

Preston House Care Home Service

Alburne Park
Glenrothes
KY7 5RB

Telephone: 01592 612418

Type of inspection: Unannounced
Inspection completed on: 27 September 2017

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Care service number:
CS2009228249

About the service

Preston House care home is a purpose-built property centrally located in Glenrothes, Fife. The home is at a crossroads providing a busy view for people living in the home. The property is on four levels and offers rooms for up to 64 older people. The home is owned and managed by Kingdom Homes Limited.

The home has been developed to a high standard. There are 59 single rooms and four double rooms. This means that couples or people who choose to share can be accommodated. All rooms have en-suite facilities and are fully furnished and tastefully decorated. People can choose to use personal belongings, including items of furniture.

There is a good sized landscaped garden area, designed to provide a relaxing ambiance with garden furniture and a water feature enhanced with container plants.

The home offers enclosed parking for staff and visitors located on the lower ground floor. There is additional security in the form of video surveillance in this area out of hours. There were 56 people at home during this inspection. The registered manager and newly appointed depute were available to support the business of inspection.

The people who live in Preston House prefer to be known as residents, therefore this term has been used throughout this report. We would like to thank the residents, their visitors and staff for their time and feedback.

What people told us

We received 17 completed Care Standards Questionnaires from residents, their relatives and staff before this inspection visit. We have included comments here and within the body of our report. The views of residents, relatives and staff were gathered throughout our time in the home. This inspection benefited from support from our inspection volunteer scheme* which provided more opportunity to speak with people.

Information provided within the questionnaires reflected a fair degree of satisfaction with the level of service experienced. Areas for improvement identified included the number of staff available, communication and the management of concerns. Written comments included:

"The home is just like home from home. Staff are always smiling, polite and very caring, from the cleaners right up to management. Visitors are looked after really well, just like the residents. A first class place to spend your remaining days in comfort and dignity. Well done Preston House."

"Overall good but standards can slip- care staff first class! Lovely with residents but too busy. Frontline staff are to be highly commended and despite a notable lack of management team at weekends, carers are always helpful..."

"The staff at the home are friendly and good with my relative. My relative likes getting regular fresh air whenever possible in the grounds but this does not seem to happen unless it is deemed sunny (group not individual preference)... Dearth of visible management at weekend, many visitors but no management to discuss things. When there, management is helpful... My relative is settled here and I am 90% happy with the service."

"My (relative) went into this home... and it has been a real eye opener having to deal with this. We had a key worker at first but she moved floors and not sure if they use this system anymore... You were given the impression the teams did not get on and information did not always get shared or was written down and not read... Most of the carers are very good and have a caring and compassionate manner..."

"My (relative) seems happy and secure in Preston House and (they are) well looked after by the staff. (My relative) enjoys all (their) meals and the arrival of (their) daily paper... (My relative) can't always get to the garden which (they) love. (My relative) enjoys the outdoors and is always more animated if (they) have been out in the fresh air or on a trip..."

"Overall I am happy with the care at Preston House however I do feel that there can be a lack of communication between shifts. On the few occasions I have had a problem it has not been passed on to the different shifts and you feel as if you have to check that things are being dealt with. My relative has a good relationship with many of the carers and they always appear kind and caring to all other residents. I also think that more activities could be offered. I realise that there are a lot of residents with different needs but activities seem to take up a very short space of time during the day..."

Our discussions with residents and relatives again reflected their general satisfaction with the service experienced. Staff were held in high regard but there was some concern around the number of staff available and the effectiveness of communication which affected their confidence in the service and the way it was managed. Areas for improvement identified included creating more homely spaces within the communal areas and recognising individual differences between people living with dementia and those who have predominantly physical care and support needs. There was a general consensus that more opportunity to get out into the fresh air was needed.

From our inspection volunteer's report it was evident that there is an opportunity to reduce the risk of residents becoming isolated by examining the dynamics within the resident group and perhaps encouraging residents with similar likes and abilities to mix. There was a recognition of the importance of engaging with residents, getting them involved and improving communication. We have included further information from our inspection volunteer within the body of the report.

