

Belhaven House Care Home Service

3 Craigend Road
Troon
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Telephone: 01292 314 410

Type of inspection:
Unannounced

Completed on:
23 August 2021

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2011303194

About the service

Belhaven House is registered to provide a care home service to 32 older people, some of whom may have dementia and two named adults under the age of 65. Respite care can also be provided within the service.

The service was registered with the Care Inspectorate on 1 December 2011.

The service provider is Mansfield Care Limited.

Belhaven House is situated in Troon, South Ayrshire. The service is close to the town center, local amenities, beach and golf course.

The home is a converted villa with extension. Accommodation is over two floors, most bedrooms are on the ground floor to the rear of the building. All bedrooms have either en-suite toilet, or en-suite toilet and shower facilities.

There are communal lounges and dining room at the front of the house on the ground floor. The first floor lounge was not in use.

A large unsecured garden to the front of the property, and enclosed garden to the side are available for people to sit outside. Improvements are planned to refurbish the home, improve communal facilities and allow easier access to outdoor space.

At the time of the inspection there were 25 people living at the service.

The service does not employ nurses and uses district nurses and other visiting healthcare professionals to assist in meeting people's healthcare needs.

The service states its aims as:

'To treat all our residents with respect, helping them to present a positive image and be welcomed as valued individuals.'

An Improvement Notice was issued on 30 August 2021 with timescales set for the provider to ensure people's health, safety and well-being needs are met in a well maintained environment which is staffed safely.

What people told us

We spoke with six people who use the service. Some told us they were satisfied with the care and found staff to be friendly and supportive. Others told us they were bored and at times they were not responded to when they needed help and this left them feeling treated with indignity.

We spoke with several relatives, most of whom felt the service was going well for their relative. They felt staff were sometimes rushed but were reassured they knew their relatives well. One relative was dissatisfied with the cleanliness and care provided.

We also carried out observations to gauge the views of people who cannot express these easily themselves. Some people spent periods of time with little to do and walked with purpose or remained in their room with little staff contact.

We discussed how changes to staff allocation and use of space could bring about improved experiences. The management were receptive and keen to bring about more homely person centered care for people supported by the service.

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?	2 - Weak
How good is our setting?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We evaluated this area as weak. This applies where strengths are outweighed by weaknesses.

People supported should experience compassionate care that meets their needs. We saw examples of staff being polite and interacting well with people. However, from observations and feedback we concluded people were not always experiencing care with dignity and respect. For example sometimes people were not assisted in a timely way to go to the toilet and the environment was not kept clean and homely. This had an impact on people's well-being.

People should expect to get the most out of life. People were benefiting from a regular program of varied activities. However, some people were unable to take part and had little going on. Although there was outdoor space this required support from staff for people to use when supervision was needed. Some people were limited in how they could live due to lack of daily living equipment. For example in seating or personal care. Ways of supporting people to live more meaningful lives were explored with management who were receptive. (See area for improvement 1.)

Some people told us they felt well connected and supported to keep in touch with family or friends. Others felt this had not been proactive enough. There were visits taking place within the care home and garden areas. The Scottish Government guidance "open with care" was not widely understood by staff. Clearer visiting procedures needed to be developed to support staff to be more confident. The manager agreed to do this. (See 7.3 Staffing).

People should expect their health to benefit from the care and support provided. We observed mealtimes and found these could be managed better. Staff were not always on hand due to competing tasks. People's nutritional needs had not been monitored sufficiently in the last few months. Although staff knew people's preferences well they were not proactive in promoting higher calorie snacks and extras for people who were low weight or losing weight. This needed a more targeted approach. (See area for improvement 2.) Promotion of continence, skincare and risks of pressure sores was also not assessed and monitored sufficiently using best practice. This meant some people's needs were not met or supported sufficiently. (See requirement 1 and area for improvement 3.)

People should expect their personal plan to reflect their needs and guide staff so people's well-being needs can be met. The personal plans were incomplete and not up to date. Recording systems had become disjointed as new electronic care plans were developed. This had the potential to impact on health outcomes for people. For example, deteriorating health, people experiencing pain or risk of skin breaking down leading to risk of pressure ulcers occurring.

