

Arberglen Care Home Care Home Service

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Hamilton
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Type of inspection:
Unannounced

Completed on:
23 January 2026

Service provided by:
Acre Care Homes Limited

Service provider number:
SP2005007653

Service no:
CS2005102377

About the service

Arberglen Care Home is registered to provide a care service to a maximum of 22 older people. Within this number a named person under the age of 65 years will be supported. The provider is Acre Care Homes Limited.

The service is located in Hamilton, South Lanarkshire in a residential area within close proximity to local transport links, shops, and community services.

There are 21 single rooms, five of these provide en suite toilet and shower facilities. The home is built over two levels with a chair lift providing access to the upper floor. The ground floor has a communal dining area, main lounge, and smaller sitting room area at the front of the building. People can also access a wellbeing room located at the rear of the building. There are shared shower and bathrooms available on each floor.

There is a secure garden area with seating and parking is available for visitors to the front and side of the building.

At the time of this inspection there were 21 people living in the home.

About the inspection

This was an unannounced inspection which took place on 19 and 20 January 2026 between 09:30 and 19:00. In addition, further off-site work was completed to review records received from the service on 21 and 22 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was provided on 23 January 2026.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with 10 people using the service and five of their friends and family
- received completed questionnaires from 10 service users, four relatives, 10 staff, and seven visiting professionals
- spoke with 12 staff and management
- spoke with four visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Residents, relatives, and visiting professionals provided positive feedback about caring staff and a welcoming atmosphere.
- The service benefitted from supportive, approachable leadership, with managers who actively engaged with staff, relatives, and professionals.
- Two previous areas for improvements were met and one relating to staffing was not met. This inspection made five requirements and seven further areas for improvement.
- Infection prevention and control practices were weak, creating risks to people's health and safety.
- Healthcare needs were generally responded to promptly, however gaps in personal plans and monitoring records meant it was difficult to consistently evaluate the quality and effectiveness of care.
- Intrusive noise and inconsistent environmental standards significantly reduced people's comfort and overall experience.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

1.2 People get the most out of life

People had some opportunities to take part in daily activities, with staff offering one-to-one and group activities at times to help keep people physically and mentally engaged. However, personal plans and daily notes did not contain enough detail to demonstrate that activities supported people's specific interests or preferences (see requirement 1, key question 5 'How well is our care and support planned?').

During periods of good weather, people had opportunities to take part in activities in the garden. We also saw evidence where some people had also been supported to take part in community based activities, which helped promote social contact and engagement. However, access to activities in the local community was limited and relied on staff volunteering their own time to support these outings. This meant many people often spent long periods indoors without fresh air and social contact, limiting wellbeing and reducing community involvement opportunities. Some people also expressed that they could not spend time doing things they enjoyed or go outside when they liked. One person said, "It would be nice to get outside more" (see area for improvement 1).

Staff engagement was warm and respectful, at times, and some people benefited from personalised attention. However, this level of engagement was not consistent. Many people spent long periods without meaningful interaction and there were missed chances for staff to provide stimulation, conversation, or purposeful activity (see area for improvement 1).

1.3 People's health and wellbeing benefits from their care and support

Overall, people's clinical needs were generally well supported. Staff responded promptly to changes in health and involved professionals when needed, helping ensure people received the right care at the right time. However, observations of unclean fingernails of some people indicated that aspects of personal care were not consistently delivered, highlighting concerns about how care was monitored. Gaps in record keeping made it difficult to evaluate care reliably and incomplete or unclear monitoring charts increased the risk that important changes in areas such as weight, continence, skin care, oral care, nail care, and nutrition would be missed. These omissions placed people at risk of poorer health outcomes (see requirement 1, key question 5 'How well is our care and support planned?').

Accidents and incidents were managed appropriately, with timely action and regular checks completed, helping to reduce risk and keep people safe.

Mealtimes were generally well organised, with equipment available to help people stay independent. However, because meal choices were not always shown visually, some people found it harder to make informed decisions. Using visual prompts would support clearer choices, particularly for those who benefit from seeing options rather than only hearing them described (see area for improvement 2).

Medication systems were in place and staff had received training in medication administration, however procedures were not always followed which could impact people's health, comfort, and safety outcomes. Guidance for using 'as required' medication was unclear and records were incomplete. This increased the risk of medication errors, ineffective symptom management, and unmanaged pain or discomfort.

People had also not always received prescribed skin applied medication, which could affect pain relief and skin integrity. These issues placed people at risk of not receiving the right medication at the right time or in the right way. There were also weaknesses in medication storage arrangements, which compromised people's safety (see area for improvement 3).

