

Care service inspection report

Wellgate Day Support Service

Support Service Without Care at Home

7 Ladywell Avenue

Dundee

DD1 2LA

Telephone: 01382 435342

Inspected by: Marion Ash

Patrick Sweeney

Type of inspection: Unannounced

Inspection completed on: 14 March 2013



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003040222

Contact details for the inspector who inspected this service:

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service demonstrates excellent practice in the way it involves people in planning and reviewing their own care and support, making sure people live the lifestyle of their choice. The service had very low staff turnover and staff knew each person receiving support very well. The service was found to be creative in the way it involves the service users in improving the service.

What the service could do better

The service needs to ensure that cleaning materials are locked away securely at all times and service users cannot access areas where these materials are stored.

What the service has done since the last inspection

The service has continued to seek the views of service users in order to identify areas where improvements might be made. The service has continued to act upon the views of service users in order to provide support to people which meets their individual needs and aspirations.

Conclusion

The service is designed around the expressed needs and choices of people who use it. This helps service users to have an enjoyable experience and to gain maximum benefit from attending the day centre.

Who did this inspection

Marion Ash

Patrick Sweeney

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- 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 may not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 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 Inspectorate.

Wellgate Day Support Service provides a day support service for adults with learning disabilities. The service was registered by the Care Commission on 16 December 2003. The service is provided by Dundee City Council Social Work Department.

The service aims to provide support for service users to undertake activities in the service's premises and in the wider community. The service is for 42 service users on any day. The service operates on the basis of a minimum of one member staff to six service users. The service operates from 8:36am to 16:30pm, Monday to Friday. The service is only closed for 2 public holidays over the Christmas period and 3 public holidays over New Year. The service will provide transport for service users to and from its premises.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

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2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written following an unannounced inspection which took place on Friday 8 March 2013 between the hours of 10:00am and 14:00pm by Care Inspectorate Inspectors Patrick Sweeney and Marion Ash.

Feedback of our inspection findings was given to the manager of the service on Thursday 14 March 2013 at 12:00pm.

Before the inspection visit we received a fully completed self assessment from the service as requested. This is a document which asks the service to record evidence of how they meet each of the Quality Statements and identify any areas for improvement.

During the inspection, evidence was gathered from a number of sources including a review of a range of policies, procedures, records and other documentation which included;

- Accident/incident records
- Certificate of registration
- Public liability Insurance document
- Aims and objectives of the service
- Participation strategies
- Complaints records
- Service users support files
- Staff training records
- Training plan
- Risk assessments.
- Quality assurance systems

We also had the opportunity to have informal discussion with;

- The manager of the service,
- Senior support worker,
- Support workers,
- Service users

We have also reported on;

- Observation of staff practices.
- Observation of the environment.

All of the above information was taken into account and included within the body of the report.

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

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.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

The views of service users were gained through interview during the inspection process and completion of questionnaires. Comments made are included in the body of the report. 100% of respondents agreed with the statement 'The service has the equipment it needs to meet my care needs'.

Taking carers' views into account

The views of carers were gained through questionnaires. Comments made are included within the body of the report. 100% of respondents either agreed or strongly agreed with the statement 'Overall, I am happy with the quality of care the service gives me'.

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: 5 - Very Good

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

Wellgate Day Support had developed and implemented a service specific Service User/Carer Involvement information booklet which stated;

'Considering the views of service users, carers and other stakeholders is very important to us at the Wellgate Day Support Service in assessing and improving the quality of care and support provided by the service'.

We used the information recorded in this document and from discussions with the manager, staff and service users to confirm the information given to us in the Care Inspectorate self assessment document which the service completed and submitted prior to the inspection visit.

Opportunities people had to be involved in the assessment of the service included;

Daily Interaction - service users continuously evaluate the activities, meals and interactions with staff, expressing their approval or dissatisfaction through verbal communication, behaviour changes or use of sign language. Changes to activities were reflective of the feedback given.

Personal Plans - Consultation with service users and their carers was central to the development of a personal plan that identified the assessed level of care and support required and guided staff of the service to how the service users wished the support to be given. Personal plans sampled documented the involvement of service users and their carers in their production.

