Praesmohr
Care Home Service

Birse
Tarland
Aboyne
AB34 5FP

Telephone: 01339 886 032

Type of inspection:
Unannounced

Completed on:
13 June 2025

Service provided by:
Patrick Kinsley & Amanda Kinsley
Trading as Praesmohr House (A Partnership)

Service provider number:
SP2008009625

Service no:
CS2008170336

About the service

Praesmohr House is owned and operated by Patrick Kinsley and Amanda Kinsley who are the providers of this service and operate under the name of Praesmohr House (a partnership). It is registered to provide a care service to a maximum of 28 older people. No nursing care is provided. There were 23 people resident in the home at the time of this inspection.

The service is located in a traditionally-built property with a purpose-built extension, situated in its own grounds on the outskirts of the village of Aboyne. Most bedrooms in the new wing of the home, and a small number in the original part, have en-suite facilities. There are two communal sitting areas and one dining area in the service. Accommodation is provided on two levels, with a lift to the newer first floor of the extension, and a stair lift to the first floor of the older part of the building.

About the inspection

This was a full inspection which took place on 09 and 10 June 2025. 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 five people using the service and five of their family representatives;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with one visiting professional.

Key messages

- There was good access to external professional services, such as GPs, district nurses and speech and language therapists.
- Some improvements had been made to care and support plans, however, some healthcare information had not been updated promptly, or passed on to all relevant staff.
- There was a change of management underway at the time of this inspection.
- Staff recruitment processes needed to improve.
- Relatives and people using the service were happy with care and support provided.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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 considered two quality indicators under this key question. We evaluated Quality Indicators 1.2 -People get the most out of life as adequate, where strengths only just outweighed weaknesses and 1.3 -People's health and wellbeing benefits from their care and support as adequate where strengths only just outweighed weaknesses. Therefore the overall grade for this key question is adequate.

The service had long established and supportive links with external health professionals. We received positive feedback from the local GP, who told us that the acting manager 'often notices when something is not right and not obvious, I have never had a wasted call out to see someone'.

Staff who had worked in the service for a long time knew people well. They were able to identify changes in people's presentation which may indicate that they were experiencing discomfort, pain or a decline in health. This meant that people would receive treatment quickly.

People and their representatives were involved in decisions about healthcare, the service was good at updating families regarding any concerns. We saw that where people lacked capacity, staff sought opinions from guardians and the GP advised us that arrangements had been made to ensure that legal documentation was up to date.

Although there was good engagement from healthcare professionals, their instructions were not always recorded in personal plans promptly enough, and there were delays in kitchen staff being updated regarding changes regarding the consistency of people's food. During an observation we saw that care staff did not follow directions for thickener being added to fluids, this included not following guidance for the amount of thickener necessary and how to mix it. As a result there could be an increased risk of people choking. In addition, we found that in some cases, where people were being cared for in bed and required regular checks and positional changes; care documentation did not evidence that these were being carried out at the frequency suggested in care documentation. This is important as this could increase risk of skin breakdown. **(See requirement 1).**

Medication systems were in the main managed well. We found that there were some instances where 'as required' (PRN) paracetamol had been administered before the four hourly required intervals on some occasions. This was disappointing as a time sensitive log was being kept for these medications, and therefore this should have been picked up by staff. We discussed this with the acting manager who agreed that additional checks would be made to ensure this did not reoccur. Controlled medication checks were being carried out on a weekly basis, however, we suggested that these were increased. The acting manager responded immediately and increased these checks. Some liquid and topical medications did not record the date of opening or this was inconsistently applied. This is important, as this ensures that medications are in date and fit for use after opening. **(See area for improvement 1).**

The snappies (snap shot support plans) in people's rooms were effective and supported new or unfamiliar staff to quickly grasp the key support needs of people; provided prompts for discussion and contained TMAR (topical medication administration records), and body maps of where to apply these medications.

People had access to a varied diet and overall people reported as being happy with the standard of food. Generally fluids were available to people in their rooms, however, we saw one person did not have juice in

their room and people that needed encouragement or reminded to drink did not always receive this due to staff being engaged in other tasks.
(See requirement 2 in key question 3, 'How good is our staff team').

