

# Inspection report

## IKL Care Support Service Care at Home

45 Ramsay Tullis Drive  
Tullibody  
FK10 2UD

**Inspected by:** Lorna Snaddon  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 25 November 2010

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**Service provided by:**

IKL Care

**Service provider number:**

SP2007009374

**Care service number:**

CS2007163118

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## Easy read summary of this inspection report

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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **5** Very Good

Quality of Staffing  **5** Very Good

Quality of Management and Leadership  **5** Very Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

### What the service does well

The service has a strong commitment to delivering person centred care. Team working and relationship building are core elements in the running of the service.

### What the service could do better

The service should continue updating their policies and procedures and record when these have been reviewed.

## **What the service has done since the last inspection**

The service has progressed with all areas of development identified at their last inspection. They have updated the way they record information in service users files and have revised their recruitment procedures.

Requirements and Recommendations made at the last inspection have been met.

## **Conclusion**

The service is performing at a very good level. They have provided a high level of consistent care to service users. The small nature of the service allows for everyone involved to get to know each other well.

## **Who did this inspection**

### **Lead Care Commission Officer**

Lorna Snaddon

### **Other Care Commission Officers**

N/A

### **Lay Assessor**

N/A

**Please read all of this report so that you can understand the full findings of this inspection.**

# About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

# What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.



# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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IKL Care is a privately run care company primarily set up within the Clackmannanshire area to provide service users with a choice of care which best suits their needs and to give them the respect and dignity which promotes independence.

The service states that their primary aim is to "provide service users with the ability to be completely involved with their own care plan which will promote the independence that most service users look for i.e. choosing visit times and altering visiting times at short notice, also, to be included in the decision of carers provided for them".

The service provides care for a diverse group of service users. They work in partnership with Clackmannanshire Council.

IKL Care have been registered with the Care Commission since 28 August 2008.

Based on the findings of this inspection this service has been awarded the following grades:

<b>Quality of Care and Support</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>5 - Very Good</b>
<b>Quality of Management and Leadership</b>	<b>5 - Very Good</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### **What activities did we undertake during the inspection**

This report was written following an announced inspection that took place between 9.30am and 6.00pm on 25 November 2010. The inspection was carried out by Care Commission Officer Lorna Snaddon.

In this inspection evidence was gathered from a variety of sources, including relevant sections of policies, procedures, records and other documents, including:

- Service information
- Three personal care plans
- Service user agreement
- Service users questionnaires as issued by IKL
- Three staff files
- Induction procedures
- Minutes of staff meetings
- Public Liability Insurance Certificate
- Registration Certificate

We spoke with:

- The two Managers
- One service user
- One member of staff

All of the above information was taken into account as part of the inspection process and used to assess the performance of the service in relation to the chosen quality statements.

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

SSI 2202/113 Regulation 13 SSI 2002/114 Regulation 9 (1) Fitness of employees

### **Action taken on the Requirement**

The service had reviewed and updated their recruitment procedures.

### **The requirement is:**

Met

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

### **Annual Return Received**

Yes - Electronic

### **Comments on Self Assessment**

We received a fully completed self assessment document from the service provider prior to the announced inspection. We were satisfied with the way the service provider had completed this and with the relevant information they had given for each of the headings

that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider also gave us information on how service users and carers participated in the improvement process.

### **Taking the views of people using the care service into account**

We received five Care Commission questionnaires prior to the inspection. Overall the feedback was very positive. Some of the comments include:

"IKL have been excellent caring for my mum. Absolutely first class, very personal service".

"I really value this service".

"I can change visit times at any time and at short notice".

"The service provides me with a weekly rota so I know who is coming in and at what time".

"The staff are really understanding".

"The staff are lovely and reliable".

### **Taking carers' views into account**

No carers were contacted as part of this inspection.

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service Strengths

We found evidence to confirm that IKL Care had systems in place to encourage people's involvement in their care and support.

The case files we sampled confirmed that people had been consulted over the care and support they required and there was further evidence to suggest that people had been involved in reviewing their personal plans. On the day of inspection the service user spoken with confirmed that they were regularly consulted about their care. They also told the CCO that the care package delivered to them was flexible and could be adapted at short notice to fit in with changes to their routine.

Telephone and face to face reviews with service users and carers were used as a means of gathering feedback on the service provided. A system of 'spot check' visits which involved visiting service users at their homes during times of planned support was in place. This allowed management to monitor the punctuality and practice of staff working in the community. One service user told the CCO that this was happening and she saw both Managers regularly.

The service had introduced a participation policy which set out the commitment to promote service user and carer involvement in the service provided.

IKL distributed a service user 'Quality of Service' questionnaire. The questions were drawn up by a service user of long standing and were then distributed to the others. This is very good practice and had been extended to other areas of service delivery.

The service had devised an annual quality assurance survey which is issued to all service users which follows the Care Commission 6 point grading scale, and also follows the Care Commission quality themes and statements. This is referred to when compiling the service self assessment.

#### Areas for Improvement

The service has identified that they will continue to develop the methods used to gain feedback. This will be used to inform future improvements across all areas of service delivery.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0



## **Statement 6**

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

### **Service Strengths**

There is an information leaflet that outlines the service. This gives details of what the service can offer and who to contact for further information.

