

Care service inspection report

Hoy & Walls Day Centre

Support Service Without Care at Home

Hoy & Walls Core and Cluster

Health & Social Care Centre

Kings Road, Longhope

Stromness

KW16 3PA

Telephone: 01856 850271

Type of inspection: Announced (Short Notice)

Inspection completed on: 13 March 2015



HAPPY TO TRANSLATE

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Service provided by:

Orkney Islands Council

Service provider number:

SP2003001951

Care service number:

CS2003009095

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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	3	Adequate
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

The Hoy & Walls Day Centre offers a welcoming, informal support service.

The service provides a hot meal, a choice of activities and much valued opportunities to maintain social contact with people in the local community.

Those attending enjoy their time together; they have very good rapport with members of staff who are attentive to their needs.

What the service could do better

The service needed to further develop the support plans to ensure a more person-centred approach.

Staff appraisal arrangements should be put in place.

The provider needed to put in place contingency arrangements to cover for any staff absences.

The service's quality assurance audits needed to be kept up to date.

What the service has done since the last inspection

The service had devised an action plan to address the issues identified in the previous inspection report of February 2013. This included enabling fuller service user involvement in the development of the service; putting in place audits of the personal support plans; carrying out risk assessments; ensuring food safety standards and providing more formalised staff support, including supervision and appraisal.

The action plan had since lost some momentum in maintaining some of its practices.

Conclusion

The service operates one day a week on a Friday and provides support to a small group of older people from the local community.

Those attending enjoy their time together and the much valued opportunities to maintain social contact with one another.

Although an action plan had been devised and implemented following the previous inspection of February 2013 the service had lost some momentum in maintaining some of its practices.

Much of the support provided is on an informal basis. Although much valued by those who attend the provider needed to consider whether ongoing registration as a support service was necessary.

Ways how best to continue with the service, or indeed further develop it, needed to be explored.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Hoy & Walls Day Centre is provided by the local authority and is registered to provide a support service for a maximum of 12 older people.

The service is based in the village of Longhope on the island of Hoy. The service had two distinct functions, day care provision and respite and short breaks. These were both based in the Health and Social Care buildings in Longhope, which they shared with the primary health care team. There is a central building which accommodates an attractive lounge/dining area, kitchen, office and a respite bedroom with an adapted bathroom and toilet suitable for service users who have mobility problems. However, this part of the service is no longer in use as there is no demand for the respite service at present.

The lounge area has books and magazines which may be of interest to day care attenders, and a television and DVD player which can be used for showing programmes of interest. A cooked lunch is always provided to users of the day service, who are collected from their homes by mini-bus with a driver and an escort. The medical staff, who share the building, are also available if any attenders wish to consult the doctor or community nurses.

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - Grade 3 - Adequate

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 3 - Adequate

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 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following a short notice announced inspection. The inspection took place on 13 March 2015. At the end of the inspection visit we gave feedback to the service's day centre officer.

As part of the inspection, we took account of the completed self assessment forms and the service's action plan.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- Day Centre Officer
- Support worker
- Three service users

We looked at the following:

- The participation strategy, this is the service's plan for how they will involve service users
- Minutes of service users and staff meetings
- Service users questionnaires
- Support plans, review documents and risk assessments
- The environment
- Quality assurance arrangements
- Internal audits
- Staffing issues
- Observed how staff worked with and spoke to service users

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

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

The requirement

The service to complete a fire risk assessment and a general risk assessment.

In order to comply with: SSI 2011/210 Regulation 4(1)(a) - to make proper provision for the health and welfare of service users.

Timescale for implementation: Immediately on receipt of this inspection report.

What the service did to meet the requirement

A fire safety risk assessment had been completed.

The requirement is: Met - Within Timescales

The requirement

The service to complete a general risk assessment.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - to make proper provision for the health and welfare of service users.

Timescale for implementation: Immediately on receipt of this inspection report.

What the service did to meet the requirement

A general risk assessment had been completed.

The requirement is: Met - Within Timescales

The requirement

The service should have appropriate food safe documentation/records as they are catering for attenders.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - to make proper provision for the health and welfare of service users.

Timescale for implementation: Immediately on receipt of this inspection report.