*An Inspection Volunteer is a member of the public who volunteers to work alongside Care Inspectorate Inspectors during the inspection process. Inspection Volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The Inspection Volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the Inspection Volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

Self assessment

The service was not asked to submit a self-assessment before this inspection.

We did have the most recent self-assessment, submitted 11/03/16, to consider. This, alongside the service's own audit information, was most helpful in determining how effective the home's quality control systems were in supporting standards in all aspects of the service.

As part of our inspection we discussed the way this service could further develop and present their improvement plan.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Following discussions, sampling records and observations of practice, a grade of adequate has been maintained. We verified everyone involved in delivering the service in Preston House worked hard at maintaining the standard of care and support.

Our observations and discussions with staff confirmed that they had good awareness and understanding of the individual health needs of the people in their care. There was a genuine desire to improve the quality of life for people and they were aware of the risk of reverting to task orientation.

From what people told us there was a range in the level to which people were satisfied with their experience of care and support but staff were held in high regard.

The management of resident's food and drinks had been identified as an area for improvement in previous regulatory activity. As recorded under previous requirements, we could verify that there had been improvements made.

Information from our inspection volunteer, our observations of practice and our experience of meal times confirmed staff provided good assistance and supervision in a friendly, respectful manner. People enjoyed the social aspect of the meal and staff contributed to this while tendering assistance discreetly. The chef was visible and responded positively to any and all feedback given directly throughout our visit. It was evident that kitchen and housekeeping staff played a large part in the service experienced by residents and their families.

The dependence on Agency Nursing Staff presented challenges in terms of the evaluation of care, oversight, communication and continuity. We recognised the impact this had on senior care staff delivering day to day care and support. In feedback from our inspection volunteer it was clear that communication and engagement with residents to improve their experience of using a care service could reduce the risk of becoming isolated or feeling lonely. As a result we have carried forward our requirement about staffing.

Time spent with people living here confirmed that they felt safe and secure without being overprotected. The atmosphere was relaxed with any distress being managed effectively. Our observations confirmed staff were respectful and that care was being delivered discreetly.

Care records sampled were adequate and reflected care based upon assessment and review. As a result we verified record keeping could support staff practice and reflect the individual written about. We identified the ongoing work in progress to transfer records onto new pro-forma. This is likely to take five months to complete and presents an opportunity to develop staff skill in record keeping. As a result we expect more detail and clarity will support a person-centred approach to care. With this in mind, the standard of record keeping will remain an area for review at our next inspection.

There was evidence of activity provision but we saw little being enjoyed at this visit. Staff were observed providing opportunities for some people to have fun but this was dependant on them finding time. It was clear staff knew their residents well but were busy carrying out the basic care needed to maintain routine support. Although improvements in record keeping reported within our last report had been maintained, the provision of activities remains an area for improvement and in terms of the time and resources deployed and as an area where the quality of life for people living here could be enhanced. The provider could consider a project approach where outcomes for residents in regards to activities such as getting out into the garden, could be indicators of improvement.

The management of concerns, medication, accidents and incidents had been recognised as areas for improvement. Since our last inspection, there has been an increase in audit activity, measuring outcomes for residents that indicate the effectiveness of care and support. Although at an early stage, we recognised that these will assist in the early detection and management of significant events, changes in resident's wellbeing and reflect the way standards are maintained and improved. Information shared so far indicates the continuing need to ensure staff have the resources and training necessary to fulfil their roles and responsibilities and that practice supervision including direct observations, need to continue. With this in mind, the management of concerns, medication, accidents and incidents will remain an area for review at our next inspection.

