Wallace Court
Care Home Service

191-193 Main Road
Elderslie
Johnstone
PA5 9ES

Telephone: 01505 331 804

Type of inspection:
Unannounced

Completed on:
17 October 2025

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2003001270

About the service

Wallace Court is a care home for adults with physical and/or sensory disabilities or a learning disability. It is situated in Elderslie close to local transport links, shops and community services. The service provides residential care for up to 20 people.

Wallace Court is purpose built and is a single-storey building. There is a large dining area, and various lounges throughout the home. People have a flat which is single occupancy with en suite shower facilities. Additional bathrooms with adapted baths and hoists are available. There are accessible garden areas to the rear and side of the home.

About the inspection

This was an unannounced inspection which took place on 14 and 15 October 2025, between the hours of 08:00 and 19:15. 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, reviewed documents, complaints, information submitted by the service and intelligence gathered since the last inspection. We also observed practice and daily life. In making our evaluations of the service we spoke with:

- seven people using the service and one of their relatives
- eight staff and management
- one visiting professional.

We also took into consideration feedback via Care Inspectorate surveys from six people, and six of their relatives, and 14 staff.

Key messages

- People experienced caring relationships and inclusive communication.
- Mealtime support and dietary planning require improvement.
- Leadership was compassionate and responsive, with a clear commitment to improvement.
- Staffing arrangements were well planned and flexible.
- Safety checks and maintenance systems need to improve.
- Care planning was person-centred but inconsistent.
- People were involved in planning activities and shared positive experiences.

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?	4 - Good
How good is our staff team?	4 - Good
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

We evaluated this key question as adequate as we found positive aspects that supported people's wellbeing, however some weaknesses identified limited the overall impact on people's experiences and outcomes.

People who lived in the service had a range of complex needs, some of which impacted on how people communicated their needs and preferences. The service promoted the use of inclusive communication to ensure people's voices, views and opinions were heard. People were supported to communicate using various methods such as Augmentative and Alternative Communication (AAC), which is a range of techniques used to support or replace spoken communication. We saw how some people used AAC technology in a meaningful and person centred way to socialise with others, or to pursue their hobbies and interests, such as one person we spoke with who had a passion for music and who's goal was to become a DJ. This meant that people were supported to achieve their personal goals and outcomes.

People had opportunities to take part in group activities and were involved in planning these through regular meetings. Staff used communication tools to help people to share their ideas. This meant people felt included and had a say in what was happening in the service. We saw examples of people suggesting events like Halloween parties and holidays, which were then planned. This helped people feel valued and part of their community.

Families told us they were kept up to date with any changes in their relative's care and felt welcome when visiting. This helped maintain strong relationships and supported people's emotional wellbeing.

Staff supported people at a comfortable pace during mealtimes and responded well to non-verbal cues, which helped people feel respected. However, the dining environment was noisy and lacked warmth, which made mealtimes less enjoyable. Visual menus and communication aids were not consistently used to help people make informed choices about what they wanted to eat. This limited people's ability to express preferences and reduced opportunities for choice and control. We discussed this with leaders, who took on board our comments and were committed to improving in this area.

We raised concerns with the manager about how modified meals were prepared and how people were supported with safe swallowing. Although kitchen staff had received training in preparing modified diets, we observed meals being pureed or blended without clear reason. In some cases, meals did not match people's assessed dietary needs. Care plans and supporting documentation contained conflicting or unclear language. For example, one person assessed by Speech and Language Therapy as requiring a Level 6 (soft and bite-sized) diet had this described in their plan as "food to be cut up." This inconsistency could lead to confusion and increase the risk of choking or aspiration, particularly where people had been identified as being at high risk of choking. We also highlighted concerns about the use of restrictive practice for one individual during mealtimes. (See requirement 1)

Staff worked well with health professionals and made referrals when needed such as to district nursing teams. Medication records were documented well and concerns about people's wellbeing were escalated appropriately. This helped people get the right healthcare at the right time.

Overall, we found that people experienced caring relationships and meaningful engagement. But improvements are needed in food planning, and consistency in health-related documentation to make sure people are safe and well supported.

