

Barrogil House Care Home Service

Barrogil
Cluny
Kirkcaldy
KY2 6QS

Telephone: 01592 720386

Type of inspection:

Unannounced

Completed on:

4 September 2018

Service provided by:

Barrogil Limited

Service provider number:

SP2004004455

Service no:

CS2003006980

About the service

Barrogil House is a purpose-built and twice extended care home for older people with single room accommodation for up to 40 residents. There is limited parking to the front of the premises.

The home is situated in a rural environment, close to Kirkcaldy. There is a secure garden and outside spaces, accessible from communal areas.

The provider's ethos is: "that quality of life should never be a thing of the past..."

Their website describes the home as: "a specialist Dementia Nursing Care Unit."

At the time of our visit there were 32 rooms available and 28 people resident. The registered manager had been in post since September 2017, following a spell as temporary manager and was available to support the business of inspection. Planned alterations were seen to be ongoing.

What people told us

This inspection benefitted from support from our Inspection Volunteer Scheme* and our inspection volunteer visited as part of the unannounced element of our inspection. They spoke with eight people using the service and four visiting relatives/carers. Feedback was generally positive with staff held in high regard and no issues around care and support. Areas for improvement identified included; activities and entertainment and, car parking.

We carried out SOFI 2** observations of five people over lunchtime living in the 'old extension' on our first day. It was evident people felt at ease with staff and supervision and support was provided with care.

We received 11 completed care standards questionnaires before our visit. Feedback was generally positive. Areas for improvement identified included staffing and involvement.

Written comments included:

- "Good care home, friendly staff and nurses...."
- "On my visits, staff appear to know the residents well and treat them kindly. There is a pleasant atmosphere".

During our visit we spoke with a further three people using the service and five visiting relatives. Feedback was again, generally positive with staff being held in high regard and a good level of satisfaction with the facilities.

Comments around areas for improvement included:

- "My (relative) gets better care here than we experienced elsewhere".
- "Some staff are better than others".
- "Never see the manager".
- "The standard of care and support can be a bit patchy at times".
- "Communication isn't always good, messages or information may not be passed between teams".
- "There doesn't seem to be as many activities as before, it seems to be down to which staff are on".
- " I think Barrogil is very good, I have no complaints about the care and support my (relative) has received and think the staff do a great job"

*An inspection volunteer is a member of the public who volunteers to work alongside the 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.

**SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who are unable to tell us their views.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

Following discussion with residents and staff, sampling records and observation of practice, we were reassured that people could experience good care and support. The service's ability to help people get the most out of life was evaluated as adequate but we were encouraged by feedback that provided us with confidence in the home's capacity for improvement.

We discussed the development of meaningful activity as part of the development of care and support available to people living with dementia. We identified good outcomes for people enjoying 1:1 support from some staff but missed opportunities around the involvement of housekeeping, laundry and kitchen staff **(see area for improvement 1)**. The provider could also review the model of care in place to support nursing assessment, interventions and outcomes for people to support the provider's aims and objectives.

We were reassured during our time spent with people living here, that they felt safe and secure without being overprotected. The atmosphere was relaxed with any distress managed effectively. Our observations confirmed staff were respectful and that care was being delivered discreetly. As a result we could be confident in people experiencing compassionate care. It was clear staff knew the people in their care well and that this supported good communication and relationships. There were times, however, where staff could have spent more time with people and there was still room for improvement in the development of meaningful activity **(see area for improvement 1)**.

We carried out SOFI 2 observations of five people over lunchtime living in the 'old extension' on our first day. It was evident people felt at ease with staff. Support and supervision was provided discreetly, with humour and normal conversations. People enjoyed the social aspect and on the whole, ate well. There were a few missed opportunities to make an assessment on how well someone was feeling and occasionally, a more rushed task orientated approach to the business of lunch time **(see area for improvement 1)**.

It was good to see the introduction of new care plan documentation was almost complete. We were encouraged that care records sampled continued to show some improvement in terms of a more person centred approach to writing. Records could support staff practice and reflect the individual written about. Nevertheless, there were still some inconsistency and areas for improvement remain in regard to the completion of charts and, evaluating the effectiveness of care and support delivered **(see area for improvement 2)**.