Review meetings - Personal plans and the support received were discussed with service users and carers at least every six months or sooner if required. Review meetings were fully recorded.

Suggestions Box - Available at the main entrance to the service giving the opportunity for anyone coming into the centre to make comments or suggestions for improvement anonymously.

Newsletter - Service users and staff form a newsletter group who meet weekly and together produce a regular newsletter for the sharing of information and developments within the service.

Questionnaires - issued by the service as another method of involving all stakeholders in the evaluation of the service provision. The information gained from these was collated and used to inform an improvement action plan for the further development of the service.

Speak up Group - Monthly service users meetings which are independently facilitated by SAY (Same As You) representatives. To maximise the level of involvement for service users symbol cards are used to aid communication.

Regular contact with carers on a one to one basis.

An independent survey of service users facilitated by local advocacy services - We were given a copy of the results of the survey which were seen to be extremely positive.

All of the information gathered was collated and discussed at staff meetings for the development of an improvement plan (a copy of which was given to the inspection officers). Participants were informed of how their suggestions and comments had impacted on the service provision and the development work planned in the form of an annual report was also discussed at service user meetings.

A comment made by a relative of a service user in the completed Care Inspectorate Questionnaire read "I am very pleased about the service and I am confident with the staff regarding the support and care they provide for my relative".

Areas for improvement

The service should continue to build on the excellent opportunities currently being offered for all those with an interest in the service to give their views and offer suggestions for its continuing development.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Service users were involved in a number of activity groups during the inspection visit. We saw good use by service users of the 'beauty salon'. This contained a nail bar where a service user was enjoying having their nails manicured and painted. Another service user was having their hands massaged, others were seen to be reading magazines in the room and enjoying the chatter and atmosphere.

During our inspection visit we observed service users to be involved in a number of activities such as;

- photo groups and film groups - creative photography
- knitting
- quizzes
- music Room - sensory equipment was being used here and soundbeam equipment
- craft Room - for sewing, clay modelling, and art work.

Internet access was supervised with staff logging into computers. All software was protected.

Two outdoor areas had been created for service users, including a potting shed and a courtyard area with planters that were attended to by service users.

Those who wished to have 'quiet time' could access the snoozellen at one of the local churches. The service did have their own sensory equipment and had future plans for the creation of their own snoozellen room during the planned refurbishment of the day support service.

The service used 'taster days' for service users to try new activities/community based services. This was to evaluate service users enjoyment of particular activities on the new activity timetables staff were developing with the service users.

There were many photos on display of service users enjoying many activities and seasonal celebrations, and having a lot of fun on the taster days.

We spoke with six service users during the inspection visit. Comments made included;

"I've chosen to come here. I like it, I get on with the staff here. I go to my link worker if I need help. I speak to my link worker about my plan, I change what I do if I want to. I buy the cooked lunches here, the food is good. I get asked my views by my link worker then they make a plan to do this I go to my review and my family come along. This is the place for me to go, I love coming here".

"I bring a packed lunch as I prefer this. It's fine and great here. I like to go out and doing baking skills. We do fire drills and evacuate the building. Between my link worker and myself we decide what is in my plan. I have been trying different things. I like discussing things at the link group in the morning there is going to be a refurbishment. The rooms are going to change around. We're going to stay here and the refurbishment will be done around us. I have a review of my support with my link worker. I would like a piano as I can play".

The service had purchased an i-mac with garage band which will give service users access to 'piano' with full size piano keys. The service had also arranged for the service user to visit a piano studio.

We observed the lunchtime experience for service users and noted the following;

Tables were well presented and welcoming, fresh flowers were displayed at each of the tables. Service users attending the day centre could choose between bringing a packed lunch into the service or purchasing a meal which is supplied to the centre from Tayside Cuisine. The service encouraged service users to be as independent as possible and a rota was displayed on the dining room walls listing tasks in the dining room that service users could assist with if they chose to do so during 'coffee bar time'.

