worked with residents to identify where failings remained.

A review of the mission statement would support a more cohesive approach to how staff should be providing support to meet outcomes for people using the service. See area for improvement 2.

Areas for improvement

1. Audit processes should be more effectively used to gather information to improve the quality of the service as well as statistical information to consider outcomes for people experiencing care.

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

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

2. A review of the mission statement with stakeholders could reflect the individuality of the home and how it can promote teamworking.

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

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

How good is our staff team?**3 - Adequate**

Overall, there were variances in the morale as staff report working under pressure and recognise their approach to care was take focused. Despite the best efforts of staff, care and support is basic and residents feel they have little time to speak with residents and support them to maintain their level of independence. Staff were welcoming and relaxed to visitors to the home.

The dependency assessment of the residents we found reflected only the fundamental health needs of residents and could more effectively include consideration of their social and recreational needs, reflecting their wishes and preferences. Taking account of the layout of the premises should also be recognised in assessing staffing levels. See area for improvement 1.

A few residents report extended waiting times for response their request for assistance through the nurse call alarm. This had previously been an identified issue, with residents in agreement things had 'got better' but dependent on 'who was on duty', it could still happen.

Changes in the staff team, and the use of agency staff had led to challenges in how the staff team had been able to build relationships and gel as a team. Systems were in place to support this process and improve outcomes for residents using a more consistent approach.

A review of the process for shift handover may benefit the teambuilding and equip staff to have more information necessary to ensure the needs of residents are met. Communication between staff was regular throughout the day, which meant staff received the necessary information but this should be undertaken using a more coordinated approach.

Staff training should be more effectively monitored, with effectiveness of training being evaluated during team meetings and supervisions on how outcomes for residents were improved. This would also support staff to understand their roles and responsibilities. See area for improvement 2.

Areas for improvement

1. Appropriate numbers and considered deployment of staff around areas of the home would more effectively support the needs of residents timeously.

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

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

2. Improvement in monitoring and evaluating effectiveness of staff training and outcomes for residents.

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

3.14 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.

How good is our setting?

3 - Adequate

Overall, the safety and wellbeing of residents within the home was maintained through an effective maintenance programme. Plans to upgrade and improve the quality of the structure of the building had been initiated with inspectors involved during inspection.

Accessibility of outside space was provided for residents although this could be more effective following identification of the needs, choices and preferences of all residents. There could be more availability of staff to be able to undertake this to benefit residents.

Some bedrooms had been personalised to support residents to feel more at home.

Introduction of some activities to support movement around the home were being and should assist in the minimising risk of falls of residents by increasing their confidence.

Residents report being fairly happy in their environment and acknowledged there was 'always something being done to make it nicer.

Use of the Kings Fund Environmental Tool should continue to be used to support identification on how good practice should be used to improve the aesthetics and safety of the environment for residents. See area for improvement 1.

Risk Assessments, including Personal Emergency Evacuation Plans (PEEPS) were being undertaken but completed in isolation to care plans or use of assessment tools. If used more effectively with care plans, a more outcome focus would improve life for residents. See areas for improvement 2 and 3.

Areas for improvement

1. A more effective and robust audit tool such as The King's Fund Environmental Tool should be used to assess quality and development opportunities of the environment, and in encouraging freedom of movement within the environment.

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

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

2. Risk assessments should be completed timeously to promote the wellbeing of people, including people who wish to access areas of the home without the support of staff.

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

5.11 I can independently access the parts of the premises I use and the environment has been designed to support this.

3. Personal emergency evacuation plans (PEEPs) should be clear on the level of assistance required for each resident in the event of an emergency.

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

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

How well is our care and support planned?

3 - Adequate

Overall, each individual resident had a personal care plan. Assessment tools were being completed by nursing staff and senior care staff. Six monthly review should be more effectively completed within the timeframe and information then translated into the update of the care plan and reflect needs, wishes and preferences of residents.

Ongoing review of the care plan should be more effectively evaluated to continue to reflect the consent, any restrictions and ensure abilities of residents are appropriate and relevant.

Care plans should be more of an outcome focussed plan that should be reflective of the person receiving the support, identifying individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident. Completion of assessment tools should identify any areas of support necessary, with detail on how the support should be provided. All documents should reflect the choices, wishes and preferences of the individual resident. See areas for improvement 1 and 2.

Areas for improvement

1. Care plan assessment tools should include, but are not limited to:

Tissue viability (Waterlow);
nutrition (MUST);
falls (Multifactorial Falls Risk Assessment); and
continence or elimination.

Pain management should be assessed regularly to monitor necessity and effectiveness of pain relief. Where a risk is identified, there should be a corresponding plan of care to support a positive outcome and the wellbeing for each individual person.

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

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.

2. The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

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

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

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 should promote and develop the role of keyworker within the service to develop staff understanding and improve identification of outcomes for residents.

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

3.14 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.

This area for improvement was made on 8 October 2018.

Action taken since then

Plans were in place to develop the key worker role. This role had not yet been established.

This area for improvement is repeated.

Previous area for improvement 2

The manager should continue to progress the use of life story information to enable residents to engage in meaningful activities and engagement linked to the development of the keyworker role. This would support staff to identify and facilitate opportunities for meaningful engagement.

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

1.9 I am recognised as an expert in my own experiences, needs and wishes.

This area for improvement was made on 8 October 2018.

Action taken since then

Life story work had not yet been progressed. Information was contained within the bedrooms of people through the activity coordinator. This information had yet to be incorporated into care plans.

This area for improvement is repeated.

Previous area for improvement 3

The manager and staff should introduce strategies for falls prevention and management.

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

1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.

This area for improvement was made on 8 October 2018.

