

## Care service inspection report

# Canderavon Neighbourhood Centre

## Support Service Without Care at Home

34 Queen Street

Stonehouse

Larkhall

ML9 3EE

Telephone: 01555 666782

Inspected by: Barbara Montgomery

Type of inspection: Unannounced

Inspection completed on: 14 January 2013



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## Service provided by:

South Lanarkshire Council

## Service provider number:

SP2003003481

## Care service number:

CS2003001351

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

Canderavon offered service users a range of ways to express their views and be involved in the planning and delivery of their service .

Assessments and support plans gave staff good detail about service users health care needs

Service users we heard from were very satisfied with the food.

Activities seemed to be a good mixed of mental stimulation, exercise, socialising and entertainment.

The premises were clean, hygienic and odour free

All the service users we heard from spoke highly of the staff

### What the service could do better

Give more attention to the presentation of information and ensure that minutes of meetings and surveys results on display are current

Some plans we looked at had sections that lacked detail; some information was being recorded in plans and risk assessments that were not applicable to day care.

Any assessment of dependency levels and staffing requirements needs to take into account group activities and escort time on transport.

The planned refurbishment which was going to include an upgrade of the personal care suite had not yet started. In the last satisfaction survey some service users had rated the decor, furnishings and lighting as poor.

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

Questionnaires and surveys contained detailed relevant questions.

Staff had done a lot of work on developing a programme of meaningful activities.

Managers want the service to continue to meet the needs of older people in the neighbourhood. They were being proactive about ensuring that the service operates in a way that makes that possible.

### **Conclusion**

As noted in previous reports Canderavon was a friendly, caring and stimulating environment where service users and staff related warmly to each other, and treated each other with respect.

Day care services for older people in South Lanarkshire were being reviewed because of the increased level of need among people who attend daycare including an increased incidence of diagnosed dementia. To help determine staffing levels required to meet present and future needs managers were adapting a tool for assessing dependency levels. They have also been reviewing the way in which staff are deployed in daycare with a view to having a much more flexible workforce.

### **Who did this inspection**

Barbara Montgomery

# 1 About the service we inspected

Canderavon Neighbourhood Centre in the village of Stonehouse is a purpose built daycare service, owned and managed by South Lanarkshire Council. It shares some services with an adjoining Council care home.

The service is available five days each week, with two days used exclusively for people who have dementia. It is registered for 20 service users, but has never had more than 12 on any one day. On the day of the inspection there were nine service users present.

The aim of the service is to provide an environment which is stimulating, flexible and supportive to the needs of service users who live at home, and who require day services as part of care designed to maintain their stay in the community.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), now known as the Care Inspectorate, took over the work of the Care Commission, including the registration of care services. This meant that from 1 April 2011 this service continued its registration under the new body.

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

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

The inspection, which took place in January 2013 was carried out by one Inspector. We sent questionnaires to a sample of 20 service users and got back 8 completed forms. We also sent 5 questionnaires to the manager for distribution to staff and all five were returned. We spent some time with service users and staff during a visit to the centre, had a meeting with the manager and looked at a sample of records and surveys.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

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

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## **What the service has done to meet any recommendations we made at our last inspection**

No recommendations made

## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Completed noting strengths and areas for improvement would benefit from some more detail.

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

Service users and relatives who returned a Care Inspectorate questionnaire agreed or strongly agreed that overall they were happy with the quality of care and support this service gave them. Where people we heard from commented on specific things that they thought the service did well or were less happy about we have mentioned these in the report. Comments included :

'best thing thats happened in Stonehouse'

- 'I quite enjoy my day at day care ; the carers are very good and give you help and support if you need it'
- 'I am very pleased with what is done for me'
- 'cant be improved'
- 'I am a new member. I came to Canderavon thinking I would not like being there. how wrong I was; the staff are great, the food excellent, the fun made my day '
- 'the staff are brilliant'

- 'I cant praise staff enough'
- 'all staff look after my relative no complaints whatsoever'
- 'the food is the best'
- ''thank the kitchen staff for the lovely dinners they make us'

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

Please see views of people using the service



## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - 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 that this services performance was very good in the areas covered by this statement. We concluded this after we heard from service users, spoke to the manager and looked at survey results, minutes of meetings, support plans and reviews

#### Participation Strategy

As noted in previous reports South Lanarkshire Council Social Work Resources had a Participation and Involvement Strategy and was committed to 'engaging with people who use our services and carers and actively involving them at all stages of the development and delivery of services. Canderavon offered service users various ways to express their views and be involved in the planning and delivery of their service . Everyone we heard from agreed that they were asked for their opinions about how the service could improve.

