

# Home Farm Care Home Care Home Service

Home Farm Road  
Portree  
IV51 9LX

Telephone: 01478 613232

**Type of inspection:**

Unannounced

**Completed on:**

12 April 2019

**Service provided by:**

HC-One Limited

**Service provider number:**

SP2011011682

**Service no:**

CS2011300714

## About the service

This service registered with the Care Inspectorate on 31 October 2011.

Home Farm Care Home is registered to provide a care service to a maximum of 40 older people, of whom one person may be an adult with physical or sensory impairment. Respite/ short break places may also be provided.

The provider is HC-One Limited.

Home Farm Care Home home is a purpose built two storey care home situated in Portree on the Isle of Skye. The accommodation is over two floors. All of the bedrooms are single with en-suite toilet and wash hand basin facilities. There is a main dining room and two lounges on the ground floor and a small dining room on the first floor. There are shared lounges, bath and shower facilities on both floors. There is an enclosed garden area within the grounds which can be accessed directly from the building.

The provider's philosophy of care is to be:

'the provider of the kindest homes in the UK, with the kindest and most professional staff, where each and everyone can make a difference.'

There were 37 people using the service at the time of the inspection visit.

## What people told us

As part of the inspection process we gathered people's views in a variety of ways. We sent 12 care standard questionnaires to the service to pass to people using the service and 12 to pass to their relatives and friends. People who used the service were invited to take part in the inspection by talking with the inspector and inspector volunteer.

For this inspection, we did not receive any completed questionnaire back from people experiencing care or from relatives and friends. We spoke with 15 people experiencing care and eight relatives during the inspection.

The views and comments we received were positive about the staff and the care people received. People told us at times there were not enough staff, staff were sometimes overwhelmed and that the home had to use a lot of agency staff.

Comments we received included:

'the staff are very good, everything is fine, I have nothing to complain about'

'the food is very good'

'the food is good but they give me too much'

'we are very happy with the care'

'our biggest concern is that there aren't enough staff to support - no one in the lounge'

'Staff look after me well. it's very friendly here'

'It's very good in here - they are nice people. Exceedingly nice staff'

'Food is very good. Staff are good. They are sometimes a bit short staffed. I'm glad it is here and that I don't have to go further to visit'

'Nothing but respect and gratitude for the staff. They struggle in here for staff, sometimes the girls are almost in tears'

'They have been very, very good and accommodating her dietary needs. They encourage her independence. One of my concerns that they are so busy with care there's no time for social care.'

## From this inspection we evaluated this service as:

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

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

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

### How well do we support people's wellbeing?

**3 - Adequate**

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should experience warm, compassionate and nurturing care and support. We observed staffs approach was kind and caring. Staff called people by their preferred name which is important to help people maintain their identity and to be seen as an individual. Staff knew people well and had formed positive relationships with them and their families. People spoke about the staff being caring. We observed some good interactions where staff took time to connect with people using smiles, touch which provided reassurance. There were times where staff were busy and were not available to engage with people or provide the right support people needed. This potentially had a negative impact on people's wellbeing. People's needs should be met by the right number of people and staff should have time to support and care for people and speak with them. **(See area for improvement 1 and 'how good is our staff team?' Quality indicator 3.3)**

People should be able to choose to have an active life and participate in a range of recreational, creative, physical and learning activities every day, both indoors and outdoors. Keeping active helps people to maintain independence longer and have a better quality of life. The service employed two wellbeing coordinators who planned weekly activities and supported people with group activities and outings. Information was being gathered about people's preferences and interests which were to be used to improve activities which were person led and meaningful. There were good links with the local community with regular visits to the care home. Music was a good source of pleasure and connection with people and was used regularly through different activities and entertainment. When people were involved in activity and engaging with each other and staff this

had a positive impact on their wellbeing. There were times when people were sitting in the lounges with no interaction from staff or support to engage in activity that was meaningful to them. **(See area for improvement 2)** People were able to access the enclosed grounds directly from the downstairs lounge which provided the opportunity to outdoors in the grounds **(See 'How good is our setting?' Quality indicator 4.2)**

