

## Care service inspection report

# Prestige Nursing - Care at Home

## Support Service Care at Home

First Floor  
67 George Street  
Edinburgh  
EH2 2JG

Type of inspection: Unannounced

Inspection completed on: 26 March 2015



HAPPY TO TRANSLATE

## Contents

	Page No
Summary	3
1 About the service we inspected	4
2 How we inspected this service	5
3 The inspection	10
4 Other information	22
5 Summary of grades	23
6 Inspection and grading history	23

### Service provided by:

P C Property Limited

### Service provider number:

SP2010010987

### Care service number:

CS2010252997

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## 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	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

### What the service does well

Clients agreed or strongly agreed that they were satisfied with the quality of the service. Clients valued this service and said that the staff treated them with respect.

One of the main strengths of this service is that in the majority of cases clients receive their care from consistent groups of staff which aids continuity of care.

### What the service could do better

We have suggested that the manager further develop some aspects of record keeping. The manager took a very positive approach to suggestions for improvement made during the inspection and was eager to implement these.

Suggested areas of improvement did not have a negative impact on the quality of the service clients received.

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

The service has continued to develop all aspects of the service. We consider that staff took a very positive approach toward the continuous development of the service.

### Conclusion

It was very evident that the directors at Prestige are committed to delivering an excellent service and work hard to maintain the standards found during the inspection.

# 1 About the service we inspected

Prestige Nursing-Care at Home (referred to in the report as the "service") is registered with the Care Inspectorate to provide a care at home service.

The service is provided to people (referred to as "clients" in the report) who live in their own homes predominately in the Edinburgh and West Lothian areas, although the service can be provided out with these areas. The service offers a range of care and support packages to help maintain people's independence to live at home.

The office premises are based in Edinburgh city centre.

The service is owned and managed by PC Property Ltd (referred to in the report as the "provider") and is a franchise of Prestige Nursing and Care whose head office is based in England.

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

**Quality of Care and Support - Grade 6 - Excellent**

**Quality of Staffing - Grade 6 - Excellent**

**Quality of Management and Leadership - Grade 6 - Excellent**

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 0345 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

We wrote the report after an unannounced inspection that took place at the service on the 26 March 2015 between the hours of 9:30am and 18:00pm.

The inspection was carried out by one Care Inspectorate Inspector.

The outcome of the inspection was discussed with the manager, managing director and director of quality at the end of the inspection visit.

We gathered evidence from various sources, including the relevant documentation which included:

- The service's most recent annual return and self-assessment, which we asked them to complete before the inspection.
- A sample of clients support plans.
- Staff training and supervision records.
- Consultation records.
- Accident and incident records.
- Quality assurance records.
- Medication administration records (MARs).

We had discussions with various people including the manager, assistant manager, one co-ordinator, director of quality, managing director, one care worker by telephone.

We took account of the content of Care Standard Questionnaires (referred to in the report as "questionnaires") which 25 clients and 10 staff completed to share their views about how the service was provided. They returned these to us before the inspection.

### 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 were made at the last inspection.

### **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.

We received a fully completed self-assessment document from the manager. The manager identified what they thought the service did well, some areas for development and any changes they planned.

The manager's assessment of the quality of the service corresponded with our findings at this inspection.

Our grading for the Quality Statements reflects the evidence we found during the inspection.

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

Before the inspection we issued thirty Care Standard Questionnaires to the service for distribution to clients. This was to offer them the opportunity to share their views about the service.

Twenty -five clients completed the questionnaires and returned these to us before the inspection. Some relatives helped client complete the questionnaires.

The questionnaires showed that all clients agreed or strongly agreed that they were happy with the quality of the care and support the service gave. They all indicated that staff were respectful and had the skills to meet their care needs.

Some of the direct comments from the questionnaires included:

-Very happy with care provided. Prestige nursing meets my needs at present.

-I have main carers unless holiday cover. They (staff) make me smile, caring, understanding and thoughtful, I couldn't ask for better. Locum carers have been very attentive. Thank you, you (staff) make my life much better, more interesting and worthwhile.

-Both carers and office staff are extremely helpful.

-Service is excellent and the staff are angels. I would recommend the company to anyone. No complaints whatsoever.

The service is very good and the carers are very polite and friendly. All told a very good service.

The company keep the same carers coming unless one is on holiday. They are very good with times.

All (staff) are polite, very respectful. They make sure I am satisfied with the standard of care. I certainly appreciate the service and those who visit me.

-Outstanding care. Quite a satisfactory care service. Charming personable staff who all make (client) feel comfortable, confident in carers and as happy as possible.