What the service did to meet the requirement

The service had been inspected and appropriate food safety measures put in place.

The requirement is: Met - Within Timescales

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.

A self assessment document was submitted by the service. This was completed to an adequate standard and gave relevant information for each of the Quality Statements. The service identified strengths and areas where they felt they could improve, as well as evidence of involvement and consultation with people who use the service.

Taking the views of people using the care service into account

We issued ten and received five Care Standards Questionnaires (CSQs) from service users at the Hoy & Walls Day Centre. Three "strongly agreed" and two "agreed" that, overall, they were happy with the quality of care provided.

100% of those contributing told us that they "felt safe in the service" and 100% of respondents said that staff treated them with respect.

Taking carers' views into account

There were no carers present during the inspection.

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: 3 - Adequate

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

The service is performing to an adequate standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

During the inspection we read the service's participation strategy, a copy of which is on public display. We could see that the service had a suggestion box so that service users could "tell us about your experience" at the Hoy & Walls Day Centre.

'Advocacy Orkney' leaflets were on display so that, if needed, service users could access independent support.

The service also had a 'complaints and compliments' book and encouraged service users to express their views and opinions about the service. We noted there were various entries throughout 2014 expressing satisfaction with a bus trip and the food on offer at the centre.

We examined records of meetings with evidence of participation and involvement from those attending. We saw evidence of questionnaires being sent to service users, carers/relatives and stakeholders asking for information on a number of areas.

It was clear that the service routinely consulted with service users through informal chats and discussions.

A 'quick feedback' tool had been devised. We saw a file of the various survey feedbacks that had been received. Some containing a number of suggestions.

We enjoyed a pleasant lunch with the day attenders. It was evident that those attending enjoyed their time at the centre. The social contact was beneficial to overcome isolation and maintain links with the local community.

Those attending told us that they felt they were consulted about the day-to-day running of the day care. Especially about the activities they could choose from. We could see how staff offered choices and respected service users' opinions.

We received five Care Standards Questionnaires (CSQs) which had been issued by the service on our behalf. All agreed that their needs and preference had been detailed in their personal support plans. 80% agreed that the service asked their opinions about how the service could improve.

We also noted within some of the care plans and the care plan reviews evidence of the involvement of relatives and service users in the process.

Taking all of the above into account we concluded the participation arrangements were adequate although a number of positive steps to improve engagement would usefully embed this aspect of service improvement in the running of the service.

Areas for improvement

The service's questionnaires needed to be further developed by ensuring that they were linked to the Care Inspectorate's quality themes. They should be issued to all stakeholders and an updated service development plan should be implemented. The service needed to better evidence how its participation arrangements led to better outcomes for service users. **(See Recommendation 1)**

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. To further develop the service's questionnaires by ensuring they were linked to the Care Inspectorate's quality themes. Questionnaires should be issued to all stakeholders and an updated service development plan should be implemented. The provider needed to better evidence how its participation arrangements led to better outcomes for service users.

National Care Standards, Support Services: Standard 12 - Expressing Your Views.

Statement 3

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

Service strengths

The service is performing to an adequate standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users
- Observed staff interactions with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

The Hoy & Walls Day Centre offers a welcoming, informal support service.

The service provides a hot meal, a choice of activities and much valued opportunities to maintain social contact with people in the local community.

Those attending enjoy their time together; we could see that they have very good rapport with members of staff who are attentive to their needs.

We examined support plans which provided some information on service users' personal preferences, key people in their lives, important relationships, communication issues and information about health-related issues.

We noted that support plans contained care reviews, risk assessments as well as a written service agreement which outlined the service that would be provided to service users.

We could see that staff were working to compile life histories - called 'getting to know me' - so that they would have clearer insights into each service user's personal circumstances.

The service is located on the island of Hoy, Orkney and provides opportunities to overcome social isolation. We noted from an examination of the personal plans and routine recordings that service users "enjoy" the company offered by the service, that they derived "a lot of hilarity" and "wouldn't want to miss out".

There was a choice of recreational activities to keep service users active and stimulated. Staff provide support in a sensitive, discreet and respectful manner.

Taking all of the above into account we concluded the service was performing to an adequate standard.