Being able to eat and drink well is important to keeping well. If people need help with eating and drinking, this should be carried out in a dignified way and their personal preferences should be respected. People were happy with the meals and told us the food was good. Staff regularly monitored people weights and sought advice when they had concerns about a person's weight loss or gain. People were regularly offered drinks and supported to maintain their hydration. The main dining room was a more pleasant environment than the small dining room upstairs. Mealtimes in the main dining room were sociable and people were generally well supported and seemed to enjoy their meals. We observed people did not always get the support they needed in the upstairs dining room which led to a poor mealtime experience for some people. As at the last inspection visit, the meal choices were not offered in a way that was suitable for people needs, for example with memory problems or cognitive impairment. **(See area for improvement 2)**

People should feel safe and protected from neglect, abuse or avoidable harm. We were reassured that staff were aware of their responsibilities to protect people from harm and how to respond if they identified concerns.

Any treatment or intervention people experience should be safe and effective. Generally, the arrangements in place to support people with their medication was suitable. However sometimes people did not get the topical creams they were prescribed and sometimes people were not getting their daily medication because they were asleep instead of changing the administration time to when they were awake. **(See area for improvement 3).**

People's care and support should meet their needs and be right for them. The majority of people looked well presented. People's needs were regularly assessed to monitor areas of risk and to plan the right support to promote their wellbeing. We found that not all assessments were up-to-date consequently any changes needed to the planned care would have been missed. **(See 'How well is our care and support planned? Quality indicator 5.1)**

People benefited from advice from other health professionals involved in people's care such as G.P's, dietician, dentist and psychiatric services. We saw evidence to support that staff followed their advice and treatment to support people's wellbeing.

## Areas for improvement

1. It is important that all people are offered opportunities to take part in regular meaningful activities regardless of their abilities and needs. Therefore, the provider was to review and further develop the activity programme. In order to do this they were to ensure that:

- a. All people had a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b. A full review of activities is undertaken which is based on consultation with people and their representatives, and following this;  
There is an activity plan in place to ensure that people are supported to take part in meaningful activities, that this is promoted, and;
- c. That this is regularly reviewed to ensure that there are continued positive social experiences;
- d. Regular reviews of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

2. It is important that all people are offered the same high quality of mealtime experiences, regardless of their abilities and needs. Therefore, the provider was to review the overall management of the meal and snack time experiences. They were to ensure that people's wishes, choices and preferences were sought and taken into account, thereby, promoting positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35) and 'I can drink fresh water at any time' (HSCS 1.39)

3. It is important that people receive the right treatment at the right time. Staff need to ensure that:

- a) people receive any treatment as it has been prescribed for them
- b) monitor the person's medication, effectiveness and the condition for which it has been prescribed
- c) contact the relevant health professional if there are changes or concerns about the medication
- d) accurate administration records are maintained and care plans are updated when changes are made.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

### How good is our leadership?

**4 - Good**

We found there were a number of important strengths which taken together, clearly outweighed areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People should be confident that the service is well led and managed. Although we could see there had been some improvement in some areas since the last inspection, progress had been slow. The home had been through a period of change since the last inspection. A new manager had taken up post in December 2018 and had received support from HC-ONEs upper management. People we spoke with spoke positively about the new manager. HC-ONEs area manager was deputising in the managers absence during the week of the inspection and arrangements were in place for the following week. The manager had been working to establish the staff team, recruit more staff and to build up relationships with people. The manager should continue to build on these relationships and encourage feedback about improving the service.

People should benefit from a culture of continuous improvement. The organisation had good quality assurance systems in place which involved internal and external audits, monitoring of key clinical indicators, reporting systems and a home not been followed and the manager was re-establishing these. The management should continue to work with the staff team to evaluate the service and work together to support the improvement to improve the quality of care and support for people.