-My feeling is that staff should not have to run between clients. This is especially important in winter. The girls (staff) are very good and attentive and cherry.

-The carers only have time to cook meals in microwave. If a meal has to be cooked in oven for 30 minutes, it is too long as carer has to go to their next client.

-Changes in staff make it difficult to remember who everyone is.

From the content of the questionnaires we saw that:

-Eight clients did not know the service complaint procedure.

-Eight clients did not know could complain to Care Inspectorate.

-Three clients disagreed that the service asks opinions about how it could improve.

-One client did not know if the service checked regularly that they were meeting care needs.

-Four clients disagreed that staff had enough time to carry out agreed support and care.

One client made a suggestion about staff training and this addressed in Quality Theme 3, Statement 3.

These views are addressed in the report.

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

We did not speak with any relatives during this inspection, although some relatives assisted clients to complete their questionnaires.

### 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: 6 - Excellent

##### **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**

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was demonstrating excellent practice in areas covered by this Quality Statement.

To assess this we looked at personal plans, reviews of support, records of spot check visits, telephone monitoring calls and clients involvement in monitoring staff performance.

There was a range of opportunities within the service to enable clients to develop the support they received, for example:

- Spot check visits which were unannounced.
- Telephone monitoring calls.
- Monitoring of staff performance by clients.
- Reviews of support.
- Annual surveys.

The service was excellent at using these methods to make sure they had regular contact with their clients. We saw that regular visits, telephone contact and spot check visits took place consistently. The outcomes were effective because changes were made as a result of comments, for example, care plans were updated and staff were told how well they performed in their practice.

As a result there was excellent evidence that the manager and directors responded effectively to clients comments about the quality of the service and staff performance.

We looked at the records of reviews of support and saw these took place and involved clients and their relatives when appropriate. There was strong evidence that the manager followed up agreements and as a result changes were made to the care packages.

New clients received an information pack which contained helpful information such as: contact telephone numbers, copy of the complaint procedure, how the service would be delivered and how they could be expected to be consulted about their care and the quality of service they receive.

Overall the involvement of clients was an integral part of the operation of the service.

### **Areas for improvement**

Out of twenty-five questionnaires returned to us, three clients indicated they disagreed the service asked their opinion about how it could improve. The annual satisfaction survey was due to be completed and staff need to be more explicit about the purpose of this, other consultation methods and changes that result. The newsletter may be helpful in raising awareness.

The information pack needs a very slight amendment to reflect recent changes to how the service is delivered.

These areas should be addressed to maintain the quality of the service.

Given the services continuous commitment to improvement we are confident these suggestions will be implemented.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was demonstrating excellent practice in areas covered by this Quality Statement for the second consecutive year.

To assess this statement we looked at personal plans and associated documentation, quality monitoring processes and how medication was managed. We considered the content of twenty-five questionnaires which clients completed and returned to us to share their views about the quality of the service.

Clients who completed questionnaires spoke highly about the quality of care received. This particularly related to the fact that, in the main, the same staff group provided their care and arrived on time. Continuity of care has the potential to have a significantly positive impact for clients and their relative. They said:

- Have main carers unless holiday cover.
- The company keep the same carers coming unless one is on holiday. They are very good with times.
- Excellent service.

We saw that before the service commenced, an assessment took place which highlighted a client's needs and preferences, for example support with medication.

Support/care plans were developed and accurately reflected the assessment and clients comments/choices. The plans, while following the same format, contained individual and person centred information related to each client's support needs. Clients had a copy.

Support plans were also informed by risk assessments which included full details of all aspects of clients support needs. Staff were proficient at keeping records up to date and accurate. This reduces the risk of error or inconsistent support.

Before staff visited a client for the first time they received a very person centred description of the clients support needs and preferences. The descriptions we read were very respectfully written and took account of the client's choices. We concluded that this was an excellent method of keeping staff informed about clients support.

Staff maintained daily records of visits which made it easier to track what happened

on a daily basis. We saw excellent evidence that staff ensured clients got medical attention when they needed it. We concluded that staff took clients health needs seriously and took appropriate action when necessary.

Although one questionnaire ( out of twenty-five) indicated the service did not regularly check that they were meeting the clients support needs, there was excellent evidence that regular support reviews took place and appropriate people were involved. An electronic monitoring system was used to highlight when reviews were due and as a result these were up to date. There was excellent evidence that clients comments were taken on board and staff were very efficient at updating client's plans and risk assessments to reflect changes to the care package.

We saw that while most clients received only prompting to take their medication some needed assistance. In these instances comprehensive systems were in place to order and monitor the management of this. Any discrepancies in recording or stock control were vigorously rectified. This approach helps safeguard clients.

