Inspection report

Avon Park Care Home
Care Home Service Adults

Gallowhill
Lesmahagow Road
Strathaven
ML10 6BZ

Inspected by: Alison Iles
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 23 August 2010
Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:

- Excellent
- Very good
- Good
- Adequate
- Weak
- Unsatisfactory

We gave the service these grades

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<tr>
<th>Quality of Care and Support</th>
<th>☹️ 3 Adequate</th>
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This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

What the service does well

The new person centered care plans were being introduced and were beginning to detail look at how individuals wished their care to be provided.

The service worked with outside health professionals to ensure that individuals health care needs were addressed.

Although not always clearly documented, resident's needs, likes and dislikes
were well known by the staff caring for them and the management of the home.

**What the service could do better**

The home needs to further develop the ways in which they consult with residents and their relatives regarding the service provided. They need to be able to demonstrate that where issues are raised that these are fully acted upon.

The management of the service need to work to provide a cohesive team to provide the staff team staff with clear direction on how to support residents thus improving their overall quality of care.

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

The service had been taking action to introduce the new care planning documentation across the service but this was still at an early stage of development.

**Conclusion**

The Provider needs to ensure action is taken to bring the staff team together to ensure that people are working as a team and are supported in their role. This would help to improve the overall standard of care provided to the residents.

The new care plans when fully implemented should clearly show residents care and support needs and how they can be supported to maintain or develop their independence.

**Who did this inspection**

**Lead Care Commission Officer**
Alison Iles
Please read all of this report so that you can understand the full findings of this inspection.
About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children’s daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.
About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksouce
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksouce.net
What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.
Recommendations, requirements and complaints
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

• A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
• A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

• upheld - where we agree there is a problem to be resolved
• not upheld - where we don't find a problem
• partially upheld - where we agree with some elements of the complaint but not all of them.
How we decided what to inspect

Why we have different levels of inspection
We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection
When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.
What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

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<th>4</th>
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We do not give one overall grade.

**How grading works.**
Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.
About the service we inspected

Avon Park Care Home is situated on the outskirts of the town of Strathaven, Lanarkshire. The service was registered with the Care Commission on the 1 November 2007.

Avon Park Care Home was registered to provide care and support to a maximum of 30 older people on the ground floor. On the upper floor, 8 people with early onset dementia and 20 people with a neuro degenerative conditions or acquired brain injury. The service comprises of an older adapted building with lift and disabled access and purpose built extensions. At the time of the inspection there were 19 residents on the ground floor and the upper floor was operating at full capacity.

As a result of ongoing concerns about the Home a decision was made to only inspect Quality Theme 1 relating to Quality of Care and Quality Theme 4 relating to Quality of management and leadership. A further inspection will be carried out to consider Quality Statements 2 and 3 later in the year.

The company state their aim to be, among others: "To offer care that is of the highest standard and is tailored to meet individuals with specific wishes and choices. These choices will be respected and honoured at all times."

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

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You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.
How we inspected this service

What level of inspection did we make this service
In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What activities did we undertake during the inspection
This inspection report was written following an announced inspection carried out by Alison Iles and Gillian McPake, Care Commission Officers. Sonia Reid, Lay assessor took part in this inspection. The inspection took place on the 20 and 24 August 2010 between 9.30am and 3.30pm and 9.20am and 4pm. Feedback was provided to the manager and two depute managers on the second day of the inspection.

As requested by us, the care service returned an annual return and a self assessment form.
We issued 30 questionnaires to friends, families or carers of people who used the service. Eight completed questionnaires were returned prior to the inspection. We also issued 30 questionnaires to residents and seventeen were returned prior to the inspection.

In this inspection we gathered evidence form various sources, including the relevant sections of policies, procedures, records and other documents including:
* Service users personal plans
* Service user and staff meeting minutes
* Questionnaires that had been requested, filled in and returned to the care service from people who use the service and their relatives
* Observing how staff work
Discussion took place with a range of care staff including:
* Manager
* Care Staff
* People who use the service
* Relatives and carers of people who use the service

Inspection Focus Areas (IFAs)
Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

• Quality assurance for care at home and combined care at home and housing support services.
You can find out more about these from our website www.carecommission.com.

**Fire safety issues**
The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

**Has the service had to take any actions as a result of or since our last inspection?**

The provider will ensure that staff complete the planned training on their policies and procedures in particular regarding oral hygiene and on enhancing the care plan and records. This is in order to comply with: SS1 2002/114 Regulation 4 (1) (a) - a requirement to the welfare of users. Timescale for Implementation - Two months from receipt of this report.