A review of how past medical history is recorded and information to support staff to manage long term medical conditions was needed to make this clearer. For example COVID-19 history and effect should be recorded at pre-admission and support plans put in place if needed. This helps ensure people get the right support. Decisions needed to be made on the use of supplementary paper charts to ensure medicated creams, changes of position and so on were recorded. This reduces the risk of skin breakdown and discomfort. (See requirement 1 and area for improvement 4.)

Requirements

1. By 24 September 2021, people's health, safety and well-being needs must be accurately assessed, documented, met, and effectively communicated between all relevant staff. This means putting people using the service at the center, identifying what is important to them, and ensuring that everyone is working together to maximise their health, safety, and well-being. In particular you must:

- (a) Assess and record people's health, safety, and well-being needs within their care plan taking account of their choices and preferences.
- (b) Ensure that any risks to people's health, safety or well-being are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.
- (c) Ensure that people's health and well-being is consistently monitored and evaluated to inform the level of care required.
- (d) Measure the effectiveness of the care provided to people through observation of their care experiences, and other relevant evaluation and review processes, such as, but not limited to, quality audits, external feedback, and clinical governance reviews. All observations must be documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me." (HSCS 1.19)

This is in order to comply with regulations 3, 4(1)(a), and 5(1) & (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement is contained within the Improvement Notice served to the provider on 30 August 2021.

Areas for improvement

1. To support better outcomes for service users linked to choices and preferences, the service provider should enhance the opportunities for people to engage in meaningful activity. This should include, but is not limited to:

- Individual assessment, including financial risk assessment to support people to spend their money in their best interest and enhance their lives in ways which are meaningful to them.
- Support to carry out every day activities such as making a cup of tea/ washing dishes.
- Support to move, exercise and change position, with appropriate equipment supplied if needed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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. To ensure people's mealtime experience is improved and nutritional needs are met the service provider should:

- provide visual choices at the time of the meal,
- provide high calorie snacks and extras to meet individual preferences for those at risk or losing weight.
- ensure staff are close to hand at mealtimes and consider ways of serving food in smaller groups.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'.

3.

To ensure people's skincare needs are met, the service provider should:

- assess, document and monitor pressure ulcer risks in keeping with best practice guidance.
- monitor the effectiveness of equipment such as pressure relief cushions and mattresses.
- specify the support to move and change position.
- ensure skin care products such as barrier creams are used effectively.
- promote continence using equipment if needed such as wheeled commodes.

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

4. The service provider should consider ways of administering medication in a more homely way, to ensure that wider improvements can be made to the monitoring of health and use of best practice.

This should include a clear record and illustration of where to apply topical medication, frequency of application and evidence of administration.

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

How good is our setting?

2 - Weak

We evaluated this area as weak. This applies where strengths are outweighed by weaknesses.

People can expect to benefit from the layout of the service. The majority of bedrooms were located a distance away from the communal lounge and dining areas. This meant people had to walk quite a distance or be supported by staff to move between these areas. This limited independence and meant people did not benefit from smaller groupings with facilities closer to hand. For example there was no kitchenette facility which staff or visitors to the home could use to enable drinks and snacks to be provided in a more homely way. (See area for improvement 1.)

People should expect the home to be well maintained. We saw many examples of walls, flooring and furnishings which had become worn and needed replacement or repair. This meant people experienced an environment which was not well looked after. There was a lack of ventilation and dull lighting in areas which could impact on people's safety. The heating was not adjustable which meant at times people were too hot or potentially too cold. The fluctuating water pressure and temperature control meant there was a risk of people not having personal care when they wanted or in a way they preferred. (See Requirement 1.)

The provider has a refurbishment plan but it was in the early stages. Immediate improvement was made during the inspection to reduce the heating and open windows which had been sealed shut.

People should benefit from equipment which can assist in meeting their needs. There was a limited range of seating, shower and commode chairs available. This meant some people could not benefit from moving out of bed or use shower facilities. (See area for improvement 2.)

People should be able to access the garden. This was limited by uneven pathways and locked doors. The provider had a plan to change use of two rooms and improve access to the side garden. This would be beneficial and allow people to use this area more easily.

Requirements

1. By 10th September the provider must ensure a plan is in place to address the maintenance of the premises and improvements needed. This must include:

- an environmental audit to assess all areas of the care home, and ensure a good state of repair, decorated and maintained to an appropriate standard
- plan and address within an agreed timescale needs of dirty utility and house keepers cupboard facilities
- ensure sufficient hot water in people's bedrooms and communal bathrooms, if this is not possible set out a plan and agreed timescale by which this can be achieved
- review maintenance systems to ensure essential health and safety checks are carried out within set timescales and remedial actions are taken where deficits are identified
- ensure windows can open to provide ventilation
- ensure heating is adequate and adjusted as the weather changes
- lighting improvement in areas which are too dull.