An area for improvement identified during previous regulatory activity had been in regard to the availability of equipment necessary to record nursing observations. We observed equipment was in place but that there had been slippage in routine checks. Immediate action was taken to support future checks in acknowledgement of the limited role an agency nurse can play in the home's audit and reporting systems.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

Following discussion with residents and staff, a review of a sample of documentation and observation of practice, Preston House has maintained a good performance in relation to the quality of the environment. Efforts to enhance the quality of life for people through the environment were evident and provided evidence of Activities Coordinator's input.

The home was run in a way that protects people without avoidable restraint. Any restraints in place were supported by risk assessments and subject to review. The use of safety gates in resident's bedroom doorways was verified as being resident and family choice in response to people mistaking which room was theirs. This reconfirmed the need for the provider to review the way the home supports a mixed resident group and manages the way the environment enhances orientation for people living with dementia or cognitive impairment. With this in mind we have carried forward a requirement from our last report.

A comprehensive range of policy documents is in place to support good staff practice. Staff confirmed they were aware of policies and what was expected of them in terms of their role and responsibilities and demonstrated a planned approach to their work to support regular supervision for residents.

We observed all areas of the home were clean and well maintained. Records of risk management and safety checks were complete, up-to-date and reflected consultation with external agencies. Staff could report procedures in the event of emergencies. Sight of records held electronically verified mandatory and non-statutory staff training is ongoing. Good infection control and moving and handling practice was observed throughout our visit.

Discussions with people living here confirmed that they felt safe and secure without being overprotected. The atmosphere was very relaxed and feedback from people living here reflected a high level of satisfaction with their room and housekeeping. When asked how the environment could be better, improvements described hinged on staff availability rather than facilities. Examples of comments provided included:

"I can only get out if there is enough staff"

"It can take a while for my buzzer to be answered"

"They are often too busy..."

Requirements

Number of requirements: 1

1. The home should have signage to help people living with dementia to find their room and to find their way around their home.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI 2011/210 Regulation 4(1)(a) – Welfare of Users

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of staffing

Findings from the inspection

Following discussion with the management, observation of practice and sampling records, the inspector found this service had maintained an adequate performance in relation to this statement. Our comments within care and support are also relevant here.

Feedback from people using the service and their visitors indicated staff were held in high regard. They were seen as very hard working, caring and friendly despite being busy with the demands of their job. It was clear people felt staff were stretched at times. They recognised the benefits from the continuity that an experienced core care staff provided. Staff training and development were identified by staff as areas where improvements could be made and this was recognised by the management as a work in progress. Management recognised the need to remain diligent in regard to ensuring staff have all the necessary resources to carry out their job and that their performance is monitored to ensure the needs of the people in their care are met. Discussions with staff confirmed that the sharing of information across teams and from management was an area for improvement and would support improvements in their performance.

During our inspection we had the opportunity to spend time with residents and observe staff interactions. It was evident that staff knew the people in their care and understood their individual care and support needs and how to approach the business of delivering care. There was a warm, friendly atmosphere, despite some very busy times during the day. We could verify what people told us about staff working hard to complete the tasks associated with care and support while making the most of opportunities to make people feel good.

At this inspection we noted the role played by senior care staff in the management and delivery of care. They supported effective communication with everyone with an interest in the service and direct supervision of care staff. The provider's measurement of resident dependency does not allow time for the layout of the service or support for activities. The provider could review staffing in terms of: the design and layout of the building, support for activities, mix with this in mind, staff roles, responsibilities and skills. With this in mind we have carried forward one requirement in regard to staffing.

Requirements

Number of requirements: 1

1. The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users. This includes good use of the dependency tool and evaluation that staffing levels are adequate to meet the needs of all residents throughout the home.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 15(a) - requirement about staffing. Reference is also made to the National Care Standards, standard 5 -Management and staffing arrangements.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Following our observations, discussions and examination of records this service was found to have a good performance in terms of management and leadership. We acknowledge the senior care staff have worked very hard to support all aspects of service delivery and support action taken to meet requirements.