We were reassured by the sustained improvements evident in regard to the management and administration of medication and we recognised other general indicators of improving care, for example in falls prevention, maintaining skin integrity and managing weight loss. People's health was supported by regular input from healthcare professionals and it was evident that many people using this service were increasingly frail and required nursing care.

In order for the good links with GP and community health services to continue to support effective treatment and review, there could be further improvements made around gathering information to inform assessments and support effective communication **(see area for improvement 2)**.

Areas for improvement

1. In order to ensure that residents are treated with dignity and respect the provider should ensure that staff have the knowledge, understanding and time required to deliver personalised and meaningful care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I take part in daily routines, such as setting up activities and mealtimes, if this is what I want (HSCS 2.12), I can maintain and develop my interests, activities and what matters to me in the way that I like (HSCS 2.22), I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

2. In order to improve the quality of care delivery, the provider should ensure that health care risk assessments are completed by staff with the skills, knowledge and competence to do so.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

How good is our leadership?

3 - Adequate

The provider had clearly set out their vision, values, aims and objectives within the mission statement recorded within service user information, and which could be used to measure how well the home is performing and by anyone with an interest in the home.

We could evidence improvements in record keeping and in terms of supporting a person-centred style of writing. We recognise record keeping as a work in progress where staff have to work hard to maintain current, complete and relevant notes that can support communication, guide and support practice as well as, evidence and evaluate care given. Our area for improvement (2) recorded under: how well do we support people's wellbeing, applies.

We were encouraged by the manager's involvement of residents in identifying areas for improvement. We discussed how further development of the home's improvement plan should also include any required or recommended improvements. It should also include details of what is to be done, how it will be done, by whom and be supported by a plan that includes timescales and demonstrates clear regular measurement (**see area for improvement 3**).

We saw quality assurance systems were well established to regularly review the processes used to support people's care. We also noted that systems were shared between electronic and paper systems. Dual systems in operation may increase the risk to effective communication and identifying work to be done. We were reassured that the development and transfer quality assurance systems to electronic systems was ongoing and should mitigate risk in the long-term.

We considered the process of audit could also provide a good opportunity to involve everyone with an interest in the home and measure how well the review processes supported and demonstrated an evaluation of the effectiveness of care planned and delivered. We would also expect the management of concerns to provide an indication of performance and that outcomes from complaint investigation could contribute to a lessons learned approach to managing risk, supporting improvements, measurement of performance and inform self-evaluation **(areas for improvement 1 and 2 apply)**.

We were reassured by the capacity of senior members of the care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrated a commitment to ensuring standards are maintained and improving the quality of life for people living here. However, in the course of our inspection we were made aware of a concern around staff practice which although historical, identified a failure of staff to follow policy and procedure in place to guide and support them raise concerns and mitigate risk to vulnerable people. As a result and in order to promote a culture where staff feel confident in raising concerns, the provider must ensure processes in place to mitigate risk, are effective. **(Requirement (1) recorded under How good is our staff team, applies)**.

Areas for improvement

1. In order to be informed about whether or not people are getting the care they expect and need, the provider could review how best to involve people in the assessment of the resources and systems in place - to inform everyone with an interest in the home, support the delivery of care, gather views and measure outcomes or indicators of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I am recognised as an expert in my own experiences, needs and wishes (HSCS 1.9),

I receive and understand information and advice in a format or language that is right for me (HSCS 2.9),

My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (HSCS 2.11),

I can be meaningfully involved in how the organisations that support me work and develop (HSCS 4.6),

I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS 4.7),

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.8),

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

2. In order to ensure that complaints are considered an opportunity for improvement, and to promote robust and transparent quality assurance processes, the provider should fully review how this complaint was handled. The provider should identify where things went wrong, use this information to improve future complaints handling and issue the complainant with an apology.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions (HSCS 4.4)

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19)

I know how, and can be helped to make a complaint or raise a concern about my care and support (HSCS 4.20).

3. For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)
I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

How good is our staff team?