**Action taken on the Requirement**
See Quality Statement 1.3 for detail

**The requirement is:**
Not Met

The service must be staffed in accordance with the Staffing Schedule issued on 1 May 2009. The service is in breach of their conditions of registration imposed by Section 13 of the Regulation of Care Scotland Act 2001. Timescale for implementation: 6 weeks from receipt of this letter.

**Action taken on the Requirement**
There was evidence that the service were attempting to meet this requirement. Staff advised that staffing levels only fell below that agreed with the Care Commission if staff called in sick at short notice. Attempts would be made to call in a replacement but this was not always achieved.

**The requirement is:**
Met

The provider must ensure that personal plans must be used to record the needs of people who use services, in all areas of their life and detail how these needs will be met. This should include how the provider intends to promote/maintain independence, health and welfare and quality of life. This is to comply with: SSI 2002/114 Regulation 2

Principles - 'a provider of a care service shall provide a service in a manner which promotes and respects the independence of service users and, so far as it is practicable
to do so, affords them choice in the way the service is provided to them’ SSI 2002/114 Regulation 5 Personal Plans - 'a provider shall - prepare a written plan which sets out how the service user's health and welfare needs are to be met.' Timescales: Within 3 months of receipt of this report.

**Action taken on the Requirement**
See Quality Statement 1.5 for detail.

**The requirement is:**
Not Met

The provider must ensure that the independence of people using the care service is supported, promoted and respected with regard to activities of daily living taking into account individuals needs and wishes. SSI 2002/114 Regulation 2 Principles - a provider of a care service shall provide a service in a manner which promotes and respects the independence of service users and, so far as it is practicable to do so, affords them choice in the way the service is provided to them. Timescales: Within 3 months of receipt of this report.

**Action taken on the Requirement**
See Quality Statement 1.5 for detail.

**The requirement is:**
Not Met

The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. SSI 2002/114 Regulation 4 (1) (a) Welfare of service users - providers shall make provision for the health and welfare of service users Timescales: Within 3 months of receipt of this report.

**Action taken on the Requirement**
See Quality Statement 1.3 for detail.

**The requirement is:**
Not Met
The provider must ensure that staff providing activities either solely or as part of their post, are appropriately skilled and trained. SSI 2002/114 Regulation 13 (a) Staffing - A provider shall, having regard to the size of the service, the statement of aims and objectives and number and needs of service users (c) ensure that persons employed in the provision of the care service receive (i) training appropriate to the work they perform. Timescale: Within 3 months of receipt of this report.

**Action taken on the Requirement**
See Quality Statement 1.3 for detail.

**The requirement is:**
Not Met

A personal plan must be developed that reflects a person centred approach to care delivery. This is in order to comply with SSI/2002/114 Regulation 5(1) - a requirement that the Provider shall, after consultation with each service user and, where it appears to the provider to be appropriate, any representative, within one month of the date on which the service user first received the service prepare a written plan which sets out how the service user's health and welfare needs are to be met. Timescale for implementation: 3 months from publication date of this report.

**Action taken on the Requirement**
See Quality Statement 1.5 for detail

**The requirement is:**
Met

Staff must receive training on person centred planning and values. This is in order to comply with SSI/2002/114 Regulation 13(c) - a requirement that the Provider shall ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. Timescale for implementation: 6 months from publication date of this report.

**Action taken on the Requirement**
See Quality Statement 1.5 for detail

**The requirement is:**
Not Met

In order to ensure that the information contained within the personal plan is up-to-date, accurate and clearly reflects the care and support provided the provider must ensure that all personal plans are formally reviewed at least once in a six month period. This is in order to comply with SSI/2002/114 Regulation 5(2)(b)(ii) - a requirement that the provider
of a care home shall review the personal plan at least once in every six months. Timescale for implementation: 3 months from publication date of this report.

**Action taken on the Requirement**
See Quality Statement 1.5 for detail.

**The requirement is:**
Met

**Actions Taken on Recommendations Outstanding**
1. The provider should ensure the records evidence consultation with the service user and their relatives in the implementation and ongoing reviews of their personal plan. National Care Standards Care Homes for Older People - Standard - 6 Support arrangements (repeat recommendation).

See Quality Statement 1.1 for detail.
2. The service should review the current participation strategy to ensure that it fully reflects the ways in which the service consults with people around the service provided and potential improvements. This strategy should clearly reflect how this will be implemented with in the 3 different registration categories currently in place.

See Quality Statement 1.1 for detail.

3. The service should consider and implement a strategy on how they plan to gauge the views of those service users with significant memory impairments. National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views.