Where there was a concern about people's weights, we saw that this was being tracked. However, some people were not being weighed as regularly as they needed to be. For example, we saw that one person who should have been weighed weekly was being weighed four weekly, which meant that action against weight loss may have been delayed. **(See requirement 1).**

Meaningful connection is important for everyone and is an important factor for people's sense of wellbeing. New systems to record who had taken part in activities had been put in place, which relatives and residents found helpful. This allowed relatives to discuss activities coming up, and supported people to think about what they would like to join in for the week. However, staffing numbers did not support a consistent approach to ensuring that the activities displayed always took place.
(See requirement 2 in key question 3, 'How good is our staff team').

The service was presented as clean and tidy, and cleaning schedules were in place, which were completed correctly. Staff had access to sufficient supplies of PPE (personal protective equipment), and were observed to use this correctly. This ensured that the environment was clean, and staff were protecting people from infection.

Requirements

1. By 08 August 2025 the provider must ensure people's outcomes are being met based on their assessed care and support needs, which are accurately reflected in people's personal plans.

This should include, but is not limited to:
a) Ensuring that instructions from peripatetic professional staff are recorded in support plans, and are carried out promptly and at required frequencies.
b) Accurately and timeously recording the daily care provided.
c) Ensuring that support documentation and risk assessments are up to date and include any changes in support, instructions from external peripatetic professionals, and that these are relayed to all relevant staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a)(2)(b) Welfare of users and Regulation 5(2) - Personal Plans

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

Areas for improvement

1. In order to ensure people's safety, the manager should regularly audit medication records to ensure that time sensitive medications are administered at the correct intervals and ensure that staff have the correct knowledge and skills to carry out this role competently.

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).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People told us that the management team and staff were friendly and approachable and that they had confidence in the new acting manager in place at the time of our inspection. People told us, 'Things have tightened up and there is more oversight recently', and 'They are good at keeping us updated and readily share information about my relative's health'.

The service had worked hard to introduce new quality assurance processes, systems and audits, which covered all areas of service provision. However, these systems were new and not being utilised in full. There were a limited number of staff trained in their use, which had resulted in delays in completion of some processes, and some areas not being completed as expected.

Due to the departure of the previous manager, there was not an up to date overview of relevant areas of the service which had resulted in some areas for improvement not being identified or acted upon. This included areas such as completion and maintaining of dependency levels for the service, following up on audit action points for improvement, and not following current guidance in the employment of new staff. While there were systems and processes in place for the investigation of significant events, including protection incidents; these were not always adhered to following reports of alleged incidents of staff misconduct or adult protection concerns. As a result, the potential risk of further incidents remained and lessons were not always learned from incidents. **(See requirement 1).**

There had been an increase in engagement with people, their representatives and staff for service development, this will contribute positively to ensuring a more dynamic improvement plan is developed going forward. We will continue to monitor how the service engages with people and the impact this has on service development at our next inspection.

Requirements

1. By 08 August 2025 the provider must ensure that people benefit from a service that is well led, and underpinned by effectively implemented quality assurance systems.

To do this the provider must:
a) Ensure that any improvement outcomes that have been identified in the service development plan are met.
b) Ensure that staff understand and work towards the identified improvements.
c) Ensure that action plans are followed up within stated timeframes to ensure continued improvements to people's support plans and the service.
d) Ensure that staff and managers follow adult support and protection policies and procedures promptly and report concerns to the Care Inspectorate timeously.

e) Ensure that staff disciplinary policies and procedures are followed promptly and reported appropriately to relevant agencies and professional bodies.

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) - requirement for the health and welfare of service users.

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? 3 - Adequate

We considered three quality indicators under this key question. We evaluated quality indicators 3.1 - staff have been well recruited; 3.2 - staff have the right competence and development to support people; and 3.3 - staffing levels are right and staff work well together, as adequate across all three quality indicators, which meant strengths only just outweighed weaknesses. Therefore the overall grade for this key question is adequate.