Once an enquiry is received more details are given either by telephone or by arranging a visit or meeting. At this point an introduction pack is given which details things such as; service delivery information, contract, costs, financial transactions and complaints procedures.

Once a service is agreed all relevant information is completed and signed. Additional information that may be required is obtained and a care package is established. Contact is agreed with any other agencies involved and a partnership working approach is adopted.

Careful consideration is given to individual service users needs and preferences. This then feeds into the planning with regards to staff's skills, experience and availability. Both Managers are very active in their roles and priority is given to a careful introduction which is not evasive or intrusive in any way.

Where staff changes are necessary, new staff are always introduced to service users alongside an existing member of staff. This provides continuity and shows sensitivity for the people receiving the care. This was confirmed by speaking to a service user on the day of the inspection.

These introduction procedures are supported and monitored by both Managers, thus ensuring that any changes to the initial agreement can be made quickly.

The service have recently developed a questionnaire to help evaluate how well they introduce new staff. This was done alongside service users. The process of developing these questionnaires showed very good practice in relation to engaging with the people. This will be used in the future as part of the overall evaluation process.

**Areas for Improvement**

The service have identified that they will expand the range of formats that information can be made available to service users, carers and their families.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service Strengths

As identified in Quality Theme 1, Statement 1, we found evidence to confirm that the service had a number of different systems in place for encouraging feedback from service users on the quality of the service which included their experience of staffing.

The service procedures of assessing the competence of staff practice through spot check visits has progressed. These visits allow service users and their carers to comment on their experience of the service and the staffing.

As previously mentioned in Quality Theme 1, Statement 6, the service have recently developed a questionnaire to help evaluate how well they introduce new staff. This was done alongside service users. The process of developing these questionnaires showed very good practice in relation to engaging with the people. This will be used in the future as part of the overall evaluation process.

We found written evidence from some service users expressing their appreciation for the service provided and the specific care and support offered by some staff.

#### Areas for Improvement

The service has identified that they will continue to develop the methods used to gain feedback. This will be used to inform future improvements across all areas of service delivery.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

## Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service Strengths

The service had a recruitment and selection policy and procedure. Prospective employees were required to complete an application form. They were provided with written information and were required to attend an in depth interview process that ensured they were fully informed about the aims and values of the service.

Recruitment practice required candidates to undergo an Enhanced Disclosure Scotland check and provide names of two referees one of which was from the immediate previous employer. Where a reference from an immediate previous employer was not possible the provider still considered employment but only after seeking alternative references.

Records about Disclosure Scotland checks were appropriately stored and recorded and there was a system for rechecking these. There was a clear procedure in place regarding action that had to be undertaken if an unsatisfactory Disclosure check was returned.

The procedure also contained information that appropriate professional registers would be checked when applicable.

A system was in place to check and record prospective employees qualifications.

### Areas for Improvement

The service should update their recruitment procedures to include a system that confirms that candidates are physically and mentally fit to undertake the work for which they are employed.

### Grade awarded for this statement

5 - Very Good

### Number of Requirements

0

### Number of Recommendations

0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service Strengths

We found that there were very good opportunities for service users to give their views and to make suggestions for improving the management and leadership of the service.

The regular contact that the Managers had with service users and the input into service questionnaires showed that their feedback on all areas of service delivery was seen as an important part of the work undertaken.

Responses to the Care Service Questionnaires indicated that service users felt that they were involved with the development of the service and their views were listened to and respected by the management.

There was very good information provided to service users on making complaints, comments and suggestions. Information included who to direct complaints or comments to within the service and the contact details for the Local Authority and the Care Commission, if service users wished to involve them in making a complaint about the service.

The service user spoken to said they were confident about contacting the office about any complaints, concerns or support changes that they wished to discuss. They confirmed that any requests were always met with a quick and appropriate response.

#### Areas for Improvement

The service has identified that they will continue to develop the methods used to gain feedback. This will be used to inform future improvements across all areas of service delivery.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### **Service Strengths**

The Inspection Focus Area (IFA) Assuring Quality was looked at under this Quality Statement.

IKL is a small organisation with many staff members having been in post for a number of years. These staff members were involved in drawing up the service's current induction policy based on their own experience of their posts and the most beneficial way of imparting their experiences to new members of staff.

The service have recognised the value in working with service users, carers and staff to determine the quality of the service provided. They have established a number of systems and processes for seeking feedback with the aim of identifying how the service could be improved.

These systems have been referred to within this report and include: surveys and questionnaires, developed with service user involvement, spot checks, telephone reviews and face to face review meetings.

The service has been involved in a process of updating the way information is recorded to ensure positive outcomes and plan to continue with the ongoing review of policies and procedures so that they remain relevant to work they do.

### **Areas for Improvement**

The service should continue to develop the areas for improvement that they have identified within their Self Assessment document.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## Other Information

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### **Complaints**

No complaints have been upheld, or partially upheld, since the last inspection.

### **Enforcements**

We have taken no enforcement action against this care service since the last inspection.

### **Additional Information**

#### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## Summary of Grades

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<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 6	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## Inspection and Grading History

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Date	Type	Gradings	
3 Feb 2010	Announced	Care and support	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	4 - Good



## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

This publication is available in other formats and other languages on request.

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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