

## Care service inspection report

# Housecall Nursing & Homecare Agency - Care at Home

## Support Service Care at Home

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Inspected by: Michelle Deans

Type of inspection: Announced (Short Notice)

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## Service provided by:

Housecall Care and Support Limited

## Service provider number:

SP2003002487

## Care service number:

CS2004056332

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

Quality of Care and Support	1	Unsatisfactory
Quality of Staffing	2	Weak
Quality of Management and Leadership	2	Weak

### What the service does well

We found that the service had good systems in place to support the involvement of service users and their family to give feedback about the service. This included observed practice of staff, quality assurance visits, reviews of support, questionnaires and service user's forums.

There was also a very comprehensive induction for staff who were starting in the service. This included training on values, mandatory training and an organisational induction.

### What the service could do better

Whilst good quality systems were in place we found that these were not being consistently used or monitored at the time of inspection. There were gaps in all aspects of the service, for example, inconsistencies of staff supervision, reviews of support, observed practice, content of personal plans and a lack of audits of the service completed by the provider. Improvements need to be made in all aspects of the service with regard to consistency.

At the last inspection we commented that there had been a large increase in the number of service users taken on by the service in the Midlothian area. This had caused some issues within the service initially and this has continued at this inspection. Midlothian support continues to be problematic, specifically in ensuring consistency of support for service users.

Since the last inspection there have been eight upheld complaints which were all made from July 2012 to the time of inspection. Seven of the complaints related to the Midlothian area. The outcomes of the complaints are discussed further in the body of this report. The service was re-graded in September 2012 as a result of the outcomes of complaints.

Whilst the service is striving to recruit care staff and had made some improvement since July 2012 in achieving this, we had concerns about the level of missed visits to service users in the Midlothian area. There were 26 missed visits in September 2012 and 30 in October 2012. This was unacceptable and must improve. This has affected the grades for the service under theme 1, statements 1.3 and 1.5.

Improvements must also be made in overseeing and monitoring staff practice with regard to administration of medication. We saw that staff were not following the medication policy, with several examples of missed medication, poor record keeping and a lack of observed practices to ensure staff competency. This has affected the grades for the service under theme 3, statement 3.3.

As the outcome to the deficits found at inspection we have also issued an improvement notice dated 21st November 2012.

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

Care UK became majority shareholders of Housecall Care and Support Ltd in 2012. At the point of inspection Housecall care and Support Ltd remained the registered provider of the service as Care UK had not submitted applications to the Care Inspectorate to become the registered provider.

Since the last inspection there has been a change of manager for the service. More care staff have been recruited and continue to be recruited. There had also been an increase to the number of co-ordinators in the Midlothian area.

From returned questionnaires from East Lothian service users we saw that the service has continued to be consistently given in this area and that all relatives and service users who returned questionnaires were happy with the service provided in East Lothian.

### **Conclusion**

We found that the main area for concern was from the Midlothian area. Outwith Midlothian feedback from service users and relatives was very positive; with service users feeling they had consistency in their support.

However the service must improve the day to day service to its service users in

Midlothian. This includes consistency of staff practice, consistency in service delivery and ensuring that no visits are missed to service users.

Since the last inspection the service has failed to sustain the improvements made in the Midlothian area.

### **Who did this inspection**

Michelle Deans

# 1 About the service we inspected

Housecall provides a Homecare service which operates from office bases in North Berwick, Musselburgh and Dalkeith. Housecall is registered as a care at home service.

Housecall provides generic support to a wide range of people with varying needs. At the time of inspection the service supported approximately 650 people throughout East and Mid Lothian. The service is generally available 24 hours per day seven days per week to provide flexible packages of care appropriate to service users' needs.

The aim of the service is to 'provide high quality care and support services to assist in the tasks of daily living to allow freedom of choice to continue to live independently and safely at home in dignity and in familiar comforting surroundings and thus enhance the quality of life.'

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

**Quality of Care and Support - Grade 1 - Unsatisfactory**

**Quality of Staffing - Grade 2 - Weak**

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

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

Inspector Michelle Deans visited the office base of the service in Midlothian and carried out the inspection on 05/11/12 between the hours of 8.30am and 4.30pm. This report is based on findings in the service delivered in Midlothian. We concentrated our inspection in Midlothian because of the level of complaints we had received from service users in this area.

As part of the inspection we also sent out 200 questionnaires (100 for East Lothian and 100 for Midlothian) to relatives and service users and collated the outcomes. Whilst the questionnaires for East Lothian were distributed as requested, there had been a delay in sending out questionnaires for Midlothian. This had resulted in the inspector not being able to gain feedback from service users in Midlothian prior to the inspection.

Prior to the inspection we spoke with one service user and four relatives from East Lothian. We also spoke with two service users from Midlothian.