Requirements

1. By 12 December 2025, the provider must ensure that people are supported safely and appropriately with eating and drinking, including the preparation and delivery of modified diets. To do this, the provider must, at a minimum:

a) Ensure meals are prepared in line with assessed dietary needs and clinical guidance, including Speech and Language Therapy recommendations.
b) Review and update care plans to ensure language is consistent, accurate, and clearly reflects assessed dietary levels.
c) Audit mealtime practices to ensure staff follow safe swallowing protocols and that restrictive practices are not used unless these are clearly justified and risk-assessed.
d) Provide staff with refresher training on safe eating and drinking support, including the use of modified diets and person-centred approaches.

This is to comply with SSI 2011/210 Regulation 4(1)(a) (Welfare of users) 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: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences". (HSCS 1.37)

How good is our leadership? 4 - Good

We evaluated this key question as good, where strengths clearly outweighed areas for improvement.

Leaders were compassionate and visible. Staff, people using the service, and families consistently praised the manager and team leaders for their dedication, approachability, and positive impact on morale. Leadership was described as responsive and supportive, contributing to a culture where staff felt valued and motivated.

A service improvement plan was in place, identifying key areas for development. We saw progress in several areas which had positive outcomes for people and staff, such as, regular team meetings, team-building sessions, and staff surveys. Staff told us this had helped create a more positive culture. Medication practice had improved following targeted training and observing staff practice. This had led to a reduction in errors. Activities and engagement had improved through person-centred planning and the use of communication tools such as Talking Mats. This helped ensure activities were meaningful and aligned with people's interests and choices.

Managers were actively engaging in leadership development. Workshops had been delivered, with follow-up sessions planned to embed learning into practice. This included training that was timed to support new team leaders in post.

Quality assurance and governance systems were in place. Regular audits were carried out across key areas including infection control, medication, kitchen safety, and staff development. Care plans and risk assessments were reviewed systematically, supported by alerts from the electronic care management system. Staff who had been assigned key duties and team leaders had clear responsibilities to ensure care documentation were updated and reviewed to ensure these remained current to people's needs.

The absence of in-house maintenance support had led to gaps in essential safety checks, including fire inspections and general building upkeep. This contributed to a decline in the physical environment and placed additional pressure on the manager and staff. The interim manager had acknowledged this as a development area, and additional support was needed to ensure the environment remained safe and well maintained. (See "How good is our setting?")

We identified gaps in financial oversight for some people which had the potential to put them at risk. For example, some people had multiple subscriptions and were making online purchases, where it was unclear if they had an understanding of the risks associated with online spending and potential exposure to fraud. The service should strengthen systems to support people managing their own finances. (See area for improvement 1)

Significant events, such as choking incidents, had not been notified to the Care Inspectorate. Although we were assured that appropriate action had been taken, including referrals to Speech and Language Therapy, the manager must ensure that notifications are made in line with regulatory guidance. (See area for improvement 2)

Areas for improvement

1. To support people's rights and protect them from financial harm, the provider should strengthen systems for financial oversight. This should include:

a) Reviewing care plans to ensure they accurately reflect people's capacity and support needs in relation to managing money.
b) Supporting people to understand the risks associated with online spending and subscriptions.
c) Implementing measures to reduce the risk of financial exploitation or fraud.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

2. To improve oversight of people's safety and wellbeing, the provider should ensure notifications to the regulator are made in line with "Guidance on records you must keep and notifications you must make (Care Inspectorate, March 2025)".

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People supported by the service reported staff knew them well and they experience positive relationships with staff. They expressed praise for the teamwork and dedication of permanent staff team. Staff expressed pride in their work and dedication to ensure people were supported well.

Families made positive comments about staff, such as; "all the staff are amazing, even though they are busy" and "staff are devoted, they all muck in". Specific staff members, especially the manager and team leaders were commended for their compassion and dedication.

Staffing arrangements were well planned to ensure people received consistent and reliable support. The service showed flexibility in how support hours were delivered, adapting to people's changing needs. For example, staff were allocated to support individuals in hospital and medication responsibilities were assigned to specific staff to reduce errors and allow more focused care. The manager had recognised where staffing levels needed to increase to meet people's assessed needs and had taken action to address this. These improvements helped ensure people were supported by familiar staff, promoting continuity, safety, and person-centred care.