Staff had not been recruited safely, or in accordance to current guidance; 'Safer recruitment through better recruitment'. We found that some staff had started employment at the service before all checks had been completed, or that on-going checks on visas had not been carried out. For example; we found that some visas had lapsed, had not been updated in time, or that the conditions of these had not been followed. Checks such as ensuring that PVGs (protection of vulnerable group checks), and references which should have been received prior to employment, were completed after some staff had started in the service, which increased risk for people. **(See requirement 1).**

Staff had access to a range of online E-learning training to ensure that they maintained their knowledge and skills, and to be compliant with the conditions of their registration. We found that staff training was mostly up to date, and was supplemented with face to face training provided by the health and social care partnership. In addition to training, regular observations of staff practice were carried out to ensure that staff were maintaining expected standards of care and support for people. Whilst levels of staff supervision had improved since our last inspection; we found that some seniors and night staff had not had adequate levels of supervision to support them to carry out their roles, or to deal with any issues or concerns.
(See area for improvement 1).

A flexible approach to staffing arrangements is required to ensure that people's changing needs continue to be met. Dependency assessments for supported people had not been completed for a number of months. As a result there had been no increase in staff numbers whilst there had been an increase in the assessed needs of people experiencing care. This meant that people experienced delays in receiving support, and staff struggled to complete tasks required of them. For example; people who needed support or encouragement to move, sat for long periods of time as staff were often too busy to engage with them or to provide additional support for preferred activities. We observed during mealtimes, that at times staff supported two people at the same time, and there was inadequate supervision of one person who chose to eat in their bedroom, and who was at increased risk of choking.
(See requirement 2).

We had concerns that cover for nightshift staffing was insufficient. This was because dependency levels had increased, and could mean that in the event of an emergency, there may be insufficient staff to support people to evacuate the building quickly. **(See requirement 2).**

While attempts were made to minimise the impact on residents because of staff breaks, some staff had very late breaks and some did not have breaks at all. It is important to support the resilience of staff that they are able to take regular breaks to rest and have refreshment.

Different approaches, in consultation with staff were being trialled to improve how staff worked together, however, these were in early stages, which we will continue to monitor at our next inspection.

Requirements

1. By 08 August 2025 the provider must ensure that people are safe because staff have been recruited safely.

To do this, the provider as a minimum must ensure:
a) All checks, including references and PVGs are in place prior to commencement of employment.
b) Overseas staff have Home Office right to work checks, and ongoing monitoring of these to ensure these are up to date and in line with any conditions.
c) That regular audits of staff onboarding are carried out to ensure that the above mentioned areas are consistently carried out and maintained.

This is in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) requirement for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:
'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

2. By 08 August the provider must ensure people's safety, and ensure the needs of people are met.

To do this, the provider must, at a minimum:
a) Review the dependency levels of people regularly and adjust staffing levels accordingly to ensure the health and wellbeing of people.
b) Ensure that staffing levels are considered alongside the skill mix of staff to ensure that junior staff have appropriate supervision and support.
c) Ensure that staff are deployed appropriately, to keep people safe and to have sufficient support in meeting their outcomes.
d) Ensure there are sufficient staff to support people with meaningful activities to support wellbeing.

This is in order to comply with sections (7) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA)

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

which state that:
'My needs are met by the right number of people'. (HSCS 3:15).
'People have time to support and care for me and to speak with me'. (HSCS 3:16).

Areas for improvement

1. To support people's wellbeing through effective staff practice, the provider should ensure staff have access to appropriate support. This should include providing staff with effective supervision and observations of practice, and ensuring staff learning and development needs are achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)
'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).

How good is our setting? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service was presented as homely and comfortable and there were different areas for people to sit both inside and outside. People told us, 'My relative's room is always spotless and very fresh,' and 'There is never any smell and my relative is always clean, room is clean and washing done'.

Bedroom areas were personalised to reflect people's preferences and there was a range of comfortable seating in the communal spaces, both inside and outside, for people to sit if they wished. Relatives had been involved in improving the garden areas, including the addition of additional seating and raised beds, which supported people to be involved in planting and growing flowers if they wished. The provider had also installed a crazy golf area and had involved people and staff in the design of this area.