As part of the inspection we sampled the following:

- Evidence from the service's self assessment
- Medication policy/ medication training and a sample of completed medication record sheets
- 15 service user's personal plans
- Records of missed visits/complaints and accidents and incidents
- Staff supervision records
- Staff training records including induction
- Minutes of staff meetings
- Quality assurance documentation
- Discussions with one home care manager and two co-ordinators.
- Evidence from returned questionnaires sent out to service users

Two hundred questionnaires were sent out to the manager to distribute. One hundred for East Lothian of which twenty seven were returned, fourteen of which were completed by relatives on the service user's behalf and thirteen of which were completed by service users themselves. One hundred for Midlothian of which ten were

returned at the time of inspection, seven from service users and three from relatives on behalf of service users.

Eighty questionnaires were sent out to staff prior to the inspection, seven were returned. We also met with one home care manager, two co ordinators, the quality assurance manager and the manager as part of the inspection process.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



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

#### **The requirement**

Four requirements were made as a result of upheld complaints.

This requirement has been made twice as the result of an upheld complaint.

The Provider must ensure that the service is provided in such a way that it meets the identified needs of the service user as agreed in the support plan. This should include ensuring continuity of care for service users and that all staff must be familiar with the service users' support plans.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 3 , a regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

In making this requirement account has been taken of the National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

#### **What the service did to meet the requirement**

This requirement is discussed further under theme 1, statement 1.5.

**The requirement is:** Not Met

### **The requirement**

This requirement has been made seven times as the result of upheld complaints.

The provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as agreed in the support plan.

This is to comply with Social Work Improvement Scotland (Requirements for care services) 2011 (SSI 2011/210) Requirement 4 (1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service user.

It also takes account of the National Care Standards for Care at Home services, Standard 2 The written agreement, and Standard 4 Management and staffing.

### **What the service did to meet the requirement**

This requirement is discussed further under theme 1, statement 1.3.

**The requirement is:** Not Met

### **The requirement**

This requirement had been made twice as a result of upheld complaints

The provider must ensure that staff who support service users are familiar with their needs. In achieving this, the provider should ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210 regulation 15 Staffing - A provider must, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of service users (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

### **What the service did to meet the requirement**

This requirement is discussed further under theme 1, statement 1.3.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that staff who support service users are familiar with their needs and are following procedures when access to a service user's home has failed. In achieving this, the provider should ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210 regulation 15 Staffing - A provider must, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of service users (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

### **What the service did to meet the requirement**

We saw that there was guidance available to all staff on action to be taken should they be unable to access a service user's home. All staff should report this to the office and this would be followed up at this time. Staff who had not followed procedure would be counselled through supervision.

This requirement has not been fully met and is encompassed in requirement 3, under theme 1, statement 1.3.

**The requirement is:** Not Met

### **What the service has done to meet any recommendations we made at our last inspection**

Eleven recommendations were made at the previous inspection, a further eight recommendations were made as the result of other regulatory activity (complaints).

1. The manager should undertake a review of the complaints system, including how concerns are logged and responded to.

National Care Standards, Care at Home, standard 11, Expressing your views.

A review of the complaints system had been undertaken since the previous inspection and we saw that complaints were logged and responded to as per policy. There is also an allocated service manager to investigate complaints and follow up concerns with service users.

2. Further review of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and service user forums into overall quality outcomes, to feedback to service users and their families.

National Care Standards, Care at Home, standard 11, Expressing your views.

This recommendation is carried forward under theme 1, statement 1.1.

3. Staff practice and record keeping with regard to topical medication should be reviewed.

National Care Standards Care at Home, Standard 8, Medication.

We saw that where topical medication was identified, this was recorded on the medication recording sheet and on the daily notes. This recommendation has been implemented.

4. Personal plans should contain all relevant information with regard to health needs, including details of any topical medication and instruction on this.

National Care Standards Care at Home Standard 7, Keeping well.

We found that from the personal plans we sampled there was clear instruction to staff on creams to be applied, including the name of the cream and what this was for.

5. Risk assessments should reflect the information within the personal plan and include measures to be taken to minimise the risk identified.

National Care Standards Care at Home Standard 4, Management and Staffing.

This recommendation is carried forward under theme 1, statement 1.3.

6. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to changes of homecare workers and travel time.

National Care Standards, Care at Home, standard 1, Informing and deciding.

This recommendation is carried forward under theme 1, statement 1.5.

7. It is recommended that the service supply each service user with a written agreement which clearly defines the service that is to be provided, including times of support. The agreement should be signed by all parties involved and be in a format that suits the service users' needs.

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

This recommendation is carried forward under theme 1, statement 1.3.

8. The service should ensure that service users' personal plans contain specific details of support and that these are signed as agreed by the service users or their representative.

National Care Standards, Care at home, Your personal plan, Standard 3.4.

This recommendation is carried forward under theme 1, statement 1.3

9. Staff team objectives which have been agreed and implemented should be reviewed on a regular basis.

National Care Standards, Care At Home, Standard 4, Management and staffing.