3 - Adequate

We were encouraged by feedback from people using the service and their visitors that continued to indicate staff were generally held in high regard. They were seen as very hard working, caring and friendly despite being busy with the demands of their job. However, they continued to experience some breakdown in communication.

Staff spoken with recognised the benefits felt from the continuity that an experienced core care staff provided and the risks inherent in a reliance on agency staff who may be unfamiliar with the people in their care. As recorded earlier within this report, we noted the role played by senior care staff in the management and delivery of care and could be confident they supported effective communication with everyone with an interest in the service.

We could be confident that staff had been recruited in a way that reflected safer recruitment guidance. The process was well organised and documented. We were encouraged to see there was good staff induction which was aimed at supporting a new programme of staff development. We recognised ongoing efforts to ensure people benefit from a well trained staff team and the provider's strategic staff development plan. Staff reported the value placed on training and what they felt were the benefits for residents in terms of delivering care and support. We determined ongoing efforts need to be made to ensure locally required training needs are met (**see area for improvement 2**).

During our inspection we had the opportunity to spend time with residents informally and make general observations of staff practice and 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 genuine desire to improve the quality of life for people and they were aware of the risk of reverting to task orientation in order to support routines and care. There was a warm, friendly atmosphere, despite some very busy times during the day.

Staffing levels and the system for deploying staff across the company's various homes had been queried. The home was not fully occupied at the time of inspection and we were reassured by the presence of staff throughout the home. We discussed how all staff could be more involved in the provision of meaningful activity. We discussed the opportunity presented by the imminent completion of building alterations for the provider to consider the design and layout of the building in their calculation of staffing levels and service user dependency. Also to include the development of dementia services, nursing care and meaningful activity **(see area for improvement 1)**.

As recorded within: 'How good is our staff team', in the course of our inspection we were made aware of a concern around staff practice which although historical, identified a failure of staff to follow policy and procedure in place, to guide and support them raise concerns and mitigate risk to vulnerable people. In order to promote a culture where staff feel confident in raising concerns, the provider must ensure processes in place to raise awareness around protecting people and ensure processes in place to mitigate risk are effective **(please see requirement 1)**.

Requirements

1. In order for people to have confidence in systems in place to protect vulnerable people the provider must, by 22/10/18, ensure that staff follow policy and procedures in place and report any situation where harm may have occurred.

In order to achieve this the provider must:

- Provide clear direction for staff to follow and which should involve a review of current policy and procedure to ensure it:
 - contains best practice protocols,
 - encompasses the provider's aims and objectives and
 - refers to Local Authority arrangements, professional codes of conduct and Health and Social Care Standards.
- Deliver training specific to Adult Support and Protection based on their policy and best practice and to all staff.
- Evidence staff are clear about what is expected of them.

This is to ensure care and support is consistent with the Health and Social Care standard 3 which states that: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.(HSCS 3.14) and I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20)

It is also necessary to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No. 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Areas for improvement

1. In order to ensure the health, wellbeing and safety of residents, the provider should ensure that there is sufficient staff available to meet their physical, social, psychological and recreational needs and choices. Staffing levels should also take account of the physical layout of the building, staff training and staff supervision needs. The provider should be able to demonstrate how all of these factors have been considered and used to inform suitable levels of staffing.

This is to ensure care and support is consistent with the Health and Social Care standards which state that:
 My needs are met by the right number of people (HSCS 3.15),
 People have time to support and care for me and to speak with me (HSCS 3.16) and
 I am confident that people respond promptly, including when I ask for help (HSCS 3.17)

2. In order that people using the service experience good quality care and support, the provider could review and develop their annual training plan to reflect the complexity of delivering a service to people with increasing frailty as well as those living with cognitive decline. This review could also be expanded to include the re-introduction of supervision and appraisal systems to inform staff training and demonstrate staff have the necessary knowledge and skills to fulfil their roles and responsibilities. Any new or reviewed policy could also provide a focus for staff development in terms of introducing up-to-date practice guidance.