The induction process for new staff was comprehensive. Staff were "buddied" with an experienced member of staff and completed all essential training during the first two weeks in post. Staff were not permitted to support people with specific needs, such as assistance with moving and handling, until this training had been completed and they had been observed to show competency in this area. Compliance with both mandatory training such as Adult Support and Protection, Infection and Prevention Control, Health and Safety and Medication training was good. Staff also undertook training specific to people's individual needs such as; Epilepsy awareness, Diabetes and Gastronomy training. This meant that people were supported by skilled and knowledgeable staff.

There was evidence of regular team meetings, with minutes showing positive and constructive discussions focused on team development and service improvement. Staff confirmed that these meetings helped them feel involved and valued. Recognition of staff contributions was clearly evident. We saw signs of improved staff morale and communication. This was reflected in conversations with staff, supervision records, and observed interactions during the inspection. Staff told us the manager had played a key role in strengthening relationships and promoting wellbeing. Team-building activities were highlighted as having a positive impact on morale. A supportive team culture helped staff feel valued and motivated, which contributed to better outcomes for people using the service.

Due to some staff vacancies and absences, the service had some reliance on agency staff. However, agency staff working in the service were regular and familiar, which increased consistency of support for people. We could see evidence that staff worked well together and there were positive interactions between staff. Staff shared compassion for the individuals they supported and a shared goal to enhance people's lives.

It was observed and in discussion with some core staff that there were gaps and inconsistencies in some staff's knowledge of specific people's needs. We discussed with leaders the need for some upskilling of staff to ensure they are fully aware of all people supported individual needs. Leaders were responsive to this feedback and recognised where improvements could be made.

How good is our setting? 3 - Adequate

We evaluated this quality indicator as adequate, where some strengths were evident but significant weaknesses compromised the safety, accessibility, and overall quality of the environment.

Families and staff consistently described the home as clean and peaceful. Domestic staff prioritised people's rooms and communal areas, with weekly deep cleans and clear cleaning schedules in place. Laundry systems were well organised, and staff were responsive to individual needs. People's individual flats were well maintained, personalised, and free from malodours. This contributed positively to people's comfort and sense of identity.

Staff and management were aware of environmental challenges and were actively trying to address them. The manager had taken feedback on board from people, families and staff and was working to prioritise improvements that were within the limitations of her role, such as taking inclusive feedback from people using the service about planned re-decorations.

Since the departure of the in-house maintenance support, there has been a noticeable decline in the condition of the building. Admin staff had taken on fire safety, maintenance and repair responsibilities without formal training or dedicated time whilst also overseeing domestic, laundry, and kitchen teams. There was no system in place to log or track repair requests, with repairs that remained unresolved, including issues with toilets, sockets, and broken furniture.

Records to demonstrate essential checks had been completed were not readily available and there was a lack of oversight of this. This included safety checks of equipment such as mobile hoists. Fire safety checks were being carried out by administrator staff, however, records were not easily available and the files were untidy. By the end of inspection we were satisfied that fire safety measures had been taken in the most part, including actions from the previous fire risk assessment. Services have a statutory duty to ensure clear records of building safety compliance are maintained and readily available. (See area for improvement 1)

External doors were visibly deteriorated with wood rot and loose panels that could compromise security of the building as well as people's safety. The adjoining unused day centre provided direct access to the care home, raising concerns about unauthorised entry. Plans to secure this area were in discussion but lacked agreed actions or timescales. The external grounds were poorly maintained with overgrown weeds, uneven paving, and broken garden furniture. These conditions pose risks for wheelchair users and detract from the overall appearance of the service and people's experiences. Internally, communal areas such as the lounge and dining room lacked warmth and appeal, with minimal furnishings. These spaces did not reflect a homely or stimulating environment.

While individual rooms were clean and personalised, areas of the environment required significant improvement. The lack of consistent maintenance, oversight of safety checks, and unclear responsibilities present risks to people's safety and wellbeing. We asked the provider to take urgent action around some of the concerns we identified. We were assured that prior to the inspection concluding, maintenance work was underway to resolve some of the issues identified from the external of the building, and we were provided with a clear action plan with timescales for completion around other essential repairs to ensure the building was safe and secure and people were not at risk.