This recommendation is carried forward under theme 4, statement 4.2.

10. Organisational and/or team objectives should be clearly linked through supervision and goal setting for all staff.

National Care Standards, Care At Home, Standard 4, Management and staffing.

This recommendation is carried forward under theme 4, statement 4.2.

11. The provider should review the current audit system and any feedback and outcomes identified from the audits should be given to service users and their families/representatives.

National Care Standards, Care at Home, standard 11, Expressing your views.

This recommendation is carried forward under theme 4, statement 4.4.

Eight recommendations were made as the result of outcomes of complaints

1. It is recommended that the complainant receives advance information, for example a rota, to show who will be providing the agreed care. It is also recommended that a reliable system is in place to inform service users if carers are running late.

National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

2. It is recommended that the provider improves systems for monitoring all aspects of the service. This should include knowing whether support visits have occurred.

This takes account of the National Care Standards for Care at Home services, standard

### 4 - Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

3. It is recommended that the provider improves its communication with service users and their relatives, in particular by letting them know when the timings of visits differs to the support plan.

National Care Standards for care at home services, Standard 4 Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

4. It is recommended that the quality of the service is regularly monitored to ensure service users are receiving good quality support.

National Care Standards for Care at Home; Standard 4 (5): Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

5. It is recommended that calls received in the office from service users or their relatives are recorded and a system in place to ensure the relevant person is made aware that a return call is necessary.

National Care Standards for Care at Home; Standard 4 (5): Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

6. It is recommended that a reliable system is in place to inform service users who is coming to the house.

National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

7. It is recommended that a reliable system is in place to inform service users if carers are running late and all staff and management know how to operate the system.

National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

This recommendation is discussed under theme 1, statement 1.5.

8. The service should ensure that staff follow procedures in place within the organisation when service users are not in their homes to receive support.

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

Policy and guidance was in place with regard to this and all staff have been given guidance on what they should do, should a service user not be at home at the time of support.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the provider.

Whilst this did identify areas where they thought they did well, and some areas for development and any changes they planned, we found that the self assessment submitted was the same as the previous year's with only date changes. The self assessment graded the service at 5, very good. This did not reflect our findings at inspection and no account had been taken of the recently upheld complaints within the self assessment. We have taken this into account when grading theme 4, statement 4.4.

### **Taking the views of people using the care service into account**

One hundred questionnaires were sent out to East Lothian and one hundred to Midlothian service users prior to the inspection. Twenty seven were returned from East Lothian, thirteen of which were completed by service users. Twelve of these were anonymous. Ten were returned from Midlothian, seven from service users, five of which were anonymous

As part of the inspection we spoke with one service user from East Lothian by phone. They thought the home carers were very good and could not praise them enough. The service users said they did not know what they would do without the service.

We spoke with two service users from Midlothian by phone, one service user made comments about the lack of training for new staff with the staff member asking them what they should be helping with, the second felt communication was poor with a

lack of notification about late visits and changes to the staff who had supported her for a number of years.

### **Taking carers' views into account**

One hundred questionnaires were sent out to East Lothian and one hundred to Midlothian service users prior to the inspection. Twenty seven were returned from East Lothian, fourteen of which were completed by relatives. Eleven of these were anonymous. Ten were returned from Midlothian, three from relatives, one of which was anonymous

As part of the inspection we spoke with four relatives from East Lothian by phone.

Relatives we spoke with from East Lothian were very happy with the support from the regular carers and all stated they thought the service was "excellent".

From the three questionnaires returned from relatives from Midlothian, all were unhappy about the service provided. Two had commented in the questionnaires that they were to make formal complaints to the service about their relative's care.

Relatives stated that there was poor communication; they were not involved in any consultation about changes to support, homecare workers were late, did not turn up and there was little explanation with regard to issues.

One relative gave examples of being informed that there were no carers available on several occasions in September.

Relatives' comments reflected our findings at inspection.



## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 1 - Unsatisfactory

#### Statement 1

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

#### Service strengths

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of care and support.

Housecall have a service user and care involvement strategy which stated that they "aim to involve service users in shaping service delivery, planning and evaluation of the services". All quality assurance is overseen by the quality assurance manager.

There was a programme of reviews for service users. We saw that reviews had been completed for most of the service users once in a 6 month period. There were also yearly reviews of support undertaken by the local authority where relevant. Reviews sampled were recorded and gave actions to complete where appropriate.

Home care managers had completed some direct observations of staff in service user's homes. Part of this process included feedback from the service users about their direct support.

In Midlothian an independent quality assurance officer, who was employed by Midlothian Council, had undertaken regular visits to service users as part of the overall quality strategy. Where any issues were identified these were actioned and the action taken was fed back to the manager.

A service user's forum had taken place in Midlothian in June 2012 where six service users /relatives attended. The meeting was minuted and was sent out to all service users.

All service users were given information on how to make a complaint or raise a concern through the information pack given as part of the personal plans.