### How good is our staff team?

**3 - Adequate**

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be confident the service ensures they are cared for by the right number of people to meet their, social, emotional and physical needs. The service had a high number of vacant nursing and care staff hours a week which had been covered by the care home staff, staff from HC-ONEs other homes and with agency staff. Planning was done in advance, however they have difficulties ensuring the right number of staff were available when there were absences at very short notice as staff were already working extra shifts and there were geographical difficulties obtaining agency staff at short notice. The service had continued to actively recruit and HC-ONE as an organisation were looking at ways to improve the recruitment and retention of staff to improve the current situation. The service was carrying out dependency levels to calculate the number of staff hours they needed. We observed staff supporting people well however we also observed different times in the day when people did not receive the care and support they needed. This was more apparent for people who were on the first floor of the home. This had a negative impact on people's wellbeing and could potentially put people at risk. The staffing levels fluctuated at different times of the day with no rationale to support why this happened. Several people we spoke with told us that there were not enough staff and comments were made that staff were 'too busy,' 'overwhelmed' and 'struggling' at times. The service needs to monitor people's dependency levels in relation to the number of staff supporting them and look at how staff are deployed across the home and throughout the 24 hour period to ensure that people are receiving the right care at the right time from the right number of people. **(See area for improvement 1)**

## Areas for improvement

1. The management should make suitable arrangements to ensure there are sufficient staff throughout the home at all times and that they are suitable deployed to ensure people receive the right care at the right time from the right number of people. People's needs at different times of the day, the layout of the building and the fluctuating levels of ancillary and support staff throughout the week should be taken account of when making these arrangements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states that: 'My needs are met by the right number of people.'

## How good is our setting?

### 3 - Adequate

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should experience premises that have been adapted, equipped and furnished to meet their needs. The service had carried out some decoration within the home and this had made these areas more pleasant. There were other areas of the home that were shabby and looked worn and in need of redecoration. The maintenance arrangements had recently improved which meant day to day repairs were dealt with promptly however there was limited time for the maintenance person to carry out the redecoration work that was needed to enhance the environment for people living at Home Farm. Although the space in the majority of rooms was limited, these were personalised with people's own belongings which is important as personal objects are reassuring and can help to promote self-care.

People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space because the premises have been designed or adapted for high quality care and support. The dining room on the ground floor was used well for activities and entertainment. There were small lounges on each floor and some seating in the foyer area which seemed a popular place to sit. Quiet spaces within the communal areas for people to sit were limited and furniture was not arranged in a way that might encourage socialising and conversation. The management should look at ways to improve this.

The service was set in its own grounds. It was nice to see people going out for walks in the grounds with their relatives. People could access the enclosed part of the garden directly from the downstairs lounge if they were independent enough to do so. The garden was not being used to its potential and could be improved considerably to enhance the quality of experience for people and increase the opportunities for people to use it more independently. This would support people towards making the most out of life and would have positive benefits for people's wellbeing.

People had access to televisions, radio, newspapers and telephones and Wi-Fi. This supported people to be connected and made it easier for some people to keep in touch with friends and family which is important.

The premises did not have facilities to enable people to make their own snacks and drinks. The service should explore ways people could be supported and be as involved as they would like to be with making their own drinks and snacks.

Action should be taken to assess and enhance the environment for people. This should include for example improving prompts to help people find their way around; improving the way people can move about more independently and safely both indoors and outdoors; and ways to help people have more control and retain their independence where they can. **(See area for improvement 1)**

## Areas for improvement

1. The provider should enhance the quality of the environment in ways that promote people's independence, enables access to all parts of the premises they can use and supports people choices of where they spend their time.