Most of the service users who had particular dietary needs due to food allergies or having specific preferences chose to bring their own packed lunch into the service. Others were supported by staff to have lunch out at local café's or for a pub lunch.

We sampled three care plans and found them to record relevant information in relation to health, personal care and support, contact details of relatives and other key contacts. The service had also recorded the goals and aspirations of service users and how they could work together to achieve these where possible. Interests and hobbies were also recorded. Staff were able to demonstrate to the inspection officers in interview their knowledge about the needs of service users. We observed staff interacting with service users in a manner that respected their individual needs and support requirements.

A traffic light system was used to ensure that all care and support reviews occurred at least six monthly.

A requirement was made of the service following an upheld complaint investigation. The requirement and the action taken by the service to address the requirement is detailed as follows;

The Requirement

The Provider must ensure that effective and safe falls prevention and management systems are in place. This must include:

- * A Multifactorial Falls Risk Assessment for each service user.
- * Effective Accident reporting following falls.
- * Effective post fall investigation.
- * Effective identification of causative factors and preventative measures.
- * Effective and timeous communication with next of kin following a fall.
- * Effective communication and referral to health professionals following a fall.

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

Action taken by the service

The service had implemented a multifactorial falls risk assessment for each service user. The service had also developed and implemented a procedure giving guidance to staff of the actions to be taken following a fall. We found from examination of accident records that falls had been fully recorded. Accident records also evidenced that the manager of the service had looked at each of the entries and how the fall had occurred. Communication records showed that relatives had been informed of any accidents that had occurred. We considered appropriate action had been taken by the service to address this requirement.

Areas for improvement

One of the three personal plans sampled did not evidence a recent review had taken place or that information contained within the plan remained current. The manager of the service did however evidence that the review had taken place and an updated support plan had been created electronically and had been saved on the service computer. The updated plan and review information was printed off during the inspection visit following discussion with the manager and placed in the personal file. (See recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should ensure that the working care plans are updated following each review ensuring the information and guidance given to staff about the support required by individual service users is current.

National Care Standards - Support Services - Standard 4 - Support arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The evidence recorded for Quality Theme 1 Statement 1 is also relevant for this quality statement and has been taken into consideration when awarding the grade for this Quality Statement.

Areas for improvement

As recorded under Quality Theme 1, Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

On arrival for this unannounced inspection we found the service to be warm and comfortable throughout and the atmosphere was warm and friendly.

The service had sufficient equipment and facilities to meet the needs of service users all of which were subject to annual safety checks. Accidents and incidents were recorded appropriately and the service had relevant policies and procedures in place to further safeguard service users. These included;

- Adult Protection,
- Whistleblowing,
- Equal Opportunities

The rooms used by the service users were all on one level and the main entrance was ramped for ease of access for those with mobility difficulties.

The service had made good use of Makaton signs to assist service users identify the purpose of particular rooms.

Symbols were also used to ensure service users were aware of the fire procedure.

A call system was available throughout the building which allowed service users to summon assistance from staff. Staff received the call through a pager system which allowed them to respond to a call quickly.

We were told that there were plans in place to refurbish /upgrade the centre.

Areas for improvement

A service user had made a comment to the inspection officers that the pathway around the centre was a bit uneven. We knew this had been an issue in the past and the manager of the service told us that slab had been replaced. We walked the perimeter of the service with the manager and noted that there had been some settlement of the replaced slab, we were assured by the manager that this would be corrected as a priority.

During our tour of the premises we noted that some of the rooms visited displayed two signs, one for what the room was previously used for and one that informed what it was now used for. We pointed out that this may cause confusion to service users and all visitors to the centre and this was sorted by the manager on the day of the inspection.

We also noted that the door to the cleaning store was unlocked and we could access the room which stored a range of cleaning materials. The domestic on duty was not working within the vicinity of the room at the time. The manager informed us that this should have been locked and in the interests of safety for service users, asked a senior member of staff to fetch the key to lock the door immediately which was done in our presence. The manager said she would re-enforce the importance of this with the responsible staff.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that access and pathways to the centre, and the security of cleaning materials are regularly assessed and suitable measures are taken timeously to address any issues highlighted.