We were told by the quality assurance manager that Care UK had sent out questionnaires to a sample of service users (approximately 300) in August 2012. However at the time of the inspection the results had not been collated and outcomes had not been fed back to service users.

### **Areas for improvement**

We advised at the previous inspection that the outcomes of reviews should be sent to service users. We discussed with the manager that as good practice a minute of the meeting should be sent out to all service users whether there were changes to their support or not. We saw that where a review of support had happened the service user had signed these, however we could not see where actions were to be followed up and that the outcomes had been fed back to the service users. (See recommendation 1)

Whilst the manager had introduced service user forums and the previous one had been successful in Midlothian, we saw that the one in June had poor attendance by service users and their relatives. Service user forums had not been successful in the East Lothian area. This will be followed up at the next inspection.

Although good quality assurance systems were in place, there was a gap in how the systems all linked together to enable feedback to be given to service users and their families. For example observed practices did not record detailed feedback from service users, although there was space to do so, in general, generic feedback was written i.e, "happy with service ".

At the previous inspection we saw that the questionnaires sent out and collated did not evidence how responses were given to those who raised issues. Since the last inspection no further questionnaires had been sent out by Housecall. Care UK Ltd had sent out their questionnaires in August but at the point of inspection these had not been collated. We found there was a lack of overview of the quality assurance systems to ensure feedback was given to service users and their families. (See recommendation 1)

At the previous inspection a newsletter "VOICE" was sent out to service users as a direct result of the request for further information about the service and future plans. No further newsletter had been sent out since the last inspection. We also saw previously that minutes of meetings were available to service users via the Housecall website; however this had not been updated since June 2011. (See recommendation 1)

We found that reviews of personal plans in a six month period were not consistently achieved. We did see that some reviews had been completed however there was not

enough evidence to show that the personal plans would all be reviewed at least once in a six month period. (See requirement 1)

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

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must make proper provision for the health, safety and welfare of service users. In order to do so, the provider must put in place a system to ensure that service users are fully involved in developing and reviewing their personal plans at least once in every six month period and that their involvement in the reviews is recorded.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of users and SSI 2011/210 5 (2) (a) and (b), Personal Plans

Account should also be taken of National Care Standards, Care at Home, Standard 3, Your personal plan.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

### Recommendations

1. Further review of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and service user forums into overall quality outcomes, to feedback to service users and their families.

National Care Standards, Care at Home, standard 11, Expressing your views.

## Statement 3

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

### Service strengths

We found that the service was weak in ensuring that service users' health and wellbeing needs were being met.

We looked at 15 personal plans in relation to health needs. Specific information was recorded on how to support individuals where they had health needs.

Where specific health needs had been identified staff were given training on these. Training would be provided internally, through external courses or by relevant professionals. We spoke with two relatives (East Lothian) whose mothers had very complex care. Both relatives felt the care and support from staff was of a very high standard and that the staff were well trained, responsive and professional.

We sampled Housecall policies and procedures and found these were used to underpin staff practice. Policies sampled included, Health and Safety, Medication, Accident and Incident Reporting, Adult Support and Protection, Medication and Food and Nutrition. All staff had been given training on all the policies and had also completed mandatory training such as Moving and Handling, Medication and Food Hygiene. We saw that the staff induction to the service was comprehensive and covered all aspects of the service to be provided. Staff were shadowed for their first shift to ensure they were competent and confident in providing care and support.

Risk assessments had been completed for all service users and these identified the specific level of risk, i.e. low medium or high, based on the outcomes from the assessment.

### Areas for improvement

At the previous inspection we discussed that we found that on some occasions where service users self medicated, staff would sign the record of medication sheet, which was not appropriate. We also found at this inspection there were issues with staff practice when service users were assessed as being able to self medicate. We saw that there was contradictory information within personal plans about medication administration. We also saw that staff did not follow the medication policy with regard to consistency in recording of medication. We had concerns that visits had been missed for service users who needed support with medication which may have a direct impact on their health. (See requirement 1)

We saw that in September there had been 26 missed visits to service users and 30 missed visits in October. We were concerned that in some cases this meant the service users had no support with personal care, meals and/or medication. Outcomes of upheld complaints made requirements and recommendations about the continuity of support to service users, including late visits, missed visits and a lack of overview of the system to ensure visits had taken place. From speaking with the care manager and co-ordinators, some of the issues arose when they had to directly support service

users and the system which highlighted missed visits could not be monitored. All staff spoken with said that this had improved and the system was being fully monitored. However in September, 7 visits were missed and not picked up and in October 8, visits were missed and not picked up on by the monitoring system.

We were told that in total there were 247 missed visits in September and in 91 October that were unable to be covered due to staff shortages, staff sickness.. There was not enough evidence to show that improvements had been made and sustained as a direct result of complaints made. The following requirement has been made seven times as the results of outcomes of complaints:

The provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as agreed in the support plan.