1.4 People experience meaningful contact that meets their outcomes, needs and wishes

People were supported to maintain relationships and most relatives spoke positively about visiting and communication with the service. 'Anne's Law' was promoted, which is a new law that protects people's right to keep seeing those who matter to them when they live in a care home. Not all visitors were aware they could visit during mealtimes. When this was raised, management immediately clarified expectations with staff and updated the guidance, ensuring everyone understood people's right to maintain contact at all times.

Technology was used to support people to maintain contact with others and was also incorporated into group activities. This helped reduce isolation and support people's wellbeing.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

Staff had received infection prevention and control (IPC) training and senior staff carried out regular checks on staff IPC practice. However, several areas of the home were visibly unclean or poorly maintained, which directly affected people's dignity, comfort, and confidence in their living environment. People were exposed to dirty wheelchairs, marked furniture, unclean hoist equipment, and stained bedding. Some bedrooms had soiled walls, dirty bedframes and controls, dust covered surfaces, and debris behind beds. One bedroom we looked at had a worn carpet and a stained personal wash bag. A set of wardrobe handles which were loose also within this bedroom were addressed during the inspection. These conditions meant people were living in surroundings that were not hygienic or well cared for, increasing the risk of infection and reducing people's assurance that their home supported their wellbeing.

These IPC issues reduced assurance that safe and hygienic practice was being consistently maintained to safely protect people (see requirement 1).

Requirements

1. By 8 June 2026, the provider must ensure that the environment, equipment, and staff practice consistently support safe infection prevention and control to protect people.

To do this, the provider must, at a minimum:

- a) ensure all areas of the home, including bedrooms, bathrooms, communal spaces, and equipment, are cleaned and maintained to an acceptable standard in line with the 'Care Home Infection Prevention and Control Manual' (CH IPCM)
- b) ensure all linen is clean, in good condition, laundered in line with current infection prevention and control guidance.

This is in order to comply with Regulation 4(1)(a) and 4(1)(d) (Welfare of users; Infection control) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

Areas for improvement

1. To support people's quality of life, the provider should increase meaningful, personalised engagement by ensuring staff use everyday interactions well and plan activities and outings more effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life' (HSCS 1.25); and 'I can maintain and develop interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

2. To make sure people eat and drink well, the provider should ensure that mealtimes consistently support people to eat well and make informed choices. This should include ensuring choices are offered in a way that reflects people's individual needs, preferences, and communication styles.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'My meals and snacks meet my cultural and dietary needs, beliefs, and preferences' (HSCS 1.37).

3. To keep people safe, the provider should ensure that medication systems are applied consistently and safely. This should include ensuring clear 'as required' records, safe medication storage, and effective oversight.

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

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

2.2 Quality assurance and improvement is led well

The service had systems to support oversight, communication, and improvement. Daily flash meetings gave staff a quick, structured way to share updates, raise issues, and plan actions. This helped keep everyone informed and supported a consistent approach. Staff told us these meetings were useful for informing staff about priorities and any immediate concerns.

Quality assurance helped the service keep track of performance. Regular audits were carried out in key areas like infections, wounds, falls, accidents, and staffing levels. These helped management spot patterns, pick up concerns early, and take action when needed to help keep people safe.

Additionally, the area manager's monthly audit helped identify areas within the service needing attention.

Since the previous inspection, the service had made good progress in developing its quality assurance systems, including the introduction of a wider range of audits. However, even though many audits were completed, there were still gaps that demonstrated that quality assurance was not always effective at supporting improvements. For example, there was no audit to monitor people's weights, even though this is important for their health and wellbeing. Instead, managers relied on verbal updates at flash meetings. This did not give enough assurance that weight-related risks were being properly identified or monitored. Additionally, although the service had systems to check environmental standards, the inspection identified issues with cleanliness and infection prevention and control. The contents of personal plans also required improvement (see key question 5 'How well is our care and support planned?'). This showed that the checks in place were not fully effective, which reduced confidence in how well the quality assurance system was working (see requirement 1).

The service had an improvement plan which showed actions within the service that had been completed and those still ongoing. It also carried out a self assessment to review performance and show progress. Action plans guided the remaining improvements and supported a focused and continuous approach to development.

Emergency procedures and plans helped staff respond quickly and safely during unexpected events, protecting people and keeping the service running. Regular departmental meetings helped staff work well together, keep daily practice consistent, and share updates or challenges.

The manager had previously worked as the depute for a significant period, which supported continuity within the service and helped maintain stability during the transition into her new role. People we spoke with described management as engaged, welcoming, and open, which reflected well on the leadership and one person said, "The staff are well led with the managers and seniors".

Requirements

1. By 8 June 2026, the provider must strengthen quality assurance systems to ensure the service can effectively identify and address gaps in care.

To do this, the provider must, at a minimum:

- a) ensure quality checks reliably identify improvements that are needed in care, practice, and environment
- b) ensure required actions are implemented, monitored, and evaluated to confirm they have achieved the intended improvement.