#### Surveys Meetings and Events

The Council conducted an annual survey of service users across all the day care resources in South Lanarkshire and produced an action plan with timescales, to address any issues that were raised. Service users' meetings took place regularly. The cook sometimes attended these to find out what people thought about the meals. Canderavon service users were also represented at the Network Group meetings where users of support services for older people across the authority had the opportunity to discuss issues of mutual interest. The centre also ran a relatives/ carers' support group. In addition to the above 'complaints and compliments' folders and a suggestion box were available.

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### Participation in Support Planning and Reviews

Service users contributed to the development of their support plans and along with relatives/ carers were routinely involved in meetings to review their service. Service users were asked to sign their agreement to their support plan and offered a copy of their plan. Ahead of review meetings service users were asked to complete a pre-review questionnaire.

### Complaints

Almost all the service users we heard from said they knew about the Council's complaints procedure and knew they could complain to the Care Inspectorate.

### Areas for improvement

Folders with information that were available or on display in the centre included minutes of meetings and surveys results that were quite out of date, in some instance by several years. We thought this was confusing for anyone looking through them and the impression we got was that things were 'a bit tired looking'. We also thought that the way the information was displayed was not very eye-catching or easy to read. A more eye-catching 'You Said We Did' display might be a suggestion for discussion with service users.( see recommendation1)

Canderavon's own satisfaction survey results had identified a few service users/ relatives who considered they had not been involved in the personal planning process, reviews or risk assessment. We understand that this had been addressed with the individuals involved and had also been the subject of discussion at a service user meeting.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Give more attention to the presentation of information in particular survey results and ensure that minutes of meetings and surveys results on display are current ( National Care Standards Support Service Standard 12 Expressing Your Views)

### Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

We found that this service's performance was good in the areas covered by this statement. We concluded this after we heard from service users, heard from staff, spoke to managers; looked at support plans, risk assessments, staff training records and Clydesdale Staffing Report.

### **Support Plans and Reviews**

The Service had an effective assessment process. Reports completed following home visits gave staff good detailed background information. Written plans were well presented and written in a way that was easy to follow. Everyone we heard from agreed that they had a personal plan or support plan which contained information about their support needs and detailed their needs and preference. Records sampled indicated that meetings to review support plans took place within required timescales. Everyone we heard from agreed that the service checked with them regularly that it was meeting their needs

### **Health Care Needs**

Assessments and support plans gave staff good detail about service users health care needs and any diagnosed conditions such as diabetes, dementia, arthritis . history of a stroke, sight and hearing impairment and difficulties related to mood. Those seen described what staff were expected to do. Staff were also aware of support needs related to physical disability and used moving handling techniques appropriately with people. Written plans also had good information about personal care and support needs related to continence.

### **Eating & Drinking**

Personal plans contained information about support needs and food likes and dislikes. On the day we visited most people could eat and drink independently. Staff made sure that anyone who needed support got it, such as with cutting up food. A menu was available. Lunch was provided by the care home catering staff and took account of any special dietary needs. Lunch was a relaxed and enjoyable experience for people. Service users we heard from were very satisfied with the food. Comments included: "the food is the best / thank the kitchen staff for the lovely dinners they make us / the food is excellent " We also noted that staff offered service users fluids regularly throughout the day.

### **Medication**

On the day we visited no one needed any help with medication. Staff told us that when anyone did need to bring daytime medication with them it got stored securely in the office and at the appropriate time the service user was prompted to take it . Staff recorded when the medication was taken.

### **Activities**

Staff had done a lot of work on developing a programme of meaningful activities. Support plans contained information about hobbies and interests. Activities seemed to be a good mix of fun, mentally stimulating , social and exercise. On the day we visited we missed the armchair exercises but activities we did observe included a quiz ; newspaper discussion; dominoes and watching a movie and bingo.

Staff told us that the activities programme was flexible with some service users preferring a more spontaneous approach while those with dementia needed more structure. People could choose if they wanted to participate.

