

NAS SW Scotland Supported Living Housing Support Service

The Stables Administration & Resource Centre
The National Autistic Society
Sorn Road
Catrine
Mauchline
KA5 6NA

Telephone: 01290 553420

Type of inspection: Unannounced
Inspection completed on: 8 June 2017

Service provided by:
The National Autistic Society

Service provider number:
SP2004006215

Care service number:
CS2006134931

About the service

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.

The service, which is also known as Catrine Bank, is located on the outskirts of Catrine in East Ayrshire and is provided by the National Autistic Society (NAS) and is registered to provide a housing support and care at home service for up to 29 people aged 16 years and over who have an autistic spectrum disorder. Of the 22 people that the service supports, 21 are supported to maintain tenancies for accommodation at Catrine Bank and one other person is supported in the community. At the time of our inspection, the service was subject to a moratorium on new placements which had been agreed between the provider and host local authority. During this inspection process, the provider confirmed that more progress needed to be made prior to any consideration of new referrals to the service.

The service shares its address with a separately registered Day Opportunities service. Although this service is used by people who are supported by the housing support and care at home service, it is inspected separately and the report of the most recent inspection of that service is available on our website.

What people told us

Carers (parents) who spoke to our volunteer inspector expressed mixed views about the service. These ranged from specific concerns about individual matters to praise for very positive outcomes. Most carers spoke of continuing improvements to the service but also of aspects of the service where they still need to be reassured.

Areas where parents had seen improvement included written communication, weekday staffing levels, consistent staff and staff availability to support activities. Areas identified by parents as requiring further improvement include telephone contact and follow-up, weekend staffing, staffing consistency, the range of activities on offer, for service users' own money to be spent more wisely (e.g. on healthy food) and meaningful activities.

Parents' comments indicate some increased trust by them in the service but this was measured with some caution as to whether this could be maintained. We have passed details to managers of some specific matters raised by relatives.

Self assessment

Not applicable

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 3 – Adequate |
| Quality of staffing | 3 – Adequate |
| Quality of management and leadership | 4 – Good |

Quality of care and support

Findings from the inspection

The service had maintained an overall adequate standard in regard to this quality theme. This takes account of the following findings.

We saw evidence of improvement in staffing levels, staff retention and staff deployment. This was beginning to make a difference as newer staff built relationships with the people they support and developed understanding of what they enjoy and the kind of support that suits them best. This works best when the number of people involved in the support of any individual is reduced to a small key team. Further improvement would be achieved if staff belonged to fewer key teams, as this would help to ensure more consistent support, relationships and understanding of individual needs and preferences.

Service users had varied daily programmes which included activities such as the service's horticulture space and day opportunities service as well as local walks, animal therapy and trips to the local community and surrounding area. We also observed staff promoting independent living skills e.g. encouraging service users to carry out self-care tasks. Staff that we spoke to mostly demonstrated sound knowledge of service user's daily programmes.

Support plans for people supported by the service included behaviour support plans, communication plans, activity plans, individual risk assessments and PRN medication protocols. These provided staff with a wealth of very detailed and useful information. However, we found that these were not always followed, only partially followed or interpreted differently by different staff at different times. We note that a good start has been made with devising a new assessment and planning framework which was now being introduced. This should provide staff with more focussed and accessible information which helps them to achieve a more consistent approach to working with the people they support (see recommendation 1).

We observed staff supporting service users to engage in their daily programmes or encouraging them to do so. This was sometimes challenging and we noticed that some people spent long periods in their own room; this was also raised with us as a concern by the parents of some service users (see also recommendation 1).

Staff utilised a good range of creative supports for communication to find out service users' preferences regarding activities and daily routines. These included 'talking mats' and 'picture exchange'. Staff mostly demonstrated skilful use of appropriate approaches to communication to support service users through their daily routines.

New individual protocols had been agreed with relevant health personnel for the safe administration of medicines prescribed for administration 'as required' (PRN), e.g. to reduce anxiety. These protocols should be shared with guardians and further team discussion was needed to ensure a consistent approach to the administration of PRN medicines according to individual need. The number of errors in medications reported to us had reduced but remain a cause for concern. This may benefit from a reduction in the size of key teams as described above (see recommendation 2).

The content of individual risk assessments and behaviour support plans had been reviewed and updated following significant events and was mostly up to date. However, we were told that the review and update of risk assessments had sometimes been slow due to there being too few staff who have been trained in the provider's approach to risk assessment (see recommendation 3).