Areas for improvement

Not all of the support plans were up to date. This also applied to the care review process and was similarly reflected in some out-of-date risk assessments.

We considered the goal planning within the support plans could be better and more people-centred in ways that reflected the individual aspirations of each service user. In the absence of robust quality assurance audits the standard of support planning had fallen. **(See Requirement 1)**

The recordings which support the progress of the support plans should adopt a more person-centred and less generic approach and more individually detail the care and support offered to each service user.

The service needed to consider using the enhanced practice resource 'Promoting Excellence: Dementia Framework' to provide a more structured approach to cognitive stimulation therapy (CST).

The service operates one day a week on a Friday and provides support to a small group of older people from the local community. Those attending enjoy their time together and the much valued opportunities to maintain social contact with one another. Much of the support provided is on an informal basis. Although much valued by those who attend the provider needed to consider whether ongoing registration as a support service was necessary. Ways how best to continue with the service, or indeed further develop it, needed to be explored.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure all the support plans are kept up to date. The support plans must be reviewed on a minimum six monthly basis, or sooner if necessary. Risk assessments within each support plan must also be kept up to date.

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 5 - Personal Plans 2 (b) (iii).

Timescale - Four months from receipt of this report.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The findings in this Quality Statement are similar to those reported on in Quality Statement 1.1.

The service was performing to an adequate standard in respect of this Quality Statement.

Areas for improvement

Quality Statement 1.1 of this report has raised a recommendation for the provider to further develop the current survey format. Questionnaires should be issued to all stakeholders and an updated service development plan should be implemented. The service needed to better evidence how its participation arrangements led to better outcomes for service users.

The development plan should demonstrate ways in which the quality of the environment will be further improved.

Grade awarded for this statement: 3 - Adequate

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

The service is performing to an adequate standard in respect of this Quality Statement.

We concluded this after we spoke to the manager, members of staff, undertook a tour of the premises, examined care assessments, accident/incident recording, maintenance records and risk assessments.

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

We found the day care setting to be clean, bright, pleasant and free from obtrusive smells.

Gloves, aprons, liquid soap and paper towels were available at points of need throughout the premises.

There was a system in place for staff to report any repairs. External contracts were in place to ensure equipment and systems were maintained satisfactorily and were fit for use.

An infection control policy had been developed and staff had undertaken food hygiene training. Orkney Islands Council had a training database which was routinely updated. This also flagged up the need for any refresher courses.

A general risk assessment of the premises had been compiled which included a fire safety assessment.

Taking all of the above into account we concluded the environment is safe and service users are protected.

Areas for improvement

The service is an informal one which operates for a very small group of service users on a once weekly basis. We found the current arrangements were adequate. However we also noted that some of the current assessments were now out of date and this was a reflection of the provider's ongoing quality assurance arrangements at the Hoy & Walls Day Centre. We will be raising a recommendation about this in Quality Statement 4.4.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The findings in this Quality Statement are similar to those reported on in Quality Statement 1.1.

The service was performing to an adequate standard in respect of this Quality Statement.

Areas for improvement

Quality Statement 1.1 of this report has raised a recommendation for the provider to further develop the current survey format. Questionnaires should be issued to all stakeholders and an updated service development plan should be implemented. The service needed to better evidence how its participation arrangements led to better outcomes for service users.

The development plan should demonstrate ways in which the quality of the service's staffing will be further improved.

Grade awarded for this statement: 3 - Adequate

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 service was performing to an adequate standard in the areas covered by this statement. We came to this conclusion after we:

- Spoke with the manager and staff
- Examined examples of the minutes of meetings, completed surveys and care

documentation

- Staffing-related documentation
- Spoke with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

The day centre officer described the unit's internal and external processes which aimed to assure the quality of the service, for example the system for auditing aspects of the service. This included accident and incident records, minutes of meetings, Care Inspection reports and staff training and supervision.

We were confident from our discussions with staff that they were familiar with the service's policies and procedures – and knew how to follow them.

Service users that we spoke with told us that they were comfortable to raise any issues or suggestions with the staff and were confident that their concerns would be taken forward.

The day care support service is located on the island of Hoy and as such is an isolated care setting. Despite this staff morale appeared good and they had a degree of autonomy in the running of the service. The two staff members worked well together and were committed to providing good quality care and support.