This is to ensure care and support is consistent with the Health and Social Care standards which state that:
 I am assessed by a qualified person, who involves other people and professionals as required (HSCS 1.13)
 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14)
 I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)
 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19)

How good is our setting?

4 - Good

Following discussion with residents and staff, a review of a sample of documentation and observation of practice, we were reassured that Barrogil had maintained a good performance in relation to the quality of the environment. The gardens and quiet location were described as a real asset by people. We could see accessible outside space being enjoyed independently by people living here.

Discussions with people living here confirmed that they felt safe and secure without being over-protected. The atmosphere was very relaxed and feedback from people living here reflected a high level of satisfaction with their room and housekeeping. The home had been designed to provide a pleasant place for people to live. We could be confident that people could choose to use communal areas or enjoy the privacy of their own room and they could have personal belongings, including items of furniture.

The layout of the home lends itself to small unit living within two wings. This was also evident in the way staff were deployed day-to-day. As a result, people had the choice of quieter areas in which to spend their time in the main lounge within the central, older part of the home. Improvements could be made to signage to assist people find their way around and promote independence.

The two dining areas currently in use provided pleasant areas where people could enjoy their meals with supervision and/or assistance. The newer extension reflected a very high standard of accommodation and we could be confident that the current building alterations would result in high standards in finish and facilities.

Records sampled reflected checks and systems in place to cover equipment and utilities, including kitchen and laundry. These were seen to include risk assessments and audits. As a result, the provider could plan any work needed to maintain safety and support improvements.

How well is our care and support planned?

3 - Adequate

The content of care plans had improved since the last inspection. People who were unable to make their own decisions were supported by appropriate legal frameworks. People's wishes, regarding end of life care, were clearly documented in relevant care plans. This would help ensure that staff provided care and support that was consistent with people's needs and expectations, at the appropriate time.

The introduction of new documentation was almost complete and could provide clearer assessment and review of people's care needs, as well as better direction on how peoples' care and support should be delivered. We did, however, find some gaps in the completion of documentation and responses to some significant changes in health and/or wellbeing.

The content of care plans was more person-centred, although the quality of information about people's lifestyle, interests, and personal preferences was again, not consistent in terms of detail or how it could apply to life in Barrogil. There were also some inconsistency in the standard of record keeping in terms of completion and evaluation.

These are matters which should be addressed through the care home's audit processes and will be examined at the next inspection. Our areas for improvement (2) recorded under: "How well do we support people's wellbeing and How good is our staff team", apply.,

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

Requirements

Requirement 1

In order to promote the health, wellbeing and safety of service users, the provider must ensure that all records, including admission assessments and questionnaires and health care risk assessments, are completed accurately. The provider must ensure that the quality of record keeping is regularly monitored. When record keeping falls below expected standards, improvement actions must be put in place and evaluated for effectiveness.

Reference is made to standards of record keeping expected by the Scottish Social Services Council and the Nursing and Midwifery Council.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: within one month of receipt of this report effective monitoring systems must be put in place.

This requirement was made on 20 December 2017.

Action taken on previous requirement

As recorded within previous reports, we received an action plan on 29 January 2018 describing what would be done to improve the quality of care record keeping and when it would be done by.

At this inspection, we sampled seven care files and accessed the home's own audits of care records to measure progress with this requirement. We also had information following complaint activity and social work review to inform our evaluation of the home's performance in regard to record keeping.

It was evident that the provider had a clear overview of record keeping through a programme of audits and ongoing improvements were needed. It was good to see the introduction of new care plan documentation was almost complete.

The opportunity to raise staff awareness around the importance of record keeping, how these should reflect the model of care used by the provider, and support the provision of a specialist dementia service, remains. This should be addressed through staff training and supervision and will be examined at the next inspection as part of our review of areas for improvement recorded throughout this report.

It was expected that a minimum of monthly review of care as recorded within support plans and in regard to all people living here. Our findings identified that this was not consistently being done. It was also evident that significant changes or incidents did not consistently trigger a review of care. We have considered the provider should continue to support staff training and review how best to facilitate the remedial work identified through their audits.