See Quality Statement 1.1 for detail.

4. The service should provide staff training in relation to participation and its implications. National Care Standards: Care Homes for Older People Standard 5 Management and Staffing.

See Quality Statement 1.1 for detail.

5. The service need to develop ways in which it can engage other service users and carers who do not attend the service user/relative meetings. National Care Standards: Care Homes for Older People Standard 11 Expressing Your Views

See Quality Statement 1.1 for detail.

6. People who use the care service should choose the activities available and timing of these activities.

See Quality Statement 1.3 for detail.

7. The service should provide accurate and up-to-date information to existing and potential service users about the service being provided. This should include how the
service will promote and maintain independence, health and welfare and quality of life. This is in accordance with National Care Standard 1 Informing and deciding

See Quality Statement 1.3 for detail

8. The care service provider should forward an action plan to the Care Commission detailing what action they plan to take to enhance both the internal and external environment for service users. Details should be provided of when the work will commence and what the proposed date of completion will be. Consultation and engagement with service users should take place about these plans involving them in this process. National Care Standards Care Homes for Older People Standard 4: Your environment and Standard 17: Daily Life.

An action plan was not received from the provider to address this recommendation. This will be followed up at the next inspection when we consider the environment.

9. The service should take action to improve residents access to the garden and develop this to provide people with a stimulating environment to access. Residents views on how this could be achieved should be sought and taken in to account. National Care Standards Care Homes for Older People Standard 4 Your Environment.

No action had been taken to address this recommendation.

10. The service should demonstrate that where risk assessments are being carried out in relation to the accommodation that residents are consulted in this process. National Care Standards Care Homes for Older People Standard 9: Feeling Safe and Secure.

This recommendation will be followed up at the next inspection.

11. All bedroom doors should be fitted with appropriate door locks. National Care Standards: Care Homes for Older People and Care Homes for People with Learning Disabilities Standard 4.Your Environment

This recommendation will be followed up at the next inspection.

12. The service need to develop ways in which residents and their relatives can participate in assessing and improving the quality of staff from recruitment to on going performance. National Care Standards Care Homes for Older People: Standard 5 Management and Staffing and Standard 11 Expressing Your Views. This recommendation will be followed up at the next inspection.

13. A system should be put in place that allows the Manager to authorise Disclosure Scotland Checks to ensure that these are forwarded for processing without delay. National Care Standards Care Homes for Older People: Standard 5 Management and Staffing Arrangements.
Action has not been taken to address this recommendation which will be reviewed at the next inspection.

14. Staff should receive training in relation to the relevant National Care Standards for the service. National Care Standards: Care Homes for Older People and Care Home for People with Mental Health Problems: Standard 5 Management and Staffing Arrangements

This recommendation will be followed up at the next inspection.

15. The service should ensure that it has copies of the relevant National Care Standards for the services it provides. National Care Standards: Care Homes for Older People and Care Home for People with Mental Health Problems: Standard 5 Management and Staffing Arrangements

The service now has copies of the relevant National Care Standards.

16. Where training needs are identified as a result of staff appraisals the service should be able to demonstrate how these needs have been addressed either through the staff training programme or individual staff records. National Care Standards: Care Homes for Older People and Care Home for People with Mental Health Problems: Standard 5 Management and Staffing Arrangements

From discussions with staff there was evidence that the service were addressing this recommendation and that where staff raised training issues at appraisals these were being addressed.

17. The service should demonstrate how service users, carers and staff are involved in the completion of the self assessment form. National Care Standard care home for older people and care homes for people with mental health problems Standard 11 Expressing your views

See Quality Statement 4.1 for detail.

18 A development plan that shows how the service will be taken forward and developed in the coming years should be established. National Care Standard care home for older people and care homes for people with mental health problems Standard 11 Expressing your views

A development plan was in place although lacked detail see Quality Statement 4.2 for detail.
The annual return
We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received
Yes - Electronic

Comments on Self Assessment
The service submitted a self assessment prior to the inspection as requested by us. This highlighted where they thought their strengths lay as well as areas for improvement. The service need to reconsider some of the evidence provided to ensure that the information was relevant to the Quality Statement. They also need to relook at areas for improvement to ensure that they are fully identifying where they think that they can make improvements in overall service delivery.

Taking the views of people using the care service into account
Seventeen people who use the service returned questionnaires to us prior to the inspection taking place. From these people either agreed or strongly agreed with the statement ‘Overall I am happy with the quality of care I receive in the home’.

From these people indicated that they were aware in their care plans and had been involved in their development. They felt that their care needs were being met and enjoyed the meals provided.