This is to ensure that care and support is consistent with the Health and Social Care Standards 5.16 which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'

## How well is our care and support planned?

**3 - Adequate**

We found there were some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People's care plans should be right for them because they set out how their needs will be met, as well as their wishes and choices. The nurses, nursing assistants were involved with developing people's care plans with them. Various healthcare assessments were carried out indicate potential risks and care needs. These were repeated at regular intervals to monitor for changes to risk and care needs. We found that not all assessments were up-to-date consequently any changes needed to the planned care would have been missed. We looked at a sample of care plans and could see that some of the information from assessments was used to plan the care that was needed. Some of the care plans lacked detail to inform care staff about the support people needed and how this was to be provided. A requirement was made at the last inspection to ensure people's emotional, psychological,

social and physical needs are met and are in a manner which respects their wishes and choices. Some care plans contained person centred information with evidence of people's choices, independence and preferences being taken into account. The evaluations of the care plans did not link to outcomes being met and were generally not evaluative or informative. People should be fully involved in assessing their emotional, psychological, and physical needs at an early stage, regularly and when their needs change. We could see that some reviews of people's care had been carried out with them or their relatives and some were overdue. The poor quality care plans meant people were not being adequately or effectively supported with their health and wellbeing needs, which could result in deterioration in their health. The service should look at developing more outcome focussed care plans and ensure that reviews are more evaluative to ensure people's care is right for them. A new manager had taken up post since the last inspection. There was an action plan in place to address the requirement that had been made to improve the way the service's care and support was planned. Some progress had been made to address the requirement however this had not been fully implemented by the time of this inspection visit.

**(See requirement 1)**

## Requirements

1. By 30 June 2019 you must ensure people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. A full assessment is undertaken, which identifies significant risks to people's health, welfare and safety. Including, but not limited to those which relate to; supporting people with stress and distress and the management of tissue viability, medication and the use of as and when needed medication;
- b. All people to have a personal plan, which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- c. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care, they are recognised and action is taken promptly to address them;
- d. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- e. Reviews and evaluations of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care plans meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15) This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 5(1)(2)(a)(b) (i)(ii)(iii)(c)(d) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.



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

### Requirements

#### Requirement 1

By 31 March 2019 you must ensure that persons employed in the provision of care are trained, competent and skilled in relation to the induction, training and supervision they took part in;

In order to achieve this the provider must ensure that:

- a. There is an assessment of staff competence and skills in relation to the identified aspects of care and support;
- b. That staff received training based on the above assessment;
- c. That staff took part in effective training in relation to, but not exclusively to the care of people with dementia, person centred care and the care planning process;
- d. There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised and action is taken promptly to address them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

It is also necessary to comply with:

Regulation 15(b) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.

**This requirement was made on 6 December 2018.**

#### Action taken on previous requirement

A new manager had taken up post since the last inspection. An action plan to address this requirement had been submitted by the new manager we could see some progress had been made to address this. The manager had an overview of when staff annual appraisals were next due and records showed that these had been carried out since the manager took up post. We found that staff had received supervision during which training needs were discussed and training was planned for. The organisation had planned training which the service could book and access in addition to the online training (HC-ONEs touch training system) and face-to-face staff were required to complete as part of their role. Where training needs had been identified out with this, the organisation's Learning and Development facilitator had been notified so the relevant training could be arranged. The manager had an overview of the training that had been completed which was monitored on a regular basis to try and ensure that staff training was being kept up-to-date. A high percentage of staff had undertaken the HS-ONEs 'compliance courses' and 'required courses'. Where staff had not completed the training this was being addressed by the management. Some discussion had taken place about person centred care planning with staff groups. This needed to be progressed further. The outcome of the induction and training staff have undertaken should be evaluated to ensure the induction and training staff have received has been effective in relation to, but not exclusively to the care of people with dementia, person centred care and the care planning process. The service had planned carry out observations of practice to monitor that staff are competent and skilled and to identify and address any poor practice. This had only recently been implemented and consequently only a few observations had been carried out. The action planned to address this requirement needs to be fully implemented and established to ensure that persons employed in the provision of care are trained, competent and skilled in relation to the induction, training and supervision they took part in.