This is to comply with Social Work Improvement Scotland (Requirements for care services) 2011 (SSI 2011/210) Requirement 4 (1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service user. It also takes account of the National Care Standards for Care at Home services, Standard 2 The written agreement, and Standard 4 Management and staffing.

A further requirement had been made twice as a result of upheld complaints

The provider must ensure that staff who support service users are familiar with their needs. In achieving this, the provider should ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210 regulation 15 Staffing - A provider must, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of service users (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Because there was not enough evidence to show that improvements had been made as a direct result of the requirements made through upheld complaints, we have issued an Improvement Notice, dated 21st November 2012.

There was a system in place to directly observe staff practice on a regular basis through "spot checks". Records of the checks formed part of discussions in supervision and fed into staff appraisals. However there was lack of evidence that these had been consistently achieved for staff in the last 12 months. This meant that the system in place to monitor staff practice was not being implemented by the service and staff practice was not being observed to enable feedback. (See

recommendation 1)

Whilst it was recognised that all service users had risk assessments in place we found that often the risk assessments were not dated. We also found where risk levels were medium or high, there was inconsistency in detailing what the specific risk was, and how to minimise this. (See recommendation 2)

We discussed with the operations manager that we had concerns about the content within the revised format for personal planning. We found in three plans that service users' BMI (Body Mass Index) had been recorded. However on discussion it was unclear why this had been added to the personal plan. We assumed that the BMI calculation was based on the service users or family member giving details of the service user's weight, as there was no other means to assess this. This may not be accurate and any inaccuracy may lead to an inaccurate outcome of the BMI score. We were also unsure as to why this would be done. We discussed that clinical judgements should be the responsibility of relevant professionals. Although this did not at the time of inspection have an impact on the support or outcomes of service users, the practice of using a BMI rating where there has been no identified need by a professional should be reviewed. (See recommendation 3)

**Grade awarded for this statement:** 1 - Unsatisfactory

**Number of requirements:** 1

**Number of recommendations:** 3

### Requirements

1. The provider is required to ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:
  - (i) A written record of medication to be administered, including topical medication when prescribed by a GP or relevant health professional
  - (ii) Detailed information on the specific needs of the individual service user with regard to support with medication.
  - (iii) Accurate audits of medication records and systems
  - (iv) Staff training on monitoring medication records and how medication should be detailed within personal plans.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

### **Recommendations**

1. Observation of staff practice should be carried out as per Housecall policy to ensure staff meet expected competencies as discussed through induction and value based training. These should be recorded and link into practice development of staff.

National Care Standards, Care At Home, Standard 4, Management and staffing.

2. Risk assessments should reflect the information within the personal plan and include measures to be taken to minimise the risk identified.

National Care Standards Care at Home Standard 4, Management and Staffing.

3. The practice of using BMI risk levels should be reviewed and revised.

National Care Standards, Care At Home, Standard 4, Management and staffing.

## Statement 5

We respond to service users' care and support needs using person centered values.

### Service strengths

We found variable and weak practice in staff supporting service users with care and support needs using person centred values.

All service users receive an introductory pack for the service. This included information on how to contact the service and how to make a complaint. All service users received a personal plan file which gave details of advocacy services available. The file also gave information about the service, including contact details.

We looked at 15 service users' personal plans. All service users had a personal plan in place. We saw that the revised format for personal plans was in place for some service users and that some of the plans we looked at had been reviewed. The format included sections to record specific support needs, likes and dislikes, a detailed record of visits (including times) and contact details for relatives/representatives. We saw that some of the plans had very person centred descriptions of support, including preferences of the service user.

All homecare staff received training in the underpinning values of care and person centred support.

Some service users have a main team of carers which enabled a more consistent approach to support outwith annual leave and sickness.

All support tasks are updated on an ongoing basis to ensure that accurate information is given to staff with regard to individuals' support needs prior to visiting them in their home. Basic information about the tasks to be completed were recorded on staff rotas against individual service user's names, including reminders to look at the personal plans for specific details of support.

### Areas for improvement

Seven recommendations were made as the outcomes of complaints. All of these referred to improving communication with service users should homecare staff be running late, who would be providing support should the main homecare worker be off and the overall monitoring of missed visits to service users. We could not evidence that the seven recommendations made had been addressed by the service which had resulted in improvements. Therefore we have incorporated all seven recommendations into one requirement. (See requirement 1). Also see the improvement notice dated 21st November 2012.

Whilst we saw that some service users had a main team of carers and were informed of specific changes to their support, they were not informed of who would be supporting them when the main carers were off, unless they had specifically



requested this to happen. This had also been identified as the outcomes of complaints.

From speaking with the home care managers we understood that this may be difficult to achieve, given the number of service users and sometimes the level of dementia that some service users had. We discussed that at present, it was the expectation of service users and their families that they would be contacted with any changes. The "client information pack" gives detail on the services provided. Part of this pack included service user rights. This states that "you can expect carers to attend on time and remain for the allocated period. You can expect to be notified of changes in advance".