The service had reviewed for the people they support and some now had bespoke strategies to help staff support people when they present challenging behaviours. Key-staff had been trained in these new approaches. Staff told us that they now felt better-equipped to support people in a way that reduces the risk of harm from challenging situations. These plans should now be shared with placing authorities and guardians (see recommendation 4).

The content of 'daily running notes' had improved since our last visit and was mostly well written and included a succinct overview and evaluation of each service user's day. This provided a useful resource which contributed to accurate communication with families and external agencies about people's progress. However, comments received from the families of people supported by the service include that communication can still be 'hit or miss' depending on which staff member they speak to. This also may be improved through a reduction in the size of key teams as described above (see recommendation 5).

Other paperwork had been updated following audits of file information by managers. See also Quality of staffing.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 5

1. Managers and staff should continue to develop paperwork systems and approaches to staff deployment and key-teams in order to that the people they support receive the support they need in a way which is always consistent with plans and agreements with guardians and social workers.

National Care Standards, Care at Home - Standard 3.1: Your personal plan and Standard 4.6: Management and staffing.

2. PRN protocols should be shared with guardians and key teams and specific PRN medication administration plans agreed to ensure consistent implementation. Steps should be taken to identify the cause of medication errors and appropriate steps taken to prevent these.

National Care Standards, Care at Home - Standard 8.1: Keeping well - medication.

3. There should be at least one person in each key team who is trained in the provider's approach to risk assessment.

National Care Standards, Housing Support Services - Standard 3.2: Management and staffing arrangements.

4. Bespoke intervention plans, for use by staff in the event of the people they support presenting challenging behaviours, should be shared and agreed with their placing authorities and guardians.

National Care Standards, Care at Home - Standard 4.1: Management and staffing. See also 'Zero tolerance; measured response: Responding to violence in mental health or learning disability settings', Mental Welfare Commission for Scotland, 2012

5. Managers and staff should ensure reliable systems are maintained for passing on messages from family members and ensuring that all relevant staff are aware of any agreed actions.

National Care Standards, Housing Support Services - Standard 4.2: Housing support planning.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service had maintained an overall adequate standard in relation to the parts of this quality theme concerned with staffing levels and the motivation and professionalism of staff. This is based on the following findings:

The service continued to give very good attention to staff induction and newer staff that we met were well-motivated, enthusiastic and demonstrated genuine interest in supporting the people in their care. We also found that the morale of longer-serving staff had continued to improve and we observed examples of skilled and compassionate approaches to the people they support. Team leaders and staff felt well-led and supported and spoke of their increasing optimism concerning positive outcomes for the people they support.

Given historical staff retention issues together with continuing pressure on maintaining suitable staff cover and deployment, managers should continue to monitor these in order to promptly recognise and address any adverse effect on the consistency of staffing for individual service users (see recommendation 1).

Managers had been attentive to maintaining appropriate staffing levels and this had been particularly effective on weekdays. Maintaining suitable weekend staffing was still challenging and too dependent on zero-hours employees and agency workers. This had sometimes limited the service's capacity to maintain appropriate support for people to participate in their preferred activities. This required further improvement (see recommendation 2).

Good attention had been given to staff training and development, including in areas which had been highlighted through previous inspections as requiring priority, e.g. Adults with Incapacity legislation and guidance. The service had also been quick to identify and address any areas for development arising from incidents. This included increased modelling by Team Leaders of good autism practice and a "10-a-day" initiative designed to promote reflective practice by staff. From our conversations with support staff, we found that this had already contributed to a more thoughtful and empathetic approach toward the people they support. See also our recommendations under Quality of care and support'.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Managers should continue to monitor staff turnover and staffing levels in order to promptly identify and address any adverse effect on the consistency of support for individual service users.

National Care Standards, Care at home – Standard 4.6: Management and staffing.

2. The service provider should review the service's staffing establishment to ensure that there are sufficient contracted staff to maintain appropriate and consistent staffing levels at all times including weekends.

National Care Standards, Care at home – Standard 4.6: Management and staffing.

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

The service had now achieved an overall good standard in relation to this quality theme. This takes account of the following findings.

Since our last inspection there had been another change of registered manager and the provider had also appointed a 'change manager' to oversee the implementation of an action plan for improvement. Following their appointment, directors had recognised that the provider's external management and quality assurance processes were contributing to delays in progressing the necessary improvements. The provider, therefore, recently made further changes in their management structure. So far, these had helped to ensure speedier decision-making processes and a more proactive approach to improvement, with clearer lines of accountability.