We were assured that leaders were committed to improvement but additional support, clearer systems, and stronger oversight are needed to ensure the environment meets expected standards and promote positive outcomes for people. (See requirement 1)

Requirements

1. By 12 December 2025, the provider must ensure that the environment is safe, secure, and well maintained to support people's wellbeing. To do this, the provider must, at a minimum:

a) Repair or replace deteriorated external doors to ensure the building is secure.
b) Maintain external grounds to ensure they are safe and accessible, including addressing uneven paving and removing broken furniture.
c) Create an action plan with agreed timescales to improve the quality and comfort of communal areas so they reflect a homely and stimulating environment. This plan should include the views and opinions of stakeholders.
d) Establish clear responsibilities and systems for routine maintenance and safety checks, ensuring these are carried out consistently and recorded.

This is in order to comply with: Regulation 10(2)(c) 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 states that: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21) and "My environment is safe and secure". (HSCS 5.19).

Areas for improvement

1. To ensure people's safety and meet statutory responsibilities, the provider should strengthen oversight and record-keeping of essential safety checks.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24) and "My environment is safe and secure" (HSCS 5.19).

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

We evaluated this key question as adequate, where person-centred planning was evident, but inconsistencies in documentation and practice present risks to safe and effective care.

Care plans sampled included personalised details that reflected people's preferences, routines, and strengths. For example, one person's care plan and review minutes clearly documented their goals, achievements, and how staff were supporting them to work towards these. Individual views were well captured and actions were linked to meaningful outcomes.

Some care plans included photographs to guide staff on safe postural support and positioning for people who mobilised using wheelchairs everyday. These plans were written in a respectful and inclusive tone promoting independence and recognising people's abilities. Where people required support to manage stress and distress, care plans were well written and focused on de-escalation and person-centred strategies. This meant that people's support was tailored to their individual needs.

Care plans included relevant health care information such as skin care advice and dietary recommendations from Speech and Language, and nutritional screening (MUST) was completed and well maintained. This ensured that people were supported well with their health and wellbeing.

While some care plans correctly referenced the need for a Level 6 soft and bite-sized diet due to choking risks, this was not consistently followed in practice. This raised concerns about how well staff understood and implemented assessed dietary needs. (See "How well do we support people's wellbeing?")

We found gaps in documentation including missing diabetes protocols, incomplete records of seizure activity for people with epilepsy and limited information about people's communication preferences. These omissions could affect the quality and safety of care. The service was in the process of transferring care plans from paper to a new electronic care management system. This transition may have contributed to some of the gaps and inconsistencies observed. Inaccurate or missing information in care plans increases the risk of unsafe care particularly for people with complex health needs. It also limits staff's ability to provide person-centred support and respond effectively to people's preferences and risks. A requirement was made at the last inspection in relation to care planning which has not been met. (See "What the service has done to meet any requirements made at or since the last inspection".)

We sampled monthly summaries of people's care and support and found that they lacked structure, consistency, and follow-up actions. The format varied significantly across the service and there was no clear guidance for staff on what to include or how to record progress.

We discussed with the manager how these could be improved by aligning them more closely with the six-monthly review format. This would include headings such as people's views, progress towards outcomes and an action section to support goal setting and planning. If people are not supported with goal planning this could affect their quality of care and limit opportunities to improve their outcomes and experiences. (See area for improvement 1)

Areas for improvement

1. To support improved outcomes for people experiencing care, the provider should ensure that personal plans are reviewed and updated in a structured format that includes, but is not limited to; people's views and preferences, progress towards agreed outcomes, and clear actions to support goal setting and future planning.

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

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

Requirements

Requirement 1

By 12 June 2025, the provider must ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time. This should include at a minimum:

a) Each person receiving care has a detailed personal plan which reflects a person centred and outcome focused approach.
b) They contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
c) They contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified.
d) They are regularly reviewed and updated with involvement from relatives and relevant others along with dates for completion of actions.

This is to comply with Regulation 5(2)(b) (Personal plans) 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 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 16 March 2025.