Action taken since then

Training has been planned and scheduled as a result of the high incidence of falls. A reduction had been noted, possibly as a result of increased staff numbers. The person who visits to facilitate exercises is supportive of improving strength and coordination of residents. Other strategies are planned to be implemented.

This area for improvement is repeated.

Previous area for improvement 4

Medication recording systems and processes, including monitoring of stock balances, recording of administration times, including topical medication records should be improved to ensure safety for service users.

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

2.23 If I need help with medication, I am able to have as much control as possible.

This area for improvement was made on 8 October 2018.

Action taken since then

Medication administration had improved. There remained some development areas within the medication record keeping systems which should be monitored through the improved medication auditing system.

This area for improvement is met.

Previous area for improvement 5

The manager should consider how staff are deployed within the home, with regard to the skills and knowledge of staff and the needs of residents.

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

3.19 My care and support is consistent and stable because people work together well.

This area for improvement was made on 8 October 2018.

Action taken since then

An improvement to the handover systems being used could enhance how staff are deployed to support the needs of residents. This should also consider the layout of the building, fundamental healthcare needs, social and recreations needs of residents.

This area for improvement is repeated.

Previous area for improvement 6

Audit processes should be more effectively used to gather information to improve the quality of the service as well as statistical information to consider outcomes for people experiencing care.

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

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

This area for improvement was made on 8 October 2018.

Action taken since then

Audit systems in use were process driven and focused on statistical information. A more outcome focused and quality based system would support identification of areas for improvement to develop the service.

This area for improvement is repeated.

Previous area for improvement 7

The provider should ensure that the admissions process is improved in line with the home's own policy and procedures.

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

4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 8 October 2018.

Action taken since then

Recent admission to the home demonstrated a more effective use of the admissions process.

This area for improvement is met.

Previous area for improvement 8

A review of the mission statement with stakeholders could reflect the individuality of the home and how it can promote team working.

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

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

This area for improvement was made on 8 October 2018.

Action taken since then

A review of the aims and objectives of the service has been undertaken with some steps to introduce this into answering the key questions under which they are regulated. Staff were given a copy of this information although there has as yet been no feedback on their effectiveness.

This area for improvement is repeated.

Previous area for improvement 9

Monitor response times for nurse call alarm system to ensure minimal delay in attention being provided to residents.

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

4.3 I experience care and support where all people are respected and valued.

This area for improvement was made on 8 October 2018.

Action taken since then

A significant reduction has been noted through the manager actively monitoring this system. Further monitoring has been undertaken to identify and take action on occurrences where this could still occur.

This area for improvement is met.

Previous area for improvement 10

Appropriate notification and updates to Care Inspectorate to promote transparency in sharing how resident needs are met and monitoring staff practice.

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

4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

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

This area for improvement was made on 8 October 2018.

Action taken since then

We currently have no concerns relating to the use of notifications to promote transparent working processes.

This area for improvement is met.

Previous area for improvement 11

Appropriate numbers and considered deployment of staff around areas of the home would more effectively support the needs of residents timeously.

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

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 8 October 2018.

Action taken since then

Staffing numbers have been increased, yet their remains a lack of consideration of social and recreational needs of residents and how staff could be more effectively deployed. This area for improvement will be merged for monitoring with area for improvement 5.

Previous area for improvement 12

Improvement in monitoring and evaluating effectiveness of staff training and outcomes for residents.

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

3.14 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.

This area for improvement was made on 8 October 2018.

Action taken since then

Gaps in staff training had been identified and supervision practices had not evidenced discussions on training. Supervision did not reflect discussion on practice or how training supports improvements. A more person centred approach was stated to be an identified area where staff needed support. A training need analysis was being undertaken by the manager to support improvements in the training for staff in the service.

This area for improvement is repeated.

Previous area for improvement 13

A more effective and robust audit tool such as The King's Fund Environmental Tool should be used to assess quality and development opportunities of the environment, and in encouraging freedom of movement within the environment.

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

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 8 October 2018.

Action taken since then

Some improvements had been noted in the general décor of the home. There had been attempts to upgrade the setting but the management had to be responsive to more immediate priorities to ensure the safety of the environment.

This area for improvement is repeated.

Previous area for improvement 14

Risk assessments should be completed timeously to promote the wellbeing of people, including people who wish to access areas of the home without the support of staff.

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

5.11 I can independently access the parts of the premises I use and the environment has been designed to support this.

This area for improvement was made on 8 October 2018.

Action taken since then

Risk assessments were being completed although they could be more effective if used in conjunction with all information relevant of each individual resident, and the purpose of achieving an outcome.

This area for improvement is repeated.

Previous area for improvement 15

Personal emergency evacuation plans (PEEPs) should be clear on the level of assistance required for each resident in the event of an emergency.

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

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 8 October 2018.

Action taken since then

PEEPs could be more effectively completed and detail more on specific needs of each individual resident in the of an emergency situation. This should be reviewed alongside the updates of care plans or any changes in the condition of the resident.

This area for improvement is repeated.

Previous area for improvement 16

Care plan assessment tools should include, but are not limited to: Tissue viability (Waterlow); nutrition (MUST); falls (Multifactorial Falls Risk Assessment) and continence or elimination. Pain management should be assessed regularly to monitor necessity and effectiveness of pain relief. Where a risk is identified, there should be a corresponding plan of care to support a positive outcome and the wellbeing for each individual person.

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

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 area for improvement was made on 8 October 2018.

Action taken since then

We found that although staff had some knowledge on the welfare of each resident, this was not always reflected within updates to assessment tools or indeed used to update care plans.

This area for improvement is repeated.

Previous area for improvement 17

The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

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

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 8 October 2018.

Action taken since then

Outcome focused plans were not yet established. A clinical focus was more evident through plans of care with little or no reflection on life story work or identification of choices, wishes and preferences.

This area for improvement is repeated.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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