This is to comply with Regulations 4(1)(a)(d) and Regulation 10(a)(b)(c)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. The service provider should review the layout and use of spaces in order to develop more person centered care practices within smaller group living areas.

This is with particular reference to:

- support to carry out every day activities such as making a cup of tea/ washing dishes
- ensure staff are available to provide support for more meaningful activities by reducing time away from a "household" area for example by provision of kitchenette and dishwasher
- consider how communal spaces are used to create smaller more homely living.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.' (HSCS 5.7)

2. The service should re-assess equipment needs for people as their needs change. This includes equipment to support sitting out of bed (chairs/pressure relief cushions), transferring to shower or bath and support to get to the toilet more easily such as wheeled commodes.

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

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.2: Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection was to establish if the setting was safe and well maintained in relation to Covid-19.

We observed some positive practice. Staff were wearing personal protective equipment (PPE) appropriately. Changes were made during the inspection to provide additional bins to make disposal easier.

Staff took opportunities to carry out hand hygiene. However, this was difficult at times due to limitations of the hand wash facilities. For example, some needed liquid soap replenishing or lacked warm water. In addition, alcohol based hand rub dispensers also needed improvement to ensure these were kept clean and functioned correctly.

The environment was not clean and a letter of serious concern was issued. A further visit was undertaken and improvement was seen in cleanliness. Further improvement was needed to ensure this is maintained. Cleaning schedules indicated there had been insufficient staff. Closer monitoring of cleanliness and clearer guidance for staff was needed. The responsibility for cleaning of spills and contamination to equipment such as toilet seats and mattresses needed to be made clearer for staff. This will help to reduce risks of cross contamination and odours. (See Requirement 1.)

The laundry layout had been improved recently and this helped to minimise cross infection. Further improvement was needed to staff practice in how used laundry was transported by bringing the laundry buggy closer to people's rooms. This would make things safer. (See area for improvement 1.)

Staff carried out regular testing and had an awareness of signs and symptoms of COVID-19 to look out for.

7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection was to establish if the staff team was sufficient and have the right knowledge and skills to support people in relation to Covid-19. The strengths had a positive impact on people's experiences but these were outweighed by weaknesses due to insufficient staffing and some staff practices which needed improvement.

Recent staff changes meant the team were still evolving. Most staff were well known to people who live at the service. Positive relationships were evident. However, staff were not always available when they were needed. This had a negative effect on the experience of people living at Belmont House and impacted on outcomes in relation to mealtimes, continence promotion and cleaning. (See Requirement 2.)

People should have confidence in staff. However, we heard some loss of confidence in how people are responded to. The layout of the home makes it harder for staff to be in touch with people when they are needed. The deployment of staff needs to be reviewed in order to be more responsive to people's needs. (See area for improvement 1 in Section 4.1)

Although staff were aware of adult support and protection procedures these may not be used effectively enough to ensure people are protected from harm. We were also not confident people's concerns when raised were always listened to, recorded and responded to. This is important so people are protected from harm and feel they are taken seriously. (See Requirement 3.)

Management made changes during the inspection to bring in additional staff and were supportive of longer term changes to reduce task oriented care and introduce more person centered care practices. Although quality assurance systems were in place these had not worked well to ensure good practice and outcomes within the service. (See Requirement 3 and area for improvement 2.)

Requirements

1. By 10 September 2021, people must experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

- (a) Ensure effective communication is in place to alert staff to areas that present a risk of transmission of infection.
- (b) Ensure that the environment is cleaned thoroughly, including all equipment, and furnishings.
- (c) Ensure that damaged surfaces on flooring and furniture is replaced or repaired to ensure that they can be cleaned effectively.
- d) Develop, implement and monitor an enhanced cleaning schedule that reflects the guidance from Health Protection Scotland entitled, 'COVID 19 Information and Guidance for Care Homes Settings'.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

This is to comply with Regulations 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement is contained within the Improvement Notice served to the provider on 30 August 2021.