Electronic systems were used to monitor what time staff arrived to provide care and how long they remained. The manager used the information to help identify when clients needed more staff time to support them. As a result there was excellent evidence of care package being increased and changed to meet the identified need. This shows an excellent outcome for clients.

We shared with the manager a questionnaire comment that meals could not be oven cooked because there was not enough time. While we were satisfied that systems were in place to identify when situations like this arose, the provider agreed to continue to check to make sure that clients choices were considered.

### **Areas for improvement**

Staff need to take care to ensure that all documents are dated and signed for the purpose of tracking information and accountability.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 – Excellent

### Statement 1

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

### Service strengths

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was demonstrating excellent practice in areas covered by this Quality Statement for the second consecutive year.

Various systems were in place which offered clients the opportunity to contribute to assessing and improving the quality of staffing. These included:

- Support plan reviews,
- Spot check visits,
- Quarterly assessments,
- Quality assurance questionnaires.

Each of these methods sought clients views about the quality of staff allocated to assist them. There was excellent evidence that the comments clients made were taken seriously, were followed through vigorously by the manager and directors and influenced staff appraisals and training.

Some clients contributed toward staff recruitment either by suggesting questions the interview panel should ask or as a member of the interview panel. This helps clients promote the qualities they think necessary in a good carer.

The strengths stated in Quality Theme 1, Statement 1 are also relevant to this Statement.

### Areas for improvement

The service should continue to involve clients in the recruitment and development of staff.

The areas for improvement noted in Quality Theme 1, Statement 1 are also relevant to this Statement.

**Grade awarded for this statement:** 6 - Excellent

**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

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was continuing to demonstrate excellent practice in areas covered by this Quality Statement for the second consecutive year.

To assess this statement we considered the comments of twenty-five client questionnaires and ten staff questionnaires which were returned to us, looked at staff training and supervision records, how client comments about staff practice influence training and appraisal and how staff practice was monitored.

During the inspection we saw that twenty five clients who completed questionnaires agreed or strongly agreed that staff treated them with respect and had the skills to care for them. Some comments from clients included:

- They (staff) make me smile, caring, understanding and thoughtful, I couldn't ask for better. Locum carers have been very attentive.
- All (staff) are polite, very respectful. They make sure I am satisfied with the standard of care.
- Carers are very polite and friendly.
- Staff are angels.
- Both carers and office staff are extremely helpful.

Staff comments from ten questionnaires indicated they had a strong commitment to the service and clients. Some of these comments included:

- I am very happy to work for Prestige.
- I have achieved Health and Social Care Level 2 through my employer.
- I thoroughly enjoy working for prestige. They have a thorough understanding of the needs of service users.
- Had some great training and feel if I ever need help there is someone available. It is

great that so much extra training is available.

- I always feel appreciated and respected which facilitates me in providing the best possible service for staff and clients.

We saw that the provider had developed a selection of policies and procedures to guide staff in their work and to promote professional practice. These included: confidentiality, training and whistle-blowing. Questionnaires which staff completed and returned to us before the inspection and during telephone contact showed staff were aware of the policies and thought these were implemented. There was strong evidence that where questions arose about policies not being adhered to, for example "confidentiality", staff were reminded of their responsibilities.

There was an efficient and effective computer software system, which monitored staff training to ensure staff knowledge and skills were up to date. There was excellent evidence that when training was due to expire staff were reminded of this. There was excellent evidence that if the training was not completed within the expected time frame, the risk this created for clients was assessed and in some cases staff were not allowed to work until the training was completed.

From training records we saw that staff received a selection of mandatory training to support their practice and maintain and develop their skills. A selection of training was completed electronically and staff were made aware of this at employment. There was clear evidence that where necessary, access to computers was facilitated. Mandatory training is training which the provider has identified as basic and necessary for all staff, either because of a legal requirement or because it is essential for providing care.

Mandatory training included: moving and handling, infection control, safeguarding, confidentiality and whistle blowing. Training to meet specific clients' needs was also provided. There was strong evidence that staff put the training into practice for example staff forwarded whistle blowing and safeguarding concerns to the manager which resulted in immediate action.

There was regular, documented staff supervision, appraisal and spot checks. This offered the opportunity to monitor work practice, identify any training need and offer staff support in their role within the team.

The manager was registered with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and for regulating their education and training. The coordinators were either registered or in the process of registering. All staff had been made aware that in due course they would be required to register. All staff had been issued with the SSSC codes of conduct. There was strong evidence that where appropriate the provider notified the

SSSC about staff conduct and supported staff to gain qualifications necessary for registration with the SSSC.