Four people did indicate that they did not think that the service was clean and free and hygienic.

The only additional comments made stated that the individual could make their own tea and that everything was neat and tidy.

Other comments by residents are detailed in other section of the report.

Taking carers’ views into account
One relative spoken to commented very positively on the care and support their relative received. They commented on the quality of food and their good relationship with the staff team. They advised that they were kept up-to-date regarding their relatives care and any issues of concern. They were able to advise that they attended regular care
reviews and were aware of their relatives care plan.

They attended the relatives meetings and commented on the poor turn out at these meetings. They advised that the meetings were very informative about what was happening in the home.

Eight questionnaires were returned to us prior to the inspection taking place. These came from relatives of those residing in the older peoples service. From these people strongly agreed with the statement 'Overall I am happy with the quality of care my relative/friend receives in the home'.

The following points were made in relation to Avon Park from the relatives:

* happy with the care
* deterioration in drive way could do with repairs
* special care my mother received from staff
* Staff friendly, go that extra mile, sympathetic
* Staff take pride in their work
* Cleanliness of rooms spotless
* Would like to see more involvement with the community
* Entertainment not as it was
* Lack of visits from ministers
* Need better chairs - not comfortable for people to sit on
* Best care that anyone could give
* Staff all great.
Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths
Although the service had reviewed their participation strategy they had highlighted the need to continually review this document to ensure it accurately reflected the practice within the service. They also highlighted the need to set up systems that allowed staff and management to evidence how this strategy was working and how they could evidence how peoples input was taken in to account in the day to day running of the home. This will be followed up at future inspections.

Taking into account the evidence presented the service continued to receive an adequate grade in relation to this Quality Statement.

In line with a recommendation made at the last inspection the service had reviewed and updated its participation policy to reflect the ways in which it would involve residents, their representatives and outside agencies, such as health and social work, in influencing the way the service was provided. They also highlighting the need to set up systems that allowed staff and management to evidence how this strategy was working and how they could evidence how peoples input was taken in to account in the day to day running of the home. This will be followed up at future inspections.

All residents had a care plan in place. New care plan documentation was being introduced to document resident's care and support needs. There was evidence of residents and relatives starting to be involved in this process. Plans reflected whether residents wished to be involved in discussions around the service and possible development.

Information relating to advocacy services was still available in the service if residents or relatives felt they had a need to use this service.

The lay assessor made the following comments regarding this Quality Theme following discussions with residents and their relatives as well as general observations.

Not all residents could speak. Some who could not indicated by hand or head signals. Some had boards on which to write and wipe; another had a letter and prompt sheet.

Comments from residents included:-
"I love it here"
"They ask me what I want".
"They've brought me on"
"I find it absolutely cracking".
"As a place of restitution it's very good."
"Things get sorted out."

"The food's good, basic. Cooked breakfast, or cereal."
"Breakfast times can vary."

"I like getting out"
"We go to the Safari Park"
"I go to Headway once a fortnight"
"I went to Millport"
"I go to Strathaven"
"I go bowling"
"I play drums - a lot. I ordered the keyboard."
"I was also given comments about films seen "Don't go and see the A Team."
"I watch TV and read."
"We go out in the bus; I don't like museums."
"I don't go out much; go out myself. Get the newspaper."

Golf was mentioned and also the hope that they would go swimming. There was also the pool table and the dartboard "under supervision".

In the Early onset Dementia area a DVD had been put on, apparently reflecting the choice of the residents. There seemed to be wide choice of DVDs in all the different areas of the service, and staff said that they also rented DVDs from a local shop.

There was also some discussion with one group about sorting items for the boot sale being held later in the year.

There was mention of residents meetings, but that they were not regular. There is advance notice, but there is not a report given to residents. There were no easily visible write-ups of meetings in public areas. A regular monthly sing-along was notified on the board at the entrance and the brain injury area had a notice about monthly outings. Notices did not appear in a variety of formats and many were neither eye-catching nor easy to read.

When asked about finding out views of residents I was told that staff sat with residents and filled in questionnaires after discussion. External advocates were not used, despite use of them in other circumstances. Staff tended to accompany the Lay Assessor going round.

A resident was not aware of the Care Plan, although meetings with various external
specialists were mentioned. A family carer was not aware of the Care Plan.

In my opinion as a carer for someone who used care services this care home provides an adequate service. The recently appointed activities coordinator was enthusiastic and was seen setting up a film show for some of the residents on the ground floor. The potential of the garden area and grounds was not being utilised. From photographs it appears that residents from different parts of the service are taken out together, giving a mix of people. I was told that some residents can only go to Headway once a fortnight as there is only one wheelchair space in the bus. On larger trips two buses can be used.