The provider has well established quality assurance systems in place and these continue to be developed. The recent appointment of a deputy manager was seen as an essential element to the grade awarded being maintained. Our discussions with staff described improved visible management support and another opportunity for improved communication. A theme within feedback from residents, relatives, staff and other stakeholders was the inconsistency they had experienced when approaching management with concerns. The risks associated with dissatisfaction with the way concerns are managed have been mitigated by the performance of staff on the floor and at reception. The provider could look at different ways to engage with relatives and carers. This would help develop relationships with relatives and carers, and could be used to gather ideas for improving the quality of the service. We would expect the management of concerns to provide an indication of performance and will review this at our next inspection. In addition access to management at the weekend was suggested as an area where communication could be improved.

A key strength in the management and leadership is the capacity of senior members of the care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrate a commitment to ensuring standards are maintained and improving the quality of life for people living here.

During the inspection, a senior manager was auditing the implementation of the new care plans. This will hopefully assist in making the new care plans more person-centred and focused on helping staff deliver more individualised care and support to residents. This could also provide a good opportunity to involve people and measure how well the review processes supported and demonstrated an evaluation of the effectiveness of care planned and delivered.

We were advised of the provider's strategic plans to improve the quality of service provision and how these may be taken forward. As recorded throughout this report, the management are faced with day to day examples of where improvements can be made. The development of the home's improvement plan should detail what is to be done, how it will be done and by whom. This should also be supported by a plan, which should include timescales and demonstrate a clear regular measurement. The home's own improvement plan could provide a focus for our next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

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 provider must ensure that, at all times, service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must ensure: (I) Ensure that service users' hydration needs are identified in plans of care, (II) Ensure that staff have a clear understanding about effective hydration for service users, and can demonstrate this through monitoring practice, (III) Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily fluid requirements, (IV) Ensure that any fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

Timescale: within four weeks from receipt of this report.

This requirement was made on 30 April 2015.

Action taken on previous requirement

This requirement had been carried forward in previous reports. At this inspection we could verify that there had been an improvement in the way the management of food and fluid intake was recorded. Our observations verified staff supported dependent residents in eating and drinking in a way that reflected the daily routine of the home in terms of meal times and snacks and in 1:1 support outwith these times for people who could not manage this activity independently.

Feedback from residents who were more able confirmed the availability of food and drinks although not always their satisfaction with the quality of meals on offer. Our discussions with staff verified their heightened awareness of record keeping and understanding of the necessity to support residents enjoy their food and drinks and maintain effective hydration. We also recognise the development of audit systems had been considered to ensure they reflect indicators of the effectiveness of care and support in ensuring residents experience good outcomes.

Although the quality of record keeping will remain an area for routine evaluation as part of our inspection process, on balance we can remove this requirement.

Met - outwith timescales

Requirement 2

The home should have signage to help people living with dementia to find their room and to find their way around their home.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI 2011/210 Regulation 4(1)(a) - Welfare of Users

This requirement was made on 8 June 2016.

Action taken on previous requirement

This requirement has been carried forward to allow for further development of a dementia friendly environment. We recognise the challenge in supporting a population of residents with a wide variety of care and support needs. The provider could consider this in terms of a service improvement plan.

Not met

Requirement 3

The provider must ensure that, at all times, service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must ensure: (I) Ensure that service users' hydration needs are identified in plans of care, (II) Ensure that staff have a clear understanding about effective hydration for service users, and can demonstrate this through monitoring practice, (III) Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily fluid requirements, (IV) Ensure that any fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

Timescale: within four weeks of this report.

This requirement was made on 2 May 2017.

Action taken on previous requirement

At this inspection we could verify that there had been an improvement in the way the management of food and fluid intake was recorded. Our observations verified staff supported dependent residents in eating and drinking in a way that reflected the daily routine of the home in terms of meal times and snacks and in 1:1 support outwith these times for people who could not manage this activity independently.