### **Areas for improvement**

#### **Written Support Plans and Risk Assessments**

Some plans we looked at lacked detail. For example one plan had a one word answer in the section about food likes; one plan described someone as needing assistance to go to the toilet and help with a catheter but did not go into any detail about how a worker was expected to go about that. Some plans had sections that had not been filled in. Where it has not been possible to obtain information then it is important to note that. At the same time the format staff were expected to use asked them to record a lot of detail that was not applicable to day care and seemed unnecessary and very time consuming. The manager told us that the format was being reviewed. ( see recommendation 1)

#### **Risk Assessments**

The Councils risk assessment format was unhelpful. Information about risks and action to minimise risk was all in one cumbersome central document. Also staff were filling in sections of the the risk assessment which had no relevance to the needs of people when attending the centre. ( see recommendation 1)

#### **Staffing Levels and dependency**

Managers have identified an increased level of need among people who attend daycare including an increased incidence of diagnosed dementia. To help determine staffing levels required to meet this need and projected future needs managers were introducing a tool for assessing dependency levels and calculating staffing requirements. We noted that the tool they were using did not take group activities or escort time on transport into account. ( see recommendation 2)

Managers have also been reviewing the way in which staff are deployed in daycare with a view to having a much more flexible workforce that is area based and not premises based.

Recent problems related to a prolonged period of staff absence and vacancies across the resource had affected the centre. We were told that vacancies had now been filled. On the day we visited a relief worker from another centre was covering for absence. Staff were being deployed in ways that ensured that the needs of the service users were met throughout the day. Most people we heard from agreed that staff had enough time to carry out the support and care.

#### **Activities**

The centre no longer raised funds for outings which some people we heard from perceived as a reason for a reduction in outings. Managers explained that following

discussions with service users and carers it had been agreed that it was no longer appropriate for service users, many of whom pay for their day care service to require to be involved in fund raising activities to raise funds for outings. The Council had in fact ring fenced part of the centres budget to support meaningful activities and made additional funds available to enable the centre to support support outings, entertainment and activities of the service users choice. Managers gave us a number of examples of recent outings and events.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

#### 1. Support Plans and Risk Assessments

(i) written plans should clearly describe what workers are expected to do when assisting service users with personal care and continence related needs.

(ii) staff should record where it has not been possible to obtain information from service users or families.

(iii) the revised support plan format should ask for information that is primarily applicable to daycare.

(iv) risk assessments should be in a format that staff can follow and use easily. Information about risks and action to minimise risk associated with a particular activity should be with all the other information related to that activity and include a clear description of what staff were expected to do

. ( National Care Standards Support Service Standard 4 Support Arrangements and Standard 10 Feeling Safe and Secure)

#### 2. Staffing Levels and Dependency

When assessing dependency and determining staffing levels staff need to take all factors into account including group activities and escort time on transport.

( National Care Standards Support Service Standard 2 Management and Staffing Arrangements)

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

Please see Quality Statement 1.1. Service users had been involved in choosing colour schemes and fabrics for the planned refurbishment.

#### Areas for improvement

Please see Quality Statement 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

We make sure that the environment is safe and service users are protected.

#### Service strengths

We concentrated on safety in relation to the premises and equipment. We found that this services performance was good in the areas covered by this statement. We concluded this after we spoke to staff, saw round the centre, looked at staff training records and accident & incident reports.

#### Policies and Procedures

As an established provider the Council had detailed health and safety policies and procedures.

#### Health and Safety & Maintenance

Because the centre was in the same premises as the care home some checks were done jointly. Health and safety checks on premises and equipment, risks assessments and repairs were done either in house by the handyman or by outside companies. These included hot water temperature, water quality and radiator surface temperature checks. Staff recorded any jobs for the handyman in a repairs log. A full workplace health and safety audit had been done by the Council in May 2102.

## Housekeeping and Infection Control

The premises were clean hygienic and odour free. The worker who was responsible for housekeeping worked to a cleaning schedule. Because catering was done in the homes kitchen the centre was not subject to Environmental Services food safety /food hygiene inspections. All staff received training and refreshers in Food Hygiene and Infection Control. To reduce the risk of outbreaks procedures were in place in relation to infectious illnesses and service users who were unwell were asked to stay at home. The centre had access to the care homes laundry service if required.

## Safety and Security /Freedom of Movement

While service users were discouraged from bringing valuables with them secure storage was available if required. The main door to the centre had a secure entry system. This meant no visitors could enter unnoticed and allowed anyone who could leave the building independently to do so while protecting any service user who could not. Staff followed Council procedures as regards to accidents and incident recording.