We observed staff provide support in a discreet, sensitive and respectful manner.

Taking all of the above into account we concluded that the service was performing to an adequate standard.

Areas for improvement

The service is run by two staff members. Duties include picking up and escorting service users to the day centre and supporting them on their return journey. Only one member of staff is trained to drive the mini bus.

The provider needed to put in place contingency arrangements to cover the running of the service in the event of any staff absence through illness or other reasons such as annual leave commitments. **(See Recommendation 1)**

Orkney Health and Care needed to provide the necessary resources to ensure that staff at the Hoy & Walls Day Centre could access its IT systems. This would ensure that they can carry out their continuous professional development, research latest practice developments and download evidence-based materials to inform the running of the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider needed to put in place contingency arrangements to cover the running of the service in the event of any staff absence.

National Care Standards, Support Services: Standard 2 - Management and Staffing Arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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

The findings in this Quality Statement are similar to those reported on in Quality Statement 1.1.

The service was performing to an adequate standard in respect of this Quality Statement.

Areas for improvement

Quality Statement 1.1 of this report has raised a recommendation for the provider to further develop the current survey format. Questionnaires should be issued to all stakeholders and an updated service development plan should be implemented. The service needed to better evidence how its participation arrangements led to better outcomes for service users.

The development plan should demonstrate ways in which the quality of the service's management and leadership will be further improved.

Grade awarded for this statement: 3 - Adequate

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 service was performing to an adequate standard in the areas covered by this statement. We came to this conclusion after we:

- Spoke with staff
- Sampled minutes of meetings, completed surveys and care documents

- Spoke with service users
- Examined the service's quality assurance and auditing arrangements
- Other relevant documentation

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

The service had various processes in place which contributed to its assessment of the quality of the service provided. These included, for example, care reviews, meetings with service users and or their relatives, staff meetings and the use of feedback questionnaires.

The service had a complaints procedure in place. No complaints had been made since the previous inspection visit.

A range of leaflets, brochures and advice sheets were on public display. Information was also available about independent advocacy and people using the service could be supported to access an independent advocate if this was required.

The most recent inspection report was on display and could easily be accessed by service users and their relatives.

The day centre officer described internal and external processes which aimed to assure the quality of the service, for example, the system for auditing aspects of the service. A service development plan had been devised.

Taking all of the above into account we concluded the service was performing to an adequate standard in respect of this quality statement.

Areas for improvement

We recognise the low-key nature of the service which operates just one day a week. However the provider needed to ensure it fulfils its obligations as a registered care provider to maintain standards of care and support.

We noted that supports had been made after the previous inspection of February 2013 to drive up standards of care practices but these have not been satisfactorily maintained.

The service's quality assurance arrangements, as evidenced by its quality audits, needed to be kept up to date. We have also commented elsewhere in this report about the need to keep other service practices, such as its support planning arrangements, up to date.

The provider needed to further develop its quality assurance arrangements by ensuring it used robust quality audits to monitor and maintain standards of care and support. The provider should ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these. **(See Recommendation 1)**

The provider needed to consider how best to maintain the current service provision. We have noted in this inspection report that the continued registration of the Hoy & Walls service needed to be reviewed and, if necessary, other less formal arrangements put in place to build on the good work of the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider to ensure robust quality assurance arrangements through regular quality audits to monitor and maintain standards of care and support. The provider should ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these.

National Care Standards, Support Services: Standard 2 - Management and Staffing Arrangements.

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 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

Quality of Care and Support - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
Quality of Environment - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
28 Feb 2013	Announced (Short Notice)	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and Leadership Not Assessed
21 Mar 2012	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing Not Assessed Management and Leadership Not Assessed
1 Nov 2010	Announced	Care and support 3 - Adequate Environment Not Assessed Staffing Not Assessed Management and Leadership 3 - Adequate

Inspection report continued

23 Oct 2009	Announced	<div>Care and support 3 - Adequate</div> <div>Environment 3 - Adequate</div> <div>Staffing 3 - Adequate</div> <div>Management and Leadership 3 - Adequate</div>
22 Aug 2008	Announced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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