It was discussed that all homecare staff had identification and when we asked service users they said that staff did show them this and introduce themselves on the first visit to their home.

We discussed with the manager that service users and their families should be given accurate information on what the service will provide and how this will be provided. This would include reference to changes of homecare workers when the main worker is off. (See recommendation 1)

There was also no reference to travel times in the introductory information given to service users. The provider should include a clear and unambiguous statement concerning the practice of "travel time". We found issues with regard to travel through the staff rotas. Often staff were allocated on the rota to support an individual service user at exactly the same time the previous support ended. This was also identified at the previous inspection. (See recommendation 1)

Whilst the service users had written agreements/contracts in place these did not give specific details of the times of support. Some personal plans made reference to times of support but this was not consistently achieved in those we saw. (See recommendation 2)

We sampled 15 service users' personal plans. We found these to be variable in content, with some having comprehensive details of support needs, and others lacking details of support. We also found that in some personal plans, the information held in them was contradictory.

We did see evidence that there was a structure in place to ensure that personal plans were reviewed and updated. The manager said that updating the personal plan was part of individual reviews. (See recommendation 3)

The following requirement was made twice as a result of complaint investigations.

The Provider must ensure that the service is provided in such a way that it meets the identified needs of the service user as agreed in the support plan. This should include ensuring continuity of care for service users and that all staff must be familiar with the service users' support plans.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 3, a regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users. In making this requirement account has been taken of the National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

The requirement made reference to all staff being familiar with personal plans to ensure continuity of care. Whilst we did see some observed practice and shadowing of new staff, there was a lack of consistent sustained evidence to show that staff followed personal plans when supporting a service user. We saw instances where staff had not followed the agreed plan and the care manager had informed staff to do so. Because there was not enough evidence to show that improvements had been made as a direct result of the requirements made through upheld complaints, we have issued an Improvement Notice, dated 21st November 2012.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 3

### Requirements

1. The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

(i) Improve systems for monitoring all aspects of the service. This should include knowing whether support visits have occurred. Ensure that all staff and management know how to operate systems effectively.

(ii) Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

(iii) Regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

(iv) Calls received in the office from service users or their relatives are recorded and a system in place to ensure the relevant person is made aware that a return call is necessary.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard

2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

### Recommendations

1. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to changes of homecare workers and travel time.

National Care Standards, Care at Home, standard 1, Informing and deciding.

2. It is recommended that the service supply each service user with a written agreement which clearly defines the service that is to be provided, including times of support. The agreement should be signed by all parties involved and be in a format that suits the service users' needs.

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

3. The service should ensure that all service users' personal plans contain specific details of support and that these are signed as agreed by the service user or their representative.

National Care Standards, Care at home, Your personal plan, Standard 3.4.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

### Statement 1

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

#### Service strengths

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of staffing.

Direct observation of staff practice had been started in the service. We looked at a sample of these, these gave the opportunity for service users to give feedback when asked about staff practice.

In Midlothian an independent quality assurance officer, who was employed by Midlothian Council, had undertaken regular visits to service users as part of the overall quality strategy.

A service user's forum had taken place in Midlothian in June 2012. The meeting was minuted and minutes sent to all service users. Service users' forums had also been offered in other areas outwith Midlothian.

We saw that two service users had been involved in the training given at the induction for staff. They specifically discussed how they would want to be supported and their experience of support.

Comments under Theme1, statement 1.1 are also relevant to this statement.

#### Areas for improvement

See under Theme 1, statement 1.1 for recommendations and requirement made which are also relevant to this statement.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 2**

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### **Service strengths**

We viewed 10 staff files of staff who had recently been employed in the service. The information within the files showed the recruitment procedures met some elements of the Scottish Government's "Safe Recruitment through Better Recruitment" guidance.

All staff had completed an application form. Disclosure Scotland checks and more recently PVG checks were undertaken before the individual was offered a position. There was a comprehensive recruitment procedure in place. This included procedures for the applications, interview and appointment of staff.

The application form included sections on previous employment, relevant qualifications and experience and a section to sign with regard to any criminal convictions or pending convictions.

We saw that all candidates for post went through an interview and all the answers to the interview questions were assessed as appropriate. An overall assessment of the candidate was recorded at the end of the interview process.

All applicants had to complete a pre employment questionnaire in regard to health.

The organisation had followed best practice guidance from the UK Borders Agency when employing staff from abroad. This included photocopies of original documentation such as passports and driving licences and work permits where appropriate.

Because hours were not guaranteed in staff contracts (staff hours reflected service users' assessed hours of support), all staff signed a basic contract when offered the post.

On commencing employment all new staff had to undertake a 5 day induction prior to shadowing a staff member for one shift.