Areas for Improvement
Other than evidencing that residents and relatives were involved in the development of their care plans there was little evidence to indicate how residents and relatives were able to comment on the service as a whole as directed by the services participation strategy.

Although residents and relative meetings had taken place in the past there was no evidence that these had taken place recently. Residents spoken with advised that they could not remember when the last meeting took place and there was no evidence of the minutes of meetings being available in the units. The service was hoping to re-establish these meetings, particularly in relation to residents.

Three recommendations made at the last inspection remain outstanding in relation to this Quality Statement and will be repeated, these related to staff training in relation to the services participation strategy and how it worked in practice in the home; developing systems that allowed people with significant memory impairments to be consulted about the service they receive and developing ways in which it could seek the views of those residents and relative who did not attend meetings (see recommendation 1, 2 &3).

The service was able to evidence that they had arranged for an organisation to provide training around developing systems for those with memory impairments but this had been cancelled. The service was attempting to rearrange this training.

The service had identified in their self assessment that staff needed training on how to deliver the participation strategy

The service need to take action to ensure that all residents and their relatives are made aware of the outcome of any discussions that have take place regarding the service provided.

Grade awarded for this statement
3 - Adequate
Number of Requirements
0

Number of Recommendations
3

Recommendations

1. The service should provide staff training in relation to participation and its implications. National Care Standards: Care Homes for Older People and Care Homes for Adults with mental health problems: Standard 5 Management and Staffing (repeat recommendation).

2. The Service should develop ways in which it can seek the views of those residents with memory problems and show that these have been acted upon. This is in accordance with National Care Standards Care Homes for Older People Standard and Care Homes for Adults with mental health problems 11 Expressing your views (repeat Recommendation).

3. The service need to develop ways in which it can engage other service users and carers who do not attend the service user/relative meetings. National Care Standards: Care Homes for Older People and Care Homes for Adults with mental health problems Standard 11 Expressing Your Views (repeat Recommendation).
Statement 3
We ensure that service user's health and wellbeing needs are met.

Service Strengths
Taking into account the evidence presented and discussions with residents, relatives and staff, the service had been graded as adequate in relation to this Quality Statement.

All residents are registered with the one General Practice. This was in line with contractual agreements reached with NHS Lanarkshire. This means that the service receive at least two set visits a week from a GP as well as additional visits as necessary. This has resulted in an improved service to residents.

Residents had personal plans in place that had information regarding their health care needs. A range of health care assessments are undertaken on at least a monthly basis and these covered areas such as nutrition, skin integrity and continence. Where needed appropriate referrals to other health professionals such as Community Psychiatric Nurses, Dentists and Dietitians were made for advice and guidance.

The service have a range of policies and procedures that guide staff practice in relation to meeting the health and wellbeing needs of residents. There was evidence that these were backed up by best practice guidance from the NHS.

Staff spoken with were knowledgeable about how to communicate with residents; and they were able to say who had special communication needs. Where observed, staff communicated effectively with residents.

A new activity co-ordinator had just been appointed prior to the inspection taking place. There was evidence that they were reviewing the activities on offer and were providing people with more opportunities to get out and about. There was evidence that they were not only evaluating activities that were provided but where necessary were undertaking individual risk assessment of residents to ensure that they were safe when taking part in an activity out with the home.

Areas for Improvement
Although staff were completing regular health care assessments on residents and were in discussions with a range of health care professionals from the care plans seen there was not always evidence that staff were following up issues identified through these assessments or discussions. More emphasis was needed to collating and reviewing health care information; relating the problem identified the associated risks and outcome for the resident (see requirement 1).

There was limited information around to evidence if residents were supported to attend regular health screening clinics (see recommendation 1)

There was little indication that staff had had the necessary training to meet the specific
healthcare needs of the residents group. This was acknowledged by the service who advised that they were in the process of addressing this along with the assistance of the new company trainer for Scotland and a member of staff with a training background (see requirement 2).

Training had not been sourced for the new activity co-ordinator (see requirement 3). There was also a need for activities to be planned and a record kept of activities on offer. The service also needed to develop activities for the older people residing on the ground floor of the service and not just concentrate on those living on the upper floor.

Two requirements remain outstanding from the last inspection and will be repeated these related to staff completing planned training on the services policies and procedures in particular regarding oral hygiene and on enhancing the care plan and records and also ensuring that people are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. There was some evidence that the service were starting to address the requirement around activities and how well this has been addressed will be reviewed at the next inspection (see requirements 4 & 5).