By the nature of the work, some staff work alone which means they seldom see other staff. In order to build a better feeling of team working, staff had been divided into groups who worked in specific geographical areas and supported certain clients. Staff were encouraged to phone and text their fellow team members. All staff had attended a consultation which the provider felt was very successful and more meetings were planned. This is one way of contributing to staff feeling part of a team.

The provider felt the transfer of the office base location allowed more staff to visit and have contact with the manager and directors. A staff newsletter called "Caring News" was issued to all staff and contained helpful information to keep staff up to date about what was happening in the service, policies, codes of conduct.

We concluded that there were systems, training and support in place for staff which promoted a professional approach to client care. The systems allowed the provider to ensure that staff practice and training were up to date and help staff maintain and develop their skills.

One client commented that more medication training should be provided in relation to the use of inhalers. Records showed that all staff received training and robust medication monitoring systems were used where staff supported clients with medication. The provider will take account of this view in relation to developing staff practice.

### **Areas for improvement**

The service should continue to support staff in training to meet the needs of clients.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

### 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

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was continuing to demonstrate excellent practice in areas covered by this Quality Statement for the second consecutive year.

We saw evidence that head office undertook annual quality surveys and that the results of the surveys were all very positive.

We saw that clients were encouraged to discuss their views of the service during support reviews and spot check visits. Directors securitised clients' comments from survey and spot checks and prompt action was taken to address concerns when needed. We concluded that they took comments seriously and acted on these.

#### Areas for improvement

The areas identified under Quality Theme 1, Statement 1 are relevant to this Statement.

The service should continue to develop ways to involve clients in the completion of the self- assessment which is completed before inspections.

**Grade awarded for this statement:** 6 - Excellent

**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

At this inspection we found that the service had sustained the excellent performance identified at the last inspection. As a result we assessed that the service was continuing to demonstrate excellent practice in areas covered by this Quality Statement for the second consecutive year.

To assess this we looked at the quality assurance system.

During the inspection we saw that the service actively promoted consultation and participation. Support plans demonstrated a person centred approach which allowed clients to say how they wanted their support to be provided. Support reviews took place and allowed clients the opportunity to say how they want their support given.

The service carried out a number of satisfaction surveys to help find out clients views. There was excellent evidence that the manager responded to comments in a positive way. For example residents told the provider they preferred their support to be provided by the same staff where possible. As a result teams of staff have been formed to provide care to groups of resident. This has increased the continuity of care.

Spot check visits were carried out to clients' homes while staff were present. This offered the provider the opportunity to monitor staff practice and the quality of the service to clients as well as hear views which contributed to developing the service.

The provider's staff survey showed that staff felt different working conditions and access to qualifications would increase staff retention. As a result, contracts have been amended and courses to gain qualification have commenced. All staff have attended a meeting and at the time of inspection future meetings were being planned. As a result the provider demonstrated that staff views were taken seriously.

The quality assurance system was used effectively to identify areas of the service that could be improved. The processes were energetically followed and the findings enthusiastically analysed. As a result the service was continuously improving. For example, the manager was exploring way that staff would receive electronic notification when refresher training was due rather than notification from the office. The manager felt this would give staff more accountability over their own leaning and development.

Copies of the complaint procedure were issued to all clients at commencement of the service. The procedure was printed in red to help alert clients to the content. Clients were asked formally at least four times a year if they had any concerns. The outcomes of this contact was analysed vigorously and action taken where needed. All records were maintained to a high level which made tracking information easy.

The manager was very aware of his role and responsibility to notify us and other relevant professional bodies of significant events.

The directors had a high regard for the staff and spoke of them with great respect. From discussion with directors, manager and supervisory staff, we concluded they were keen to develop the quality of the service and use innovative approaches to do so.

### **Areas for improvement**

From questionnaires eight clients indicated they were not aware of the complaint procedure. In addition to the current methods used to raise client awareness of the complaint procedure, consideration could be given to developing the newsletter to share this kind of information. This would be another way of raising client awareness about the day to day service operation.

**Grade awarded for this statement:** 6 - Excellent

**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

No additional information was identified during this inspection.

## 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Staffing - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings
4 Mar 2014	Unannounced	Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership 6 - Excellent
7 Feb 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
9 Nov 2011	Unannounced	Care and support 4 - Good Staffing 4 - Good 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.

### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0345 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0345 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد سی م و ن ابز رگی د روا ول کش رگی د رپ شرازگ تعاشا ہی

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

ی.رخأ تاغل بو تاقي سن تب بل طلا دن ع رفاو تم روشن مل اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)