The time scale for this requirement has been extended to 30 June 2019. This is to give the service further opportunity to progress the action they had planned and not fully implemented by the time of this inspection visit.

**Not met**

## Requirement 2

By 31 March 2019 you must ensure that that people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. A full assessment is undertaken, which identifies significant risks to people's health, welfare and safety. Including, but not limited to those which relate to; supporting people with stress and distress and the management of tissue viability, medication and the use of as and when needed medication;
- b. All people to have a personal plan, which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- c. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care, they are recognised and action is taken promptly to address them;
- d. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- e. Reviews and evaluations of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care plans meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

It is also necessary to comply with:

Regulation 5(1)(2)(a)(b) (i)(ii)(iii)(c)(d) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2

**This requirement was made on 6 December 2018.**

### Action taken on previous requirement

A new manager had taken up post since the last inspection. An action plan to address this requirement had been submitted by the new manager we could see some progress had been made to address this.

Please see 'How well is our care and support planned?' section of the report.

The time scale for this requirement has been extended to 30 June 2019. This is to give the service further opportunity to progress the action they had planned and not fully implemented by the time of this inspection visit.

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

It is important that all people are offered opportunities to take part in regular meaningful activities regardless of their abilities and needs. Therefore, the provider was to review and further develop the activity programme. In order to do this they were to ensure that;

- a. All people had a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b. A full review of activities is undertaken which is based on consultation with people and their representatives, and following this;
 

There is an activity plan in place to ensure that people are supported to take part in meaningful activities, that this is promoted, and;
- c. That this is regularly reviewed to ensure that there are continued positive social experiences;
- d. Regular reviews of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday, both indoors and outdoors.' (HSCS 1.25)

**This area for improvement was made on 6 December 2018.**

#### Action taken since then

The service planned to complete a 'remembering together booklet' for each person with their and /or their relatives involvement. This information was to be used to inform the person's care plan and support activities that were meaningful to them. The service should continue to work on this area for improvement. The manager planned to monitor the quality of the information in the booklets as part of the care plan audits with in the home and to assess the outcomes of the activities being provided. This area for improvement remains in place. Please refer to 'How well do we support people's well being' section of this report.

#### Previous area for improvement 2

It is important that all people are offered the same high quality of mealtime experiences, regardless of their abilities and needs. Therefore, the provider was to review the overall management of the meal and snack time experiences. They were to ensure that people's wishes, choices and preferences were sought and taken into account, thereby, promoting positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35) and 'I can drink fresh water at any time' (HSCS 1.39)

**This area for improvement was made on 6 December 2018.**

#### Action taken since then

The service had carried out audits of the meal time experience and had identified some areas for improvement. At the time of the inspection the provision of snacks and the quality of experience for people was inconsistent

across both days of the visit, times of day and the different areas of the home. The quality of the meal time experience for people in the upstairs dining room should have been better. This area for improvement remains in place. Please refer to 'How well do we support people's well being' section of this report.

## Previous area for improvement 3

To ensure positive outcomes for the people who use the service the provider must review how staff meetings were managed. They were to ensure that there was a follow up to agreed actions from previous meetings; what worked well, lessons learned and the impact on outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

**This area for improvement was made on 6 December 2018.**

### Action taken since then

The manager had scheduled staff meetings and a planner was in place so staff were aware when these would take place. This had recently been implemented

It was planned that staff would contribute to the agenda and previous meeting minutes and actions would be reviewed at the start of every meeting.

Staff meeting minutes were displayed so all staff have access to them. To ensure positive outcomes for people the management should regularly monitor to see that the agreed actions from previous meetings take place and these have a positive impact on outcomes for people.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good

2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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