Although most areas of maintenance were carried out in accordance with expected timescales, some areas were outstanding. For example, we found that some routine annual safety inspections were late, such as the water and electrical testing inspections carried out by external contractors, which increased risk for people. The provider did send off water samples during our inspection, however, effective systems needed to be put in place to ensure that these checks were carried out at the correct intervals. Some areas required re-painting to ensure that surfaces were able to be cleaned easily and reduce the risk of infection.
(See requirement 1).

Requirements

1. By 08 August 2025, in order to ensure the safety of people, and to maintain a homely and comfortable environment, the provider must ensure the safety of equipment and the building.

To do this the provider must:

a) Ensure that routine and essential safety maintenance checks are carried out at required intervals
b) Ensure that any remedial works that are identified through regular environmental audits are carried out timeously.

This is to comply with regulations 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: '
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24).

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

We evaluated this key question as adequate where where strengths only just outweighed weaknesses.

A new care planning system had been established, which staff were still becoming familiar with. Plans were stored and managed electronically; however, a paper copy was also available. Staff were updating plans, however, we saw some inconsistencies of information within individuals' plans and with the quality of information and recording across the wider service, which included online, and paper records. Staff reported that they were happy with the new support plans and felt that they supported safer working systems. Further work was required to ensure that plans were updated promptly when people's support needs changed.

Improvement was required to ensure that risk assessments and management of care needs were recorded accurately in people's plans. We saw that some risk assessments had been completed where no risk was identified, and that some actions from audits had not been followed up promptly.
(See requirement 1 in key question 1 'How well do we support people's wellbeing').

The provider engaged with people and their representatives in developing and reviewing personal plans, and this contributed positively to information being more person centred and people receiving care in the way in which they would have wished. People received regular six-monthly reviews of their care and support, which provided opportunities for them and their representatives to feedback about the service and be involved in any changes required in people's support needs and outcomes.

Support plans evidenced that people had benefitted from contact with external peripatetic professionals such as GPs, district nurses and speech and language therapists. The local GP visited the service on a weekly basis, which ensured that changes in people's condition were addressed promptly. Due to the new care planning system, there were some delays in updating some care plans in respect of guidance from other professionals.
(See requirement 1 in key question 1, 'How well do we support people's wellbeing').

Legal information regarding people's representatives was available in support plans, such as Power of Attorney (POA), Guardianship and Section 47 medical treatment orders. This meant that staff knew who to contact when changes in support, or concerns were raised, and what powers people held in respect of their on-going care and support.

People and their representatives had been supported to discuss their future health and support needs, and

their plans included information about anticipatory care planning. This would contribute positively to ensuring that people's wishes would be met during end of life care.

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

Requirements

Requirement 1

By 30 October 2024 the provider must ensure that support plans and daily care records accurately describe the support needs of people and the care that has been provided on a daily basis.

This should include but is not limited to:
a) Changes about the support needs of people are updated promptly within support plans.
b) Concerns are escalated promptly to relevant professionals and any advice and guidance incorporated into these plans and documented.
c) Accurately record the daily care provided.
d) TMAR medication is administered, and documentation is accurately recorded.
e) Care plans are regularly reviewed and updated when support needs change.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a)(2)(b) Welfare of users and Regulation 5(2) - Personal Plans

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

This requirement was made on 22 July 2024.

Action taken on previous requirement

We found that some improvements had taken place, however, some areas had not progressed as expected. These included details of some concerns relating to residents who had experienced some new health issues. However, we could not see how these had been acted on or referred to health professionals in care documentation. On discussion with staff, it was clear that action had been taken, and people's health had been monitored; however, documentation needed to be improved. In addition, the recording of care provided was not always up to date. For example, where people required regular positional changes, these were not always recorded, which meant that we could not be confident that this care had been carried out.

Some parts of this requirement have been met, therefore a new requirement has been made to address outstanding issues. (See key question 1, 'How well do we support people's wellbeing'- requirement 1).

Met - within timescales

Requirement 2

By 30 October 2024, the provider must develop and implement comprehensive and structured internal and external systems for assuring the quality of the service.