Feedback from residents who were more able confirmed the availability of food and drinks although not always their satisfaction with the quality of meals on offer. Our discussions with staff verified their heightened awareness of record keeping and understanding of the necessity to support residents enjoy their food and drinks and maintain effective hydration.

We also recognise the development of audit systems had been considered to ensure they reflect indicators of the effectiveness of care and support in ensuring residents experience good outcomes. Although the quality of record keeping will remain an area for routine evaluation as part of our inspection process, on balance we can remove this requirement.

Met - within timescales

Requirement 4

Staff must ensure that residents at risk of under nutrition have easy access to nutritious meals and snacks at all times. This includes times when the kitchen is closed.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 3 4 (1)(a), (b) and takes account of the National; Care Standards, Care Homes for Older People, standard 15 - Keeping well healthcare.

Timescale: within 4 weeks of this report.

This requirement was made on 2 May 2017.

Action taken on previous requirement

At this inspection we could verify that there had been an improvement in the way the management of food and fluid intake was recorded. Our observations verified staff supported dependent residents in eating and drinking in a way that reflected the daily routine of the home in terms of meal times and snacks and in 1:1 support outwith these times for people who could not manage this activity independently.

Feedback from residents who were more able confirmed the availability of food and drinks although not always their satisfaction with the quality of meals on offer. This remains a area where the opportunity to evidence:

- Involvement of residents in measuring quality and options,
- Communication of likes/dislikes and special needs and
- Effective staffing in terms of numbers and deployment.

Our discussions with staff verified their heightened awareness of record keeping and understanding of the necessity to support residents enjoy their food and drinks. We also recognise the development of audit systems had been considered to ensure they reflect indicators of the effectiveness of care and support in ensuring residents experience good outcomes and mitigate risk of dehydration and weight loss.

Met - within timescales

Requirement 5

The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users. This includes good use of the dependency tool and evaluation that staffing levels are adequate to meet the needs of all residents throughout the home.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for

Care Services) Regulations 2011 SSI 2011/210 15(a) - requirement about staffing. Reference is also made to the National Care Standards, standard 5 -Management and staffing arrangements.

Timescale: within four weeks of this report.

This requirement was made on 2 May 2017.

Action taken on previous requirement

At this inspection we noted the role played by senior care staff in the management and delivery of care, communication with everyone with an interest in the service and supervision of care staff. The provider could review staffing in terms of the design and layout of the building and, the roles, responsibilities and skill mix with this in mind.

This requirement has been carried forward to allow for further development of dependency measurement and to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as to ensure good outcomes for residents in terms of the indicators of care now being audited as part of the development of quality assurance systems.

Not met

Requirement 6

The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users. This means that the right support is given to staff when mistakes are made for staff to carry out their responsibilities properly at all times.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 15(a) - requirement about staffing. Reference is also made to the National Care Standards, standard 5 -Management and staffing arrangements.

Timescale: within four weeks of this report.

This requirement was made on 2 May 2017.

Action taken on previous requirement

At this inspection we noted the role played by senior care staff in the management and delivery of care, communication with everyone with an interest in the service and supervision of care staff. We had information from three completed staff questionnaires and spoke with staff throughout the inspection visit. Although staff reported improvements as a result of management having the support of a depute and in terms of communication, improvements were at an early stage. There were still concerns around the increasing demands that are associated with increasing resident dependency.

We acknowledge that the provider had established a team of operations managers to support improvements and staff development across the company and that Preston House staff should benefit fro their support. In general there was early indications of improved management of accidents and incidents. On balance this requirement is removed. Management and staffing will be considered along with requirement number 5 at our next inspection.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
24 Nov 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
6 May 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
6 Oct 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
7 Oct 2015	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Apr 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Jan 2015	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Aug 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
19 Nov 2013	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
30 Apr 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
5 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
14 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate

Date	Type	Gradings	
14 Sep 2012	Re-grade	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 2 - Weak Not assessed
29 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
19 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good Not assessed
6 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate Not assessed
8 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
27 Apr 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 5 - Very good 4 - Good

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