National Care Standards - Support Services - Standard 5 - Your environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The evidence recorded for Quality Theme 1 Statement 1 is also relevant for this quality statement and has been taken into consideration when awarding the grade for this Quality Statement.

Areas for improvement

As recorded under Quality Theme 1, Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service had a suitable induction programme in place for new staff. All staff at Wellgate Day support service had achieved an SVQ assessment award that meets the requirements for registration with Scottish Social Services Council (SSSC) when the register becomes available.

We were given copies of training records for some of the staff, these evidenced staff had completed training relevant to their role. This included;

- Digital Story Workshop
- Moving and Handling
- Makaton
- Elementary food and health course
- Mental Health and Well being

- Deaf blind awareness Training
- Protecting people awareness

Core training for support staff included;

- First Aid
- Equality and Diversity
- Domestic Abuse
- Food Hygiene
- Manual Handling
- Violence and Aggression
- Adult Support and Protection

Staff interviewed confirmed the training workshops they had attended. They also said that they were well supported by each other and the management of the service.

Some of the courses attended by staff for example, first aid and moving and handling require to be updated periodically, dates when this training was due to be renewed had been entered onto individual staff training records to allow the service to plan for the updates before expiry dates.

Continuous learning framework is currently being introduced to staff during supervision sessions.

Staff were aware of the National Care Standards for Care at Home Services and Scottish Social Services Council Codes of Practice and how these impacted on their daily interactions with service users.

Staff were also supported through regular supervision and annual appraisal.

Staff demonstrated a very high level of enthusiasm and commitment to the people attending the service. They stated that they were very well supported by the management team in their role in the centre and in their own professional development. The management undertake a performance and development review for all staff as part of the supervision process.

From our own observation staff were seen to interact very well with service users the atmosphere was excellent with lots of chat and laughter going on between service users and staff. Staff were heard to be considerate and respectful in their approach and demonstrated a genuine interest in the wellbeing of the service users.

Service users and carers who had completed the Care Inspectorate Questionnaire either agreed or strongly agreed with the statement 'I am confident that staff have the skills to support me'.

Areas for improvement

The service should continue to build on the very good practice evidenced at this inspection and give consideration to how training could be evaluated that would evidence how it had impacted on their daily practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

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 evidence recorded for Quality Theme 1 Statement 1 is also relevant for this quality statement and has been taken into consideration when awarding the grade for this Quality Statement.

Areas for improvement

As recorded under Quality Theme 1, Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

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

The views of service users, their carers and other stakeholders were a major factor in the quality assurance assessments of the service. Evidence recorded under Quality Theme 1 Statement 1 is also relevant for this quality statement and has also been taken into consideration when awarding the grade for this statement.

External quality assurance systems were undertaken in the service as part of Dundee City Council best value review process. The service had developed an action plan for improvement based on the findings of the review.

Monthly audits undertaken within the service included;

- Medication
- Management of case files

- Service user case file checks - a minimum of 4 case files to be checked per month. The manager and senior staff carried out regular audits of service user's files to make sure they were accurate, current and updated as changes had been identified through the review process.
- Lone working
- Health and safety checks for; Wheelchairs, Call system, Cleaning practice, Mini bus checklist, Shower head disinfection, Water safety checks.
- File time - ensuring each member of staff took time to read the care plans. Staff signed and dated when they had accessed the file.

All outcomes from audits were fully recorded and informed an action plan used to ensure any issues were fully recorded and actioned appropriately within a specific timescale.

Any deficiencies identified were recorded onto an action plan for the responsible staff to address.

The manager met with staff every morning to discuss any issues/concerns they may have from the day before.

Areas for improvement

The service should continue to build on the very good practice evidenced.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

A complaint had been upheld since the last inspection. Further detail can be found on the Care Inspectorate Website.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

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

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
29 Jun 2012	Re-grade	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
1 Nov 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
11 Jan 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed

Inspection report continued

9 Sep 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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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Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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