Staff at all levels, and families of the people supported by the service, told us that these improved management arrangements had already made a difference and contributed to increased trust. For example, a relative told us this had resulted in 'good changes and all for the better of those under their care.' It was clear from such comments and from our own observations that, the change manager and registered manager had worked well together to provide strong, accessible and supportive leadership. This had a clear focus on actual outcomes for the people supported by the service.

Families still expressed concern over historical financial issues. These were openly acknowledged by the service provider. They had designated appropriately qualified and experienced personnel to systematically scrutinise available financial records in order to establish what had gone wrong and to propose remedies. This was ongoing but suitable steps had been taken to ensure a clearer understanding of current financial arrangements including Individual Financial Plans. Work was also ongoing to achieve a new and transparent model for future charges. This will take account of changes to the service's approach to support, which bring it more into line with the service's registration as a Housing Support and Care at Home service. It will be important now to ensure that these tasks are timeously and satisfactorily completed.

The change manager intimated their commitment to implementing the service's participation strategy, which has been updated to take account of the principles of 'Total Quality Management'. This will provide opportunities for all stakeholders, including the people the service supports (with advocacy support) and their guardians, to participate in the evaluation of the service. It will also engage them in discussion of the future direction of the service and any proposed changes. A start had been made with this, e.g. through family meetings and direct telephone contact by managers. Until now this had not included formal feedback surveys but the change manager confirmed that this participation strategy would include these. This should now be

prioritised in order to ascertain the views and understanding of all stakeholders on the progress and outcomes of the service's improvement plan (see recommendation 1).

Over the past five years, the service has experienced rapid turnover of staff, managers and external managers. This led to a decline in standards and impacted adversely on the quality of care and support for the people supported by the service. It is essential now that the service provider reviews and reflects on the lessons from this and takes appropriate steps to ensure improvements are embedded and maintained. This will include taking whatever steps are necessary to ensure a period of management stability in order to achieve and maintain high standards of care and support for those who are supported by the service (see recommendation 2).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Priority should now be given to carrying out a formal survey of all stakeholders in order to gather feedback on the progress and outcomes of the service's improvement plan.

National Care Standards, Care at home – Standard 4.5: Management and staffing.

2. The provider should take whatever steps are necessary to achieve a period of management stability and ensure continued improvement and that improvements achieved so far are embedded and maintained.

National Care Standards, Care at home – Standard 4.5: Management and staffing.

Grade: 4 – good

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

Previous requirements

Requirement 1

The National Autistic Society must review and update its policy and procedures for the use of Restrictive Physical Interventions in order to make clear to employees that, if on any occasion, any form of restrictive physical intervention is considered the only practicable means of securing the welfare and safety of the service user or any other service user, they must only use methods in which they are trained to achieve this.

This requirement is made under the terms of SSI 2011/210, Regulations 4 (10 [c]) and 9 (2) [b] in order to ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and that staff have the skills and experience necessary for the work that

they are to perform.

Timescale for implementation – One month from the publication of this report.

This requirement was made on 6 July 2016.

Action taken on previous requirement

This requirement had now been met. Some service users, due to their assessed needs, sometimes required 'bespoke' methods of intervention. These had been recommended by the accredited organisation responsible for the provider's approaches to managing challenging behaviour following a process of consultation with the service's positive behaviour support team and key staff teams. Key-staff had mostly all been trained in these new approaches and told us that they felt better-equipped to respond appropriately to challenging situations. A member of the positive behaviour support team told us that these bespoke plans still need to be formally agreed with placing authorities and guardians. We have made a new recommendation concerning this (see recommendation 4 under Quality of care and support).

Met – outwith timescales

Requirement 2

The National Autistic Society must ensure that, at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This requirement is made under the terms of SSI 2011/210, Regulation 15 (a) in order to ensure that staffing levels are sufficient to ensure the safety and well-being of people supported by the service.

Timescale for implementation – Within 24 hours from the publication of this report.

This requirement was made following our inspection in May and June 2016 and repeated following a complaint which we upheld in August 2016 and also in an Improvement Notice in September 2016.

This requirement was made on 6 July 2016.

Action taken on previous requirement

This Requirement had now been met. The provider and managers had closely monitored staff retention, cover and deployment. This should continue in order to recognise and address any adverse effect on the consistency of staffing for individual service users (see recommendation 1: Quality of staffing).

Managers had been attentive to maintaining staffing levels in accord with identified needs and overall staffing levels were improved particularly on weekdays. Weekend staffing levels had sometimes been difficult to maintain at an appropriate level with too much dependence on zero hours staff and agency workers. The provider should review the service's staffing establishment in order to ensure that there are sufficient contracted staff to maintain appropriate staffing levels at all times including weekends (see recommendation 2: Quality of staffing).