### **Areas for improvement**

We found that the content of the recruitment files could be improved. We found it difficult to cross reference the dates of returned PVG checks (although these could be found on the I.T system) and saw that not everyone had a recruitment pro forma in place to evidence at a glance if all checks had been completed prior to employment. We also found some ambiguity about the suitability of referees. Whilst all staff had two references we discussed with the manager that more appropriate referees could have been contacted. For example we saw that one prospective candidate did

voluntary work in a care setting but references were taken from employers for over 2 years ago.

There was a lack of explanation/notes in staff files about how decisions had been reached with regard to referee's suitability.

We could not see copies of insurance in staff files for those staff who used their car as part of day to day work. The service should make checks that staff have business cover for car use. Overall we thought that some improvements could be made to the content and structure of the files we saw. (See recommendation 1).

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should review the content of recruitment files to evidence why decisions have been made with regard to choices and suitability of referees and to evidence that all relevant recruitment checks have been completed with attached dates of completion.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

### **Statement 3**

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### **Service strengths**

Housecall staff were supported by a range of policies and procedures. There was a planned approach to the review of policies and procedures at a corporate level.

All staff were given a comprehensive induction. The induction included a local induction to the Homecare service and an organisational induction with respect to policies and procedures. Staff attended induction training which included dementia, infection control, national care standards, medication, continence, adult support and protection and moving and handling. All new staff were given the opportunity to shadow more experienced staff prior to lone working.

Principles of care were discussed at induction training. Discussion on treating people with dignity and respect were also part of the training, including respecting the environment of service users' homes.

Housecall also has a website where staff can submit a query to the training manager. The website also has links to on line training. A newsletter was also sent out to staff giving information on training events.

As part of staff achieving a relevant qualification, all staff will have the opportunity to gain an SVQ, with two intakes for this every year.

Staff mentors are identified to support new staff and enable a contact to discuss any issues.

Housecall have PDR (Performance Development and Review) system for staff. PRD included an allocated 1:1 meeting to discuss personal development and individual training needs.

All staff were given employee handbooks at induction. This included expectations of working with Care UK and a brief outline of policies such as whistle blowing, confidentiality and codes of conduct. All staff received a copy of the Scottish Social Services Council codes of conduct as part of their induction.

### **Areas for improvement**

We found that the Midlothian service had not sustained previous good practice in terms of staff meetings, supervisions and development. We saw the mentor scheme had not been consistently achieved, with mentors often not getting a response from staff they were trying to contact. Whilst there was a comprehensive induction we found that staff competencies were not assessed through observed practice as part of a probationary period. We could not find evidence that where staff had been

shadowing other more experienced staff, that the outcomes of these shifts were recorded. We saw where one staff member had been identified as needing extra support through a direct observation, that this was not evidenced as being followed up.

Whilst we could see there were systems in place to monitor, evaluate and develop staff practice, these were not being consistently used at the time of inspection. Feedback from care managers and co ordinators was that all their time had been taken up trying to allocate and cover support to service users, as a result the good practice previously identified could not be sustained. Care managers and the manager felt that things were improving and that observed practice, staff supervision and staff meetings were starting to be planned in. However at the time of inspection, and as this could not be evidenced, the grade reflected our findings at this time.( See recommendation 1 and 2).

Whilst all staff received mandatory training as part of the induction to the service, refresher training for all staff had not been achieved. (See requirement 1).

We discussed in theme 1, statement 1.3 and 5 issues with regard to staff practice, including poor practice with medication administration. As this links into this statement with regard to a professional and trained workforce, the grade also reflects our findings under theme 1.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 2

### Requirements

1. The provider is required to ensure that all staff receive training appropriate to the work they are to do. To achieve this, the provider must
  - (i) Ensure staff receive mandatory refresher training prior to the training expiring in food hygiene, Adult support and Protection and Moving and Handling

This is in order to comply with SSI 2011/210 Regulation 15(b)(i) a requirement about staff training. Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements, The Care Inspectorate has also taken into account, the Scottish Social Services Council -Code of Practice for Employers of Social Service Workers, in particular, paragraph(s) 3.1 and 2.2.

Timescale for implementation: to commence on receipt of this report and be completed within 6 weeks.



### **Recommendations**

1. Staff supervision should be implemented as per policy. All supervision should be planned and the plan should be made available at inspection.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

2. The competency of staff should be monitored effectively so that training links into staff development, supervision, competency and staff appraisals.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

## 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

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of management and leadership.

A service user now sits on the board of directors and it was hoped that in the future, this role could be developed further, and include more service users.

A service user's forum had taken place in Midlothian and had also been offered in other areas outwith Midlothian.

All service users were given the contact details for a range of advocacy services.

Comments under Theme 1, statement 1.1 are also relevant to this statement.

#### Areas for improvement

We discussed with the manager that further work could be undertaken to involve the service user and relatives in assessing and improving the quality of management and leadership. For example there was no involvement of service users or relatives at this time in the self evaluation of the service.