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

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

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

3.2 Staff have the right knowledge, competence and development to care for and support people

Feedback about staff was, overall, positive. People described staff as "helpful and informative", "very welcoming", and "keen to learn". This reflected a motivated team with a positive attitude toward improvement.

The service had systems to support staff learning and development, including a training tracker detailing required training. Staff competency assessments and direct observations also aimed to strengthen staff skills and support good quality care. During the inspection, some areas of staff practice were identified where practice could be strengthened, including aspects of medication administration, infection prevention and control, engagement and record keeping. This meant the care that people received did not always promote their wellbeing or meet their needs effectively and responsively. (see area for improvement 1).

Supervision records showed that staff received regular one-to-one sessions with senior staff which included supportive discussions. Records showed that staff concerns and suggestions were acknowledged and responded to. This approach helped ensure people received care and support from a confident, well supported staff team.

The service had begun implementing the National Induction Framework for Adult Social Care following engagement with national forums and guidance. This initiative supports consistent early learning and development for new staff and aligns with national workforce development approaches across social care.

3.3 Staffing arrangements are right and staff work well together

Staff worked well together and spoke positively about the support they received from management. Service questionnaires showed staff had been involved in some decisions about how the home was run, highlighting a collaborative approach.

Feedback about staff was positive, with people saying they were "friendly and helpful". One comment described "excellent staff; very considerate towards residents, work hard".

Dependency assessments were completed for each person to help decide the staffing levels required to meet people's needs. However, there was no evidence to demonstrate these assessments considered the environment and feedback from staff about staffing levels. There was no evidence of staffing levels being reviewed where people's health needs had increased or to plan for activities outside the home. Additionally, we observed people spending long periods without meaningful engagement or interaction with staff. As a result, the service could not clearly demonstrate that staffing levels consistently reflected people's changing needs. (see requirement 1).

Staff lacked suitable break, storage, and changing facilities, which could affect their comfort and wellbeing during shifts. This could also limit their ability to rest properly and prepare effectively for work. (see area for improvement 2).

Requirements

1. By 8 June 2026, the provider must ensure that people are supported by the right number of staff at all times.

To achieve this, the provider must, at a minimum:

- a) ensure staffing levels are based on up-to-date dependency assessments
- b) demonstrate how staff feedback and the layout of the building have been taken into account when deciding safe staffing levels.

This is in order to comply with Section 7(1)(a) and (b) and Section 7(2) of the Health and Care (Staffing) (Scotland) Act 2019, which places a duty on care service providers to ensure that, at all times, suitably qualified and competent individuals are working in the service in sufficient numbers to support people's health, wellbeing, and safety, and to provide safe and high quality care.

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

Areas for improvement

1. To support positive outcomes for people, the provider should strengthen processes to ensure staff training is consistently transferred into safe and effective practice. This should include regularly reviewing staff practice and taking action on any areas that require improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

2. The provider should ensure suitable staff break and changing facilities are available to support staff wellbeing and enable staff to rest and prepare appropriately before, during, and after shifts.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a service where staff are supported and valued' (HSCS 4.23).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

4.1 People experience high quality facilities

Some residents commented that the alert system could be loud at times, and inspectors also noted that the volume was very loud. While the service improvement plan (SIP) had identified the alert system for review, this referred only to a 'feasibility study' rather than a firm commitment to replace the system. Additionally, the limited detail within the SIP, such as the absence of timescales or an outline of the review process, meant that the planned actions did not fully address the concerns identified during the inspection. (see requirement 1).

The environment did not consistently support positive outcomes for people. Issues with cleanliness, maintenance, and general environmental standards meant that people did not always live in a safe, comfortable, or well maintained setting. During the inspection we found two bedside tables which had been insufficiently cleaned due to the build up of debris within the grooved surface design. We also found a side table in the lounge area where the edging had lifted and debris had gathered on the exposed surface. A plastic set of drawers in one bedroom was found to be damaged, however this was removed during the inspection. (see requirement 1, key question 1 'How well do we support people's wellbeing?').

Feedback from people was mixed about the environment. Comments people made about the home included "an old building that requires attention at times" and "needs decor updated". However, people also recognised that "the team have worked hard to improve the environment" and "maintenance was ongoing".

4.2 The setting promotes and enables people's independence

The home used clear signage, numbered doors, and large print signs to help people move around independently. Some people had chosen to display personalised pictures or information on their bedroom doors to support orientation and individuality.

Toilets and lounge areas were appropriately signposted and colour contrast features, such as handrails and toilet seats, further supported orientation and independence. However, the garden area had limited shelter and a build up of wet leaves, which reduced people's ability to use the outdoor space safely and comfortably. (see area for improvement 1).

Facilities that would support people to make their own drinks or snacks were not fully developed. The service should review opportunities to further support residents who may wish to access drinks and snacks more independently, where this is appropriate and safe to do so. (see area for improvement 2).