Two recommendations that remain outstanding relate to residents being involved in determining the timing of the activities taking place and the service updating the homes brochure to provide up-to-date information to potential residents. At the time of the inspection it was not possible to evidence that activities were planned around times that residents had agreed nor had the brochure been updated (see recommendation 2 & 3).

Grade awarded for this statement
3 - Adequate

Number of Requirements
5

Number of Recommendations
2

Requirements

1.  
   The provider must ensure that where staff assess a resident as having a health care issue that a care plan is put in place detailing how the resident will be supported by staff. SSI 2002/114 Regulation 5 Personal plans - a provider shall - prepare a written plan which sets out how the service users health and welfare needs are to be met.
   Timescale for implementation: 2 months from receipt of this report.

2.  
   The care service must ensure that care staff have access to relevant training to allow them to meet the specific health and welfare needs of service users. This is
in order to comply with: SSI 2002/114 Regulation 13(c)(i) - a requirement that the provider shall having regard to the size and nature of the service, the statements of aims and objectives and the number of service users ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: Three months from receipt of this report.

3. The provider must ensure that staff providing activities either solely or as part of their post, are appropriately skilled and trained. This is in order to comply with SSI 2002/114 Regulation 13(c) Staffing - a requirement that a provider shall, having regard to the size of the service, the statement of aims and objectives and number and needs of service users ensure that persons employed in the provision of the care service receive training appropriate to the work they perform.

Timescales: Within 2 months of receipt of this report.

4. Staff must complete the planned training on the services policies and procedures in particular regarding oral hygiene and on enhancing the care plan and records. This is in order to comply with: SSI 2002/114 Regulation 4 (1) (a) - a requirement to the welfare of users. Timescale for Implementation - One month from receipt of this report.

5. The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. SSI 2002/114 Regulation 4 (1) (a) Welfare of service users - providers shall make provision for the health and welfare of service users Timescales: Within 1 month of receipt of this report.

Recommendations

1. The service should ensure that where relevant individuals are encouraged and supported to attend regular health screening services relevant to their age and gender. National Care Standards Care Homes for Adults with Mental Health Problems Standard 14 Keeping Well - healthcare

2. People who use the care service should choose the activities available and the timing of these. National Care Standards Care Homes for Adults with Mental Health Problems Standard 6 Support Arrangements
Statement 5
We respond to service users' care and support needs using person centered values.

Service Strengths
Taking into account the evidence presented and discussions with residents, relatives and staff, the service were found to be performing at an adequate standard in relation to this Quality Statement.

In order to address a number of requirements made at the last inspection the service had devised and were in the process of introducing new care plans that reflected a more person centred approach to providing and detailing the care and support needs of residents. This included the promotion of their independence, health and welfare and quality of life. This format should allow staff to clearly document individual's care and support needs and should clearly show that residents and their relatives have been involved in deciding how care will be provided.

There was now evidence that the service were beginning to undertake six monthly reviews off residents care plans in order to meet the legal requirements.

A key worker system was in place within the service with each resident allocated key staff to take responsibility to develop, review and maintain their personal plans. Staff spoken with advised that they were attempting to involve the residents and families in the development of these plans.

To ensure continuity and consistency in the care provided to individuals the service were in the process of setting up regular meetings to allow staff to discuss residents care and support needs. This should ensure that staff were kept well informed to any changes to the individuals care package.

As stated under Quality Statement 1.3 residents have access to their own General Practitioners as well as other related health professionals as needed. Staff support residents to attend health care appointments out with the service.

Areas for Improvement
The new care plan documentation was at an early stage of introduction and had yet to be put in place for all residents. How these are developed and implemented for individuals will be followed up at the next inspection. There was a need for the older people's service to also adopt this new care planning format.

One requirement that remains outstanding and will be repeated related to staff receiving training in relation to person centred care (see requirement 1).

Staff spoken with advised that hey had not received any training in relation to their role
as key workers. This had been identified by the service who planned to set up training dates.

**Grade awarded for this statement**  
3 - Adequate

**Number of Requirements**  
1

**No of Recommendations**  
0

**Requirements**

1. Staff must receive training on person centred planning and values. This is in order to comply with SSI/2002/114 Regulation 13(c) - a requirement that the Provider shall ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.  
Timescale for implementation: 2 months from publication date of this report (repeat requirement).
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths
Taking into account the evidence presented and discussions with residents and staff the service were now found to be performing at a weak level in relation to this Quality Statement.