See under Theme 1, statement 1.1 for recommendations and requirement made which are also relevant to this statement.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We involve our workforce in determining the direction and future objectives of the service.

### Service strengths

We found there were adequate opportunities for the involvement of the workforce in determining the future objectives of the organisation.

Staff who attended induction training were given an induction handbook containing relevant information with regard to Housecall services. The values and philosophies of Housecall formed part of staff induction to the service.

Staff could complete an employee opinion survey, which was being sent to staff in 2012.

All staff receive a regular newsletter (Team Brief) giving details of any changes to service provision. There are also 6 monthly area meetings held where any changes or future plans for the service could be discussed.

An employee forum group was made up of staff representatives from each area. This gave an opportunity for staff to give feedback on any issues or to submit a question through the forum.

### Areas for improvement

At the previous inspection we found links to goals at a corporate level we found no link to service goals within training, supervision records or team meeting minutes of home care workers. At this inspection as a result of staff shortages and missed visits, staff supervision and team meetings were not consistently achieved.(See recommendation 1 and 2).

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

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. Staff team objectives which have been agreed and implemented should be reviewed on a regular basis.

National Care Standards, Care At Home, Standard 4, Management and staffing.

2. Organisational and/or team objectives should be clearly linked through supervision and goal setting for all staff.

National Care Standards, Care At Home, Standard 4, Management and staffing.

### **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### **Service strengths**

Housecall have a service user and care involvement strategy which stated that they "aim to involve service users in shaping service delivery, planning and evaluation of the services". All quality assurance is overseen by the quality assurance manager.

In Midlothian an independent quality assurance officer, who was employed by Midlothian Council, had undertaken regular visits to service users as part of the overall quality strategy. Where any issues were identified these were actioned and the action taken was fed back to the quality assurance manager.

Service users and their relatives had the opportunity to comment on the service through the service user's forums, one had taken place in Midlothian in June 2012. Service users' forums had also been offered in other areas outwith Midlothian.

Stakeholders undertook a yearly review of the service; we saw a review from East Lothian and Midlothian Council.

All staff leaving the service were asked to complete an exit questionnaire, which asked for feedback about working within the service. The Operations Manager had met with staff to gain an insight into why they left the service and to action any suggestions to make improvements.

See under Theme 1, statement 1.1 for strengths made which are also relevant to this statement.

### **Areas for improvement**

At the previous inspection we saw that whilst a quality audit system was in place, this had not been completed since 2008. Whilst we saw that Care UK had completed an audit in February 2012, this was not specifically for the Care at Home service and therefore could not be used to gauge an accurate audit of the service provided. Outwith the monthly quality audits completed by the quality assurance officer for Midlothian Council, we could find little evidence that the service was being effectively monitored and audited on a regular basis by the provider. Whilst there are summaries of complaints and of missed visits, an improvement plan was not in place at the time of inspection. Considering the level of complaints upheld in a short space of time, we would expect to see a planned approach to improvement as good practice. (See requirement 1)

At the previous inspection we discussed with the manager that the system for audits should be reviewed to ensure that outcomes are identified and that where relevant, these are also fed back to service users and relatives. This recommendation has been

carried forward. (See recommendation 1).

See under Theme 1, statement 1.1 for recommendations and requirement made which are also relevant to this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must
  - (i) Have clear guidance for staff on timescales for audits and the content of these.
  - (ii) Clearly record what required action has been identified as a result of an audit,
  - (ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectation of the audit, how to monitor outcomes and record follow up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

### Recommendations

1. The provider should review the current audit system and any feedback and outcomes identified from the audits should be given to service users and their families/representatives.

National Care Standards, Care at Home, standard 11, Expressing your views.

## 4 Other information

### Complaints

The service had eight complaints which were upheld since the last inspection. These are discussed in the body of this report.

You can find information about complaints that have been upheld or partially upheld on our website: [www.careinspectorate.com](http://www.careinspectorate.com)

These complaints may have affected the service's grades.

### Enforcements

We have taken enforcement action as a result of the outcomes of this inspection and the lack of evidence to show that requirements made from outcomes of complaints had been met. We issued an Improvement Notice dated 21st November 2012.

### Additional Information

None.

### 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 SCSWIS 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).

## 5 Summary of grades

<b>Quality of Care and Support - 1 - Unsatisfactory</b>	
Statement 1	3 - Adequate
Statement 3	1 - Unsatisfactory
Statement 5	2 - Weak
<b>Quality of Staffing - 2 - Weak</b>	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 3	2 - Weak
<b>Quality of Management and Leadership - 2 - Weak</b>	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 4	2 - Weak

## 6 Inspection and grading history

Date	Type	Gradings
6 Sep 2012	Re-grade	Care and support 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
24 Jan 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
24 Feb 2011	Announced	Care and support 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
19 Dec 2008	Announced	Care and support 4 - Good Staffing 5 - Very Good

## Inspection report continued

		Management and Leadership 5 - Very Good
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.



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