The provider's specialist services personnel, including speech and language, and positive behaviour support, were actively involved in supporting key teams to find positive approaches to supporting the health and welfare of service users. The advice and guidance provided was invaluable and it will be important to ensure that staff are conversant with this and adhered to it (see recommendation 1: Quality of care and support).

The provider has continued to carry out improvements to service users' houses which will help to reduce group-living tensions and assist staff deployment.

Met - outwith timescales

Requirement 3

In order to ensure prompt attention, following incidents and accidents affecting the health and welfare of people supported by the service, the National Autistic Society must improve the use of reporting systems and ensure that, as appropriate, they inform reviews support plans, risk assessments and behaviour support plans for individual service users.

This requirement is made under the terms of SSI 2011/210, Regulation 5 (2 [b] [ii]) in order to ensure any significant change in a service user's health, welfare or safety needs is promptly identified and acted upon.

Timescale for implementation - One month from the publication of this report.

This requirement was made on 6 July 2016.

Action taken on previous requirement

This requirement had been met. Support plans and associated paperwork, including risk assessments, that we saw, were up-to-date. This will be further improved once more staff are trained to carry out risk assessments with, ideally, one staff member in each key team who is trained to carry out risk assessments (see recommendation 3: Quality of care and support).

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The National Autistic Society managers should continue to ensure that the subject of meaningful activities remains high on the agenda of key-team discussion and is supported through staff training and development.

National Care Standards, Care at home - Standard 3.1: Your personal plan and Standard 4.6: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Managers and staff had progressed this well and we saw evidence of much improved attention to activities including a wider range of activities than we have seen during previous inspections. Better use was being made of the service's day-opportunities service and other amenities on-site and steps were being taken to improve these. Managers and staff had been more proactive in improving links with recreational facilities in the

community. This will need to receive continuing priority in order to ensure progress is maintained (see recommendation 1: Quality of care and support).

Recommendation 2

The National Autistic Society should continue to evaluate the outcomes of measures to improve communication with families.

National Care Standards, Care at home – Standard 3: Your personal plan and Standard 11.4: Expressing your views.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Communication with families had continued to improve and family members welcomed improved written communication. They told us that telephone communication was often still unreliable and depended on which staff they spoke to. Managers confirmed that a new telephone system was now on order and hoped this would help to address some of the problems. It will be important to ensure reliable systems are maintained for passing on messages and ensuring that all relevant staff are aware of any agreed actions (see recommendation 5: Quality of care and support and also recommendation 1: Quality of management and leadership).

Recommendation 3

The National Autistic Society should ensure that records maintained by staff are sufficiently detailed to ensure good understanding of the described event and to inform communication with families.

National Care Standards, Care at home – Standard 4.1: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

The service had continued to make progress with implementing this recommendation but more progress was needed to ensure the content of records maintained by staff are suitably detailed (see recommendation 1: Quality of care and support).

Recommendation 4

The National Autistic Society should continue to work with placing authorities to ensure that each person supported by the service has access to independent advocacy should the need arise.

National Care Standards, Care at home – Standard 11.4: Expressing your views.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Further to the progress reported following our last inspection, a different independent provider had now been identified. The new advocacy service will be provided by an organisation with experience of supporting people with complex communication needs.

Recommendation 5

The National Autistic Society should review its approach to support planning in order to achieve an approach which is compatible with regular review and update by staff and capable of informing the day-to-day support of people using the service. This should be agreed with the service users' guardians and social workers.

National Care Standards, Care at home – Standard 3: Your personal plan.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Good progress had now been made with this recommendation. Support plans and associated paperwork were up to date and a new approach to support planning was about to be introduced. This has the potential to be less cumbersome and it is hoped it will provide a more effective approach to support planning which will help to ensure a good focus on current needs (see recommendation 1: Quality of care and support).

Recommendation 6

The National Autistic Society (NAS) should ensure that, through reviewing processes with guardians, the placing authority and other relevant professionals, a firm decision is made as to whether or not the needs of each person supported by the service can best be met through provision of a care home service.

National Care Standards, Care at home – Standard 2: The written agreement and Standard 3: Your personal plan.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

The service had continued to work with placing authorities to ensure that all of the people they support have up-to-date assessments of needs.

Recommendation 7

The National Autistic Society should develop a more refined protocol for the administration of PRN (as required) medicines, agreed with the GP, and taking account of the views of family members and other health professionals.