See the comments made under Quality of Care and Support 1:1 in relation to participation. The service had in the past provided residents and their relatives with questionnaires regarding the service provided. One section of this related to management and leadership. The home had a statement of aims and objectives which were included in the services brochure. This detailed what the home planned to provide for residents and set out how this would be achieved.

Areas for Improvement
There was no evidence at this inspection that the service have continued to involve residents or their representatives in assessing the quality of management and leadership or having an influence in the overall service provided.

The service had identified the needs to encourage residents to become more involved in meetings and perhaps looking at setting up a group of residents who would look at how the service could be taken forward.

See Quality statement 1.1 for detail. A recommendation made at the last inspection remains outstanding and will be repeated. This related to the service being able to demonstrate that residents, relatives and staff had been involved in the completion of the services self assessment submitted to us prior to the inspection (see recommendation 1).

At the last inspection the service were asked to consider developing the content of their questionnaires particularly around management and leadership to allow people to comment on the overall quality of the management and leadership of the service. To date no action has been taken to review these questionnaires so again residents and relatives have little opportunity to express their views on this area and comment on how they think it could be improved.

Grade awarded for this statement
2 - Weak
Number of Requirements
0

Number of Recommendations
1

Recommendations

1. The service should demonstrate how service users, carers and staff are involved in the completing the self assessment form. National Care Standards: Care Homes for Older People and Care Home for People with Mental Health Problems Standard 11: Expressing your Views (repeat recommendation).
Statement 2
We involve our workforce in determining the direction and future objectives of the service.

Service Strengths
Taking into account the evidence presented and discussions with service users, relatives and staff, the service was found to be performing at a weak standard in relation to this Quality Statement.

Staff told us that staff meetings do take place and they can raise any issues they have at these meetings. They advised that any ideas are acknowledged by the management team and where they have the ability to take these forward and introduce them to the service this is done.

The process of appraisals was being introduced for staff but had not been fully implemented through the service. Staff who had had an appraisal indicated that they had found this beneficial and where training had been identified this had been arranged. Individual staff training records were in place indicating training that staff had completed.

The Manager knew about her responsibility to notify the relevant bodies of any staff misconduct or disciplinary action.

The service had a resource library that was available for staff to access. This held relevant and up-to-date information that was relevant to the care home. New information was being added to this library as it became available.

Areas for Improvement
There was currently little evidence available that demonstrated how staff were involved in determining the direction and future objectives of the service.

Although the service had produced a development plan in order to address a recommendation made at the last inspection the information contained in this was limited. The service needed to review this plan to ensure that it including staff training and environmental plans for this service with clear action points, priorities, identified responsibilities and timescales for action. (see recommendation 1)

Staff meetings had not been taking place on a regular basis since the last inspection. Views on how productive staff meetings were varied between the staff teams. Those on the upper floor indicated that meetings were frequently cancelled, when they took place they were one sided and where suggestions were made that these were ignored. Other staff indicated that where approval or funding was needed from the Company to allow things to progress they tended to disappear and not be actioned. Staff advised that they were not always made aware of discussions that had taken place at staff meetings or there outcome.
There were no other opportunities available to staff to have a say on the service or be involved in determining the direction and future objectives of the service (see recommendation 2). Some staff indicated that they did not always feel supported by the management team and that decisions made depended on who they approached. Staff advised that they were each others support and would use this rather than approach the management team. This was acknowledged by the management team who were currently working to address this issue.

Although the Company had a policy in regard to staff supervision this was more in relation to group supervision where clinical issues could be discussed. There were no set individual supervisions sessions for staff where issues such as staff development and conduct could be discussed (see recommendation 3). The only area this could be formally addressed was through the annual appraisals.

As an area of development the service indicated that is planned to introduce a staff steering group to look at training issues and future developments within the service. This will be followed up at the next inspection

Grade awarded for this statement
2 - Weak

Number of Requirements
0

Number of Recommendations
3

Recommendations

1. A comprehensive and overarching development plan must be developed for the service with clear action plans, priorities, identified responsibilities and timescales for action. National Care Standards: Care Homes for Adults with Mental Health Problems Standard 5 Management and Staffing Arrangements.

2. The service should develop ways that allow all staff to have an input in determining the direction and future objectives of the care service. This information should be used to assist with the formation of the services development plan. National Care Standards: Care Homes for Adults with Mental Health Problems Standard 5 Management and Staffing Arrangements.

3. The Company should review its current supervision policy to ensure that this allows for formal individual supervision process to be introduced assisting with the
monitoring and developing staff practice. National Care Standards: Care Homes for Adults with Mental Health Problems Standard 5 Management and Staffing Arrangements.
Statement 3
To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths
Taking into account the evidence presented and discussions with service users, relatives and staff, the service was found to be performing at a weak standard in relation to this Quality Statement.