Action taken on previous requirement
During the inspection, the service was in the process of migrating hard copies of care plans onto a new electronic care management system. This meant that not all care plans contained the most up to date information about people's support and there were some gaps in documentation. We have discussed this further in the report under the section "How well is our care and support planned?".

This requirement has not been met and we have agreed to extend the timescale to 12 December 2025.

Not met

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

Areas for improvement

Previous area for improvement 1

To support people's wellbeing and social inclusion, the provider should ensure meaningful connections to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

(a) Develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals.

(b) Review care plans and daily notes dedicated to meaningful connection to assess and evaluate the experiences and outcomes from the person's perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential"(HSCS 1.6)

This area for improvement was made on 16 March 2025.

Action taken since then

We saw good progress in making activities more inclusive and person-centred. Staff used tools such as Talking Mats to support communication and choice, and activities were planned in line with people's interests. People we spoke with told us about attending football matches, ice hockey games, going on holiday and taking part in organised activities. This helped promote engagement and wellbeing.

However, further improvements are needed to show how the service evaluates people's experiences of activities. Daily reporting and outcome setting were not consistently used to reflect what people gained from their involvement or how activities supported their personal goals. We have made a new area for improvement under key question "How well is our care and support planned?" to capture the improvements that remain in this area.

This area for improvement has been met.

Previous area for improvement 2

To support the planning and delivering of people's outcomes, leaders should adapt their leadership style and motivate staff to deliver high quality care and support. This should be inclusive of supporting staff to feel empowered to identify solutions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service that is well led and managed" (HSCS 4.23).

This area for improvement was made on 16 March 2025.

Action taken since then

We evidenced significant improvements in staff morale in the service, which had been attributed by positive leadership and management who were approachable and supportive. We have discussed this further in the report in the section "How good is our leadership?".

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing outcomes, all leaders should attend and complete leadership training and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 16 March 2025.

Action taken since then

We saw positive progress in leadership development across the service. Team leaders were participating in a structured leadership programme similar to the "Step into Leadership" model. This included reflective practice sessions designed to embed learning into day-to-day management. This approach supported the development of confident, skilled leaders and helped create a culture of continuous improvement and accountability.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that they use, review, and update appropriate assessments of the staffing levels and the skills mix of staff to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people and layout of the building, and be used to inform staffing rotas.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.16); and
"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This area for improvement was made on 16 March 2025.

Action taken since then

We saw significant improvement in this area since the last inspection where leaders had carried out a re-assessments of people's needs to ensure they were supported by the right number of staff at the right time. This had led to an increase in staffing levels throughout the day which supported better outcomes for people.

This area for improvement has been met.

Previous area for improvement 5

To ensure people's continence is well supported in accordance with their assessed needs, the service provider should ensure all staff adhere to relevant care plans. Information should be recorded to confirm any follow up actions taken with staff when poor practice is identified.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me".

This area for improvement was made on 23 June 2025.

Action taken since then

The provider was in the process of transition onto an online care management system, and we identified gaps in care plans sampled during the inspection. Therefore, we were not able to assess this area.

This area for improvement was not met.

Previous area for improvement 6

People supported should be offered meals that are nutritionally well balanced with healthier options also available daily. In addition, visual menus should be available to people supported and in alternative formats to allow people to make an informed choice about what they would like to eat.

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

This area for improvement was made on 23 June 2025.

Action taken since then

We sampled menu plans and found that meals often contained high levels of carbohydrates with limited inclusion of fresh fruit and vegetables. This was despite people using the service requesting healthier options during residents' meetings.

Visual menu planning and communication aids were not consistently used to support people in making informed choices about what they wanted to eat.

This area for improvement has not been met.

Previous area for improvement 7

The service provider should ensure there are effective quality assurance monitoring systems in place within the kitchen areas. All records should be fully and accurately completed, with appropriate follow up actions taken and recorded when tasks are not completed.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

This area for improvement was made on 23 June 2025.

Action taken since then

We sampled kitchen records including cleaning schedules and cooking temperature records and found these were well documented. Leaders had carried out regular kitchen audits to ensure standards of compliance were achieved.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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