We observed two occasions where people accessed the stairwell and required staff intervention to ensure their safety. Although most of the home was barrier free, unrestricted access to the stairs presented a significant risk, which management acknowledged and agreed to review.

Requirements

1. By 8 June 2026, the provider must ensure that the staff alert system operates in a way that protects people's comfort, dignity, and wellbeing.

To achieve this, the provider must, at a minimum:

- a) review the volume and operation of the alert system
- b) implement adjustments to ensure it does not cause avoidable disruption or distress
- c) monitor the impact of any changes to ensure the environment supports a calm and settled atmosphere.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells' (HSCS 5.18).

Areas for improvement

1. To support people to safely and comfortably access outdoor space, the provider should improve the garden area. This should include providing adequate shelter and seating and ensuring that pathways are kept clear of hazards for people using the area.

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

2. The service should assess and, where appropriate, develop facilities that enable people to make their own drinks and snacks. This should include ensuring the area is suitably equipped, accessible, and actively promoted by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If appropriate, I can choose to make my own meals, snacks, and drinks, with support if I need it and can choose to grow, cook, and eat my own food where possible' (HSCS 1.38).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

5.1 Assessment and care planning reflects people's outcomes and wishes

Personal plans were in place for everyone but the quality of the individual care plans within them varied. Some sections were incomplete or lacked details in key areas, such as oral care, religious needs, and meaningful activity. Additionally, care plans were not always updated when people's needs changed. This increased the risk that changes may not be noticed or acted on in time or ensure staff always had clear, person-centred information to support people well.

Daily notes focused mainly on tasks rather than people's experiences or wellbeing and many entries contained limited personal detail. Daily notes did not always explain changes in people's needs or why certain decisions were made.

Risk assessments existed but several needed to be reviewed to make sure they reflected people's current health needs. Without up-to-date assessments, it was harder for the service to plan ahead and keep people safe. There was also no dedicated place for healthcare professionals to record their visits, which reduced oversight of their input.

Gaps in monitoring charts made it difficult to evaluate care. These often lacked guidance, contained gaps, or did not record important outcomes. This was observed in key areas such as weight, continence, skin care, nail care, and nutrition. In some cases, oral care had not been recorded for long periods, with no evidence that alternative approaches had been tried.

It was unclear whether formal care reviews had taken place within the required six-monthly timescale. When people did not attend, there was little evidence that their views had been gathered in other ways. This limited their involvement in their own care. (see requirement 1).

Requirements

1. By 8 June 2026, the provider must ensure that personal plans and assessments clearly and accurately reflect how each person's health, safety, and welfare needs are to be met.

To do this, the provider must, at a minimum:

- a) ensure personal plans are person centred, clearly outlining needs and guiding staff, including outcomes, preferences, and wishes
- b) ensure personal plans, associated documents, and daily recordings, including risk assessments, are completed accurately, evaluated, and updated as needs change
- c) ensure input from health professionals is recorded, required actions are implemented
- d) ensure people and/or their representative are meaningfully involved in six-monthly care reviews.

This is in order to comply with Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 promote the rights of people in care homes to see and get support from people important to them, residents and their loved ones should be able to spend time together during mealtimes, if this is their choice. In doing so, all staff, residents, and relatives should be made fully aware of the flexibility of visiting arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I am supported to manage my relationships with my family, friends, or partner in a way that suits my wellbeing' (HSCS 2.18).

This area for improvement was made on 1 March 2024.

Action taken since then

Relatives were observed visiting at various times and survey feedback confirmed that visiting was flexible and not routinely restricted. 'Anne's Law' was actively promoted within the service. The service took appropriate action to ensure visitors understood they were welcome during mealtimes, including updating the visitor policy and promoting staff awareness, which helped reduce potential barriers to visiting.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure residents are supported by the right number of staff, there should be clear evidence of how staffing levels are calculated based on the dependency assessments of residents.

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

This area for improvement was made on 1 March 2024.

Action taken since then

Monthly dependency assessments were completed and linked to care-hour allocations. However, records did not consistently evidence how staffing shortfalls were managed or how professional judgement, staff views, and environmental factors informed staffing and care planning decisions.

This area for improvement has not been met.

Previous area for improvement 3

The service should review the environment for people living in the home and how it helps orientate and support people's independence, particularly those living with dementia. 'The King's Fund' tool is a useful assessment to support this (<https://www.kingsfund.org.uk/sites/default/files/EHE-dementia-assessment-tool.pdf>).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use as the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 1 March 2024.

Action taken since then

The service had reviewed the environment and implemented changes to better support people's orientation and independence. 'The King's Fund' tool had been completed and used to inform improvements and an environmental development plan demonstrated the provider's commitment to ongoing progress.

This area for improvement has been met.

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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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