Improving record keeping and staff training remain a work in progress; which should be addressed through the care home's audit processes and will be examined at the next inspection as part of our follow-up of areas for improvement recorded throughout this report.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order that people using the service experience good quality care and support, the provider could review and develop their annual training plan to reflect the complexity of delivering a service to people with increasing frailty as well as those living with cognitive decline. This review could also be expanded to include the re-introduction of supervision and appraisal systems to inform staff training and demonstrate staff have the necessary knowledge and skills to fulfil their roles and responsibilities. Any new or reviewed policy could also provide a focus for staff development in terms of introducing up-to-date practice guidance.

This area for improvement was made on 13 July 2018.

Action taken since then

As recorded within our last report, initial steps had been taken to support staff training and supervision. The provider has a strategic plan and good systems in place to support staff training. At this inspection we determined this was an area for further development and could contribute to the home's self-evaluation and improvement planning.

With this in mind, we have carried forward this area for improvement under: How good is our staffing?

Previous area for improvement 2

In order to be informed about whether or not people are getting the care they expect and need, the provider could review how best to involve people in the assessment of the resources and systems in place - to inform everyone with an interest in the home, support the delivery of care, gather views and measure outcomes or indicators of care.

This area for improvement was made on 13 July 2017.

Action taken since then

At this inspection we were aware of a high level of satisfaction reported by people however, it was evident that involving people remains an area for development and could contribute to the home's self-evaluation and improvement planning.

With this in mind, we have carried forward this area for improvement under: How good is our leadership?

Previous area for improvement 3

In order to ensure that complaints are considered an opportunity for improvement, and to promote robust and transparent quality assurance processes, the provider should fully review how this complaint was handled. The provider should identify where things went wrong, use this information to improve future complaints handling and issue the complainant with an apology.

This area for improvement was made on 17 June 2018.

Action taken since then

As recorded earlier, at this inspection we were aware of a high level of satisfaction reported by people. However, it was evident that involving people remains an area for development and could contribute to the home's self evaluation and improvement planning. More specifically, we were aware of a need for the provider to review how staff could raise concerns and have a clear understanding of their responsibilities.

With this in mind, we have carried forward this area for improvement under: How good is our leadership and made a requirement under how good is our staffing?

Previous area for improvement 4

In order to ensure that residents are treated with dignity and respect the provider should ensure that staff have the knowledge, understanding and time required to deliver personalised and meaningful care and support.

This area for improvement was made on 17 June 2018.

Action taken since then

As recorded earlier, initial steps had been taken to support staff training and supervision. The provider has a strategic plan and good systems in place to support staff training. At this inspection we determined this was an area for further development and could contribute to the home's self evaluation and improvement planning.

With this in mind, we have carried forward this area for improvement under: How well do we support people's wellbeing?

Previous area for improvement 5

In order to ensure the health, wellbeing and safety of residents, the provider should ensure that there is sufficient staff available to meet their physical, social, psychological and recreational needs and choices. Staffing levels should also take account of the physical layout of the building, staff training and staff supervision needs. The provider should be able to demonstrate how all of these factors have been considered and used to inform suitable levels of staffing.

This area for improvement was made on 17 June 2018.

Action taken since then

We recognise the provider has a tool to calculate the number of hours may be needed by each resident over a 24 hour period. The home was not fully occupied at the time of inspection. We acknowledge that while occupancy is reduced to accommodate on-going building alterations, there is an expectation that as a minimum, six staff can support people during the day and four at night. However, it is important to continually monitor the number and skill mix of staff to ensure that people's care and support needs can be met and there will be an opportunity to consider this as resident numbers increase.

With this in mind, we have carried forward this area for improvement under: How good is our leadership?

Previous area for improvement 6

In order to improve the quality of care delivery, the provider should ensure that health care risk assessments are completed by staff with the skills, knowledge and competence to do so.

This area for improvement was made on 20 December 2017.

Action taken since then

As recorded earlier, improving the quality of record keeping is closely associated with effective staff training and supervision. At this inspection we determined this was an area for further development and could contribute to the home's self evaluation and improvement planning.

With this in mind, we have carried forward this area for improvement under: How good is our staffing?

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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