Training to support staff to undertake a relevant qualification in social care was available. This will allow care staff to register with the Scottish Social Services Council at the appropriate time.

There are a number of staff employed in the home who are qualified trainers in relation to specific subjects who provide training to the rest of the staff team.

Areas for Improvement
Due to significant events and issues within the home the service were not able to demonstrate their strengths under this quality statement.

At the time of the inspection a number of staff spoken with advised that they did not feel supported by the management team of the home and instead relied on their peers for support. Staff felt that where issues arose in relation to incidents that occurred in the home they were not offered the appropriate support to deal with these incidents or to consider how they could move forward.

As stated in Quality Statement 1.3 staff felt that the management team were not taking a consistent approach when working with residents and this in turn led to staff being confused as to how they were to work with residents. The service had just started to take steps to try and address this.

Staff did not feel that they were encouraged to develop their skills and knowledge, and felt that they were not always encouraged and supported to develop their potential. Staff did advise that though recent appraisals training needs identified were starting to be offered and that they hoped that recent management changes that had taken place would address some of this. This will be followed up at the next inspection.

As areas for development the service had identified the need to source and roll out training on leadership skills to staff. They also identified the need to continue to provide staff training in relation to the policies and procedures for the service.

Grade awarded for this statement
2 - Weak
Number of Requirements
0

Number of Recommendations
0
Other Information

Complaints

Enforcements

Additional Information
Although we did not inspect the Quality Statements around the Quality of Environment and Quality of Staffing the lay assessor made the following comments against these themes following discussions with residents and their relatives as well as general observations.

Quality of the Environment:

Neither of the two sliding doors to enter the building met in the middle.

The upstairs has been fairly recently decorated and rooms were personalised, together with a variety of facilities such as TVs residents or their relatives had provided. Rooms were en-suite. The upstairs lounge was small and quite dark.

New fire doors had darkened some areas and some open areas had been glassed and walled in. Some fire doors seemed quite narrow for self manoeuvring through in a wheelchair, although I was assured that everything had been carefully measured. Corridors varied in width and in some the lighting was poor.

Signage was sometimes poor, with varying clarity. Many residents' doors had a clear name and a picture or pictures on them to assist recognition. There were photographs up of activities in some areas. One was clearly dated, but others were just put up on a board. Not all downstairs rooms were en-suite and there were communal bathrooms. Some room doors fitted badly. The ventilator fan in the downstairs smoking room was very noisy.

In the Early Onset Dementia area there was some very attractive artwork, done by the residents, displayed on the walls. There was also a "Quiet Room" which had little relaxing in it and seemed to be used more as a store area.

The garden was not utilised on the visit. It had little in it and the two seats needed maintenance. Access from the conservatory on the ground floor was impossible due to a piece of equipment left across the door. The door could not be opened and also was not clipping shut at the top. Even if opened, exiting would have been difficult due to no ramp inside and a high lip on the frame. There were two courtyards on either side of the light and bright dining room on the ground floor. There were only steps down into them so easy access was limited. Some residents sat outside the front door or round at the garage.
The layout downstairs can be confusing and there is no use of colour or other prompts for residents.

Quality of Staffing:

* "She's the gaffer, she's good to me".

Staff knew the residents well and chatted to them a lot about what they had been doing.

**Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
### Summary of Grades

**Quality of Care and Support - 3 - Adequate**

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**Quality of Environment - Not Assessed**

**Quality of Staffing - Not Assessed**

**Quality of Management and Leadership - 2 - Weak**

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### Inspection and Grading History

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<thead>
<tr>
<th>Date</th>
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<th>Gradings</th>
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<tr>
<td>25 Jan 2010</td>
<td>Unannounced</td>
<td>Care and support</td>
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<td>Environment</td>
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| 2 Jun 2009   | Announced     | Care and support          |
|              |               | Environment                |
|              |               | Staffing                   |
|              |               | Management and Leadership  |
|              |               | 4 - Good                   |
|              |               | 4 - Good                   |
|              |               | Not Assessed               |
|              |               | 4 - Good                   |

<p>| 7 Oct 2008   | Unannounced   | Care and support          |
|              |               | Environment                |
|              |               | Staffing                   |
|              |               | 3 - Adequate               |
|              |               | 2 - Weak                   |
|              |               | 3 - Adequate               |</p>
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<td>Announced</td>
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Terms we use in our report and what they mean

**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland** - Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.
Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.
How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.
The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland’s care services are performing. This information helps us to influence important changes they may make about how care services are provided.

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