## Areas for improvement

### Maintenance and Equipment

To ensure a continued safe and suitable environment a refurbishment was planned. This was going to include the installation of tracking as part of an upgrade of the personal care suite to accommodate changing needs of service users. We noted the planned date for this had been August 2012 but it had not yet started. Also in the last satisfaction survey some service users had rated the decor, furnishings and lighting as poor. ( see recommendation1)

## Safety and Security

Please also see comments and a recommendation about written risk assessments at Quality Statement 1.3

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

### 1. Refurbishment

Give the Care Inspectorate a firm date for when the refurbishment programme is going to start. (National Care Standards Support Services Standard 5 Your Environment)

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

Please see Quality Statement 1.1

#### Areas for improvement

Please see Quality Statement 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

We found the performance of this service was good in the areas covered by this statement. We decided this after we heard we heard from service users and staff, spoke to the manager and looked at team meeting minutes; staff training records and employee surveys.

#### Staff Training and Development

As noted in past reports the Council had a staff development policy and was committed to staff development and training. In line with this staff were offered annual performance and development reviews and training needs assessments. The manager advised that all staff had access to their learning and support plans. Training included both mandatory and other relevant topics. Recent courses had included moving and handling refreshers; first aid ; dementia related topics and fraud awareness. We noted that a 'programme of supporting professional practice' was being planned. Four out of the five staff we heard from confirmed recent opportunities to access relevant training. We noted that all except one worker had the appropriate social care qualification required for registration with the SSSC. All five



said they had no training needs directly related to their job that were not being met by the service. They said they felt confident that they had the skills to support people using this service. All the service users we heard from agreed that staff had the skills and experience to meet their needs.

### **Support and Supervision**

All staff who sent back Care Inspectorate questionnaires confirmed opportunities to meet with other staff, all felt safe at work and most considered they had the necessary materials and equipment for their job

### **Staff Conduct**

All the service users we heard from agreed that staff treated them with respect. Comments included: "the staff are brilliant / I can't praise staff enough / the carers are very good and give you help and support if you need it / all staff look after my relative / the staff are great". We observed staff to be respectful and attentive at all times.

### **Areas for improvement**

#### **Support and Supervision**

Full team meetings did take place but frequency had been affected by recent staff shortages across the resource. Canderavon staff made a point of holding two weekly discussions but these were not minuted.

Some staff who sent back Care Inspectorate questionnaires agreed that they got regular individual supervision and some disagreed. The manager told us that the frequency of supervision had been affected by personnel changes and long term absence at a senior level. We would expect this to improve as vacancies are filled.

One worker we heard from said that they "were not asked for their opinion on how the service might improve". We also noted from Council employee surveys that some staff felt they were "not given opportunities to influence the direction of this service or contribute to decision making which affects the unit". The manager advised that while some policy decisions were made at Social Work Committee level staff can make suggestions at staff meetings and can raise issues that may have an impact on service delivery at management meetings.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - 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

Please see Quality Statement 1.1

#### Areas for improvement

Please see Quality Statement 1.1

**Grade awarded for this statement:** 4 - 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

We found the performance of this service was very good in the areas covered by this statement. We decided this after we spoke to managers and looked at various surveys, minutes of meetings and Clydesdale Staffing Report.

The Council has a Quality Improvement Policy and had some effective ways to monitor the quality of its services. For this service these included the following:

- Feedback from service users through meetings; surveys; events and Council comments/complaints.
- Feedback from staff in various ways including via annual surveys
- The Council used a performance management tool which provided detailed performance reports across all service areas to monitor progress with meeting targets such as for reviews and staff development. This included audits of case recording and supervision.

- Council Challenge and Support Teams' (CAST) evaluated different areas of practice in social work.
- Service reviews such as the review of day care for older people across the authority that has been taking place.
- The service has routinely used an 'electronic standpoint machine' to capture the views and opinions of partner agencies such as health or social work colleagues and record their satisfaction with the service. The most recent survey advised that the service received only two external stakeholder agency responses to the electronic questionnaire.

### **Areas for improvement**

Maintain present good practice. No new areas for improvement were identified during this inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### 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 SCSWIS 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).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
27 Oct 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
7 Jan 2009		Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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