2. By 24 September 2021, people must receive care that meets their health, safety and well-being needs and enables them to experience respectful, personalised, and compassionate care. In particular you must ensure that:

- (a) There are enough staff on each shift who are appropriately trained, skilled and competent in the role they are to perform.
- (b) There is an evaluation of staff learning and development needs and training implemented which meets the needs of the current resident group and staff professional codes of practice.
- (c) The numbers and skill mix of staff employed are based on an accurate assessment of each service user's needs and identified areas for potential harm.
- (d) There are sufficient numbers of staff to ensure that service users experience meaningful engagement and occupation. This should include, but need not be limited to including, regular opportunities to be outdoors and away from the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people". (HSCS 3.15)

This is in order to comply with regulations 4(1)(a), 9(2)(b) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement is contained within the Improvement Notice served to the provider on 30 August 2021.

3. By 14th September people must be assured the service operates to promote quality and safety of. In particular:

- If people raise a concern this will be recorded and responded to.
- People's views will form an integral part of quality assurance and,
- Quality assurance systems will be more robust to ensure oversight of key indicators for health, safety and well-being.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made". (HSCS 3.22)

This is in order to comply with Regulation 3 Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The service provider should review staff practice in relation to laundry transportation and washing temperatures to ensure this is in keeping with national guidance.

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

2. The service provider should ensure a review of leadership, accountability and audit is undertaken to people can be confident in the organisation.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I use a service and organisation that are well led and managed". (HSCS 4.23)

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

To support better outcomes for service users linked to choices and preferences, the service provider should enhance the provision of activities throughout the home. This should include, but is not limited to:

- equitable access for all those who live in Belhaven House
- activities linked to individuals' preferences, which provide stimulation and validation
- measurement of the efficacy of activities offered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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); and 'I can take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21); and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section on well-being.

Previous area for improvement 2

To ensure people's rights are respected the service provider should make sure service users are supported and empowered to make choices and decisions; with all required information being made available to the service user. This should include, but is not limited to, choices regarding diet and fluid.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37); and 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section on well-being.

Previous area for improvement 3

To ensure that care and support is safe and effective, the service provider should make sure that all documentation required for the on-going monitoring of service user's health and well-being is completed consistently and to a good standard.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or interventions that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and is subject of a requirement. See section on well-being.

Previous area for improvement 4

To ensure service users receive care and support which is safe and effective, the service provider should enhance the quality of medication documentation.

This should include, but is not limited to:

- clear illustration of where to apply topical medication
- frequency of application
- evidence of administration.

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

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section on well-being.

Previous area for improvement 5

To ensure that service users receive care and support which is safe and effective, the service provider should put in place and implement a system to track outcomes from audits. Where developments are required, actions set should be specific, measurable, achievable, realistic and time-framed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section 7.3 staffing.

Previous area for improvement 6

To ensure that service users and their representatives have influence in the safe running of their home, the service provider should make sure their experiences and opinions are incorporated into the quality assurance process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section 7.3 staffing.

Previous area for improvement 7

To ensure that service users are protected from harm you should make sure appropriate pre-employment checks are completed. This should include, but is not limited to, Protection of Vulnerable Groups criminal record checks.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is met.

Previous area for improvement 8

To ensure service users are supported to maintain independence throughout the home the service provider should enhance the environment. This should include, but is not limited to:

- adequate lighting
- adequate orientation signage
- ease of access to outside spaces.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16); and 'If I live in a care home, I can use a private garden' (HSCS 5.23).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section 4.1.

Previous area for improvement 9

To ensure that poor quality environments do not impact on where service users wish to independently spend their time, the service provider should make sure the environment remains in a good state of repair.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section 4.1.

Previous area for improvement 10

To ensure that care and support is safe, effective and provided in a consistent way the service provider should make sure all service users have correctly completed risk assessments and where these indicate need, this should be underpinned by specific, measurable, achievable, realistic and time framed interventions which have their efficacy measured through evaluation as required.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My personal plan (sometimes referred to as my 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 area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section on well-being.

Previous area for improvement 11

To ensure that service users future care needs are anticipated and wishes respected the service provider should put in place and implement 'Anticipatory Care Plans' for all service users as part of the initial and ongoing care planning process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and 'My personal plan (sometimes referred to as my 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 area for improvement was made on 8 October 2019.

Action taken since then

This area for improvement is not met and has been revised to reflect the findings of this inspection. See section on well-being.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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