To achieve this the provider must review and develop the quality assurance plan and procedural guidance and should include but is not limited to:
a) How the provider and manager will evaluate and monitor the quality of the service.
b) Include formal auditing and monitoring all areas of the service provided to evidence that the standards set out in the quality assurance plan are met.
c) Relevant staff should receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.
d) Ensure that residents and all stakeholders have opportunities to feedback about the service.
e) Implement effective action planning to address areas of required improvement to include appropriate timescales for completion and review of actions to be undertaken, and ensuring staff are accountable for, and carry out the required remedial actions.

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) - requirement for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

This requirement was made on 22 July 2024.

Action taken on previous requirement

We found some strengths and improvements had been made in this area, including new audit and monitoring activity for the service, and stakeholder engagement for residents' families to feedback about the service.

Whilst it was positive that new processes had been introduced to monitor the service, these were new to staff, who were learning how to use them effectively. This meant that some areas were not followed up timeously, or that errors were missed during audit activity. For example, recruitment processes had not been followed correctly, and these had not been acted on, and medication audits had not identified that some medications had been administered at the wrong times.

Some parts of this requirement have been met, therefore a new requirement has been made to address outstanding issues.
(See key question 2, 'How good is our leadership', - requirement 1).

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

In order to support people's stated outcomes and ensure that people enjoy meaningful days, the service should ensure that people have access to and are provided with social and recreational activities that have identified within their support plans and have regular opportunities to access to their local community.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25);
'I can maintain and develop my interests, activities, and what matters to me in the way that I like'. (HSCS 2.22).

This area for improvement was made on 22 July 2024.

Action taken since then
We found that new systems to record who had taken part in activities had been put in place, which relatives and residents found helpful. This allowed relatives to discuss activities coming up, and supported people to think about what they would like to join in for the week. However, staffing numbers did not support a consistent approach to ensuring that the activities displayed always took place.

Personal plans did contain information about what was important to people and staff knew about their interests, however, opportunities for staff to spend time with people in a meaningful way was limited, and people were observed to sit for long periods of time without engagement. When we spoke with staff, they highlighted that they felt that this was something that they would like to do more of, however, they did not always have time.

Observations completed throughout the inspection highlighted that people were frequently sitting without interaction and staff are generally only engaging with people for tasks such as personal care or at meal and snack times. We found that staffing numbers did not support consistent and regular access to activities.

This area for improvement has not been met.

Previous area for improvement 2

In order to ensure people's safety, and to ensure the needs of people are met, the manager should:
a) Review the needs of people regularly and adjust staffing levels accordingly.
b) Staffing levels should be considered alongside the skill mix of staff to ensure that junior staff have appropriate supervision and support.
c) Safe staffing should also ensure that staff are deployed appropriately, to ensure that people are safe and have sufficient support in meeting their support outcomes.
d) Ensure leaders are visible to support practice and provide direction to staff to ensure the smooth running

of the shift.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My needs are met by the right number of people'. (HSCS 3:15).
'People have time to support and care for me and to speak with me'. (HSCS 3:16).

This area for improvement was made on 22 July 2024.

Action taken since then

We found that dependency levels for people living at the service had increased, however, staffing numbers had not been adjusted to reflect this. This meant that there were periods when there was not adequate supervision of some areas at key times, such as mealtimes and to support meaningful days. Activities were not always taking place as expected, and staff struggled to complete care documentation timeously. The current dependency tool in use had not been updated for some time, and therefore the service, at the time of our inspection was staffed with out-of-date information.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question three 'How good is our staff team', requirement 2.

Previous area for improvement 3

Managers should ensure that staff are supported, and have access to effective supervision, and observations of practice. This is in order to support effective practice and ensuring learning and development requirements are achieved and maintained.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)
'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 22 July 2024.

Action taken since then

We found that levels of supervision and observations of staff practice had increased, however, some key staff such as seniors and night staff had not received this support. As senior staff were to be undertaking a supervisory role, it was important that they were also provided with the necessary support and guidance to assist them in this role. The acting manager had plans in place to ensure that all night staff were to receive supervision in the coming weeks, however, this was not complete at the time of this inspection.

This area for improvement has not been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 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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