National Care Standards, Care at home – Standard 2: The written agreement and Standard 8.3: Keeping well – medication.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

This had now been completed although the service was still awaiting signatures from a doctor for some of the people they support. More work was necessary to ensure good shared understanding of the implementation of the new protocols (see recommendation 2: Quality of care and support).

Recommendation 8

The service should continue to develop Individual Financial Plans to ensure they are explicit enough for all parties to understand exactly who is responsible for each area of financial responsibility.

National Care Standards, Care at home – Standard 2: The written agreement.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Individual Finance Plans were now in place although some family members told us they were still unsure about how this had been worked out. NAS continued to address retrospective issues concerning finance.

All relevant legal correspondence was noted in individual support plans, including Section 47 paperwork, which was up to date.

Recommendation 9

The National Autistic Society should ensure that the service maintains inventories of service users' personal belongings in order to ensure a complete record of property belonging to people supported by the service.

National Care Standards, Care at home – Standard 2: The written agreement.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

We confirmed individual inventories were up to date. These should, however, become less of an issue as accommodation is reconfigured to create smaller living units. Managers told us these will include washing machines which will considerably reduce opportunities for clothing to go missing.

Recommendation 10

The National Autistic Society should continue to develop a strategy for improving staff retention at the service.

National Care Standards, Care at home services – Standard 4.6: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

Staff morale was much improved and, although the role of a support worker can be challenging, staff we spoke to were positive about the improvements in management and leadership and in their pay structure.

Recommendation 11

The staff training and development plan should include specific training opportunities which will better-equip team-leaders for their role, e.g. re management, autism and challenging behaviour.

National Care Standards, Care at home services – Standard 4: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

The provider continued to give very good attention to training and development including specific opportunities for team leaders. They told us that they felt well supported by the registered manager and the newly appointed 'change manager'. The change manager was well-qualified and experienced and team leaders spoke of the benefit of her strong and decisive leadership.

Recommendation 12

The National Autistic Society should check and ensure that proposed bespoke techniques for challenging behaviour are consistent with moving and handling good practice and, if necessary, provide specific moving and handling training.

National Care Standards, Care at home services – Standard 4: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

None of the bespoke methods agreed for use with service users was of a type that would require additional training in moving and handling.

Recommendation 13

The National Autistic Society should train staff training about the role of welfare guardians.

National Care Standards, Care at home services - Standard 4: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

The provider had continued to address this training and it was now part of a rolling programme of 'mandatory' training for relevant staff.

Recommendation 14

The National Autistic Society should review its arrangements for staff meetings in order to improve team communication.

National Care standards, Care at home - Standard 4: Management and staffing.

This recommendation was made on 6 July 2016.

Action taken on previous recommendation

The service had continued to maintain a more regular pattern of team meetings and key-team meetings. Staff told us that they felt more involved in decision-making and better informed about managers' expectations of their role. They also welcomed the more visible presence of the registered manager and change manager and told us they were more approachable than previous managers.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

| Date | Type | Gradings | |
|-------------|-------------|--|--|
| 31 Jan 2017 | Announced | Care and support Environment Staffing Management and leadership | Not assessed Not assessed Not assessed Not assessed |
| 2 Feb 2017 | Re-grade | Care and support Environment Staffing Management and leadership | Not assessed Not assessed Not assessed 3 - Adequate |
| 2 Jun 2016 | Unannounced | Care and support Environment Staffing Management and leadership | 3 - Adequate Not assessed 4 - Good 2 - Weak |
| 19 Aug 2015 | Unannounced | Care and support Environment Staffing Management and leadership | 3 - Adequate Not assessed 3 - Adequate 3 - Adequate |
| 5 Mar 2015 | Unannounced | Care and support Environment Staffing Management and leadership | 2 - Weak Not assessed 3 - Adequate 3 - Adequate |
| 17 Jun 2014 | Unannounced | Care and support Environment Staffing Management and leadership | 2 - Weak Not assessed 3 - Adequate 3 - Adequate |
| 15 Jan 2014 | Unannounced | Care and support Environment Staffing Management and leadership | 4 - Good Not assessed 4 - Good 4 - Good |
| 13 Feb 2013 | Unannounced | Care and support Environment Staffing | 5 - Very good Not assessed 4 - Good |

| Date | Type | Gradings | |
|-------------|-----------|---------------------------|---------------|
| | | Management and leadership | 5 - Very good |
| 5 Aug 2010 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | 5 - Very good |
| 14 Jan 2010 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | Not assessed |
| 16 Sep 2008 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 4 - Good |

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