

## Care service inspection report

# Abbotsford Care, Methil

## Care Home Service Adults

Laird Avenue  
Methil  
Leven  
KY8 4NZ

Inspected by: Aileen Scobie

Carole Kennedy

Type of inspection: Unannounced

Inspection completed on: 31 July 2012



HAPPY TO TRANSLATE

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## Service provided by:

Abbotsford Care (Glenrothes) Limited

## Service provider number:

SP2010010867

## Care service number:

CS2010248943

## Contact details for the inspector who inspected this service:

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## Summary

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

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

### We gave the service these grades

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

### What the service does well

The service involved residents and relatives to a very good level in assessing and improving all parts of the quality of the service. Residents overall had very good choices in their daily lives and support to maintain their independence.

### What the service could do better

There were no obvious faults or concerns identified at this inspection.

The manager gave commitment to ensure there are continuing opportunities for residents and relatives/carers to be fully involved in maintaining and improving the quality of all aspects of the service.

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

The service has made very good progress with regards to empowering residents and maximising means of communication. They have continued to ensure that their participation strategy is embedded and reflected in every day practice. Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

### Conclusion

Very good standards of care were evidenced at this inspection and the residents experience good quality of life. The philosophy of the care service is one that actively encourages participation and involvement of residents and their families. The staff team are friendly and there was good team morale evident.

Staff told us they feel valued and providing good quality person centred care is at the heart of their service. Residents and relatives told us they were happy with the quality of care. No-one was unhappy with the overall service. Residents said they liked living in the care home and were extremely well looked after by the care staff.

Comments from residents and visitors were positive and have been included in the body of the report.

### Who did this inspection

Aileen Scobie

Carole Kennedy

**Lay assessor:** Mrs Pauline Medd

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com). This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

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

## Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Abbotsford Bayview is a purpose built, single storey care home located in a residential area of Methil. The care home provides care for 40 older people. All rooms have ensuite shower facilities. The home is divided into three units, each with its own kitchen/pantry, dining and sitting area.

The grounds are well kept and easily accessible.

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

This report is based on an unannounced inspection visit to Abbotsford, Bayview which took place on 31 July 2012.

The inspection was carried out by Inspectors Aileen Scobbie and Carole Kennedy. Lay Assessor Pauline Medd supported the inspectors. A Lay Assessor is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Lay Assessors have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The Lay Assessor's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the Lay Assessor makes their own observations from their perspective as a recipient or a carer, these may also be recorded. The comments and observations of the Lay Assessor have been incorporated in this report.

During the inspection, evidence was gathered from a number of sources including:

- Talking with residents and relatives.
- Discussion with the management team and staff.
- Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.
- Review of a sample of residents' personal care files to check how staff assess needs and how these are met.
- Examination of medication management systems to check residents are receiving their prescribed medicines.
- Accident and incident records.
- Minutes of meetings.
- Staff training records.
- Complaints records.
- Check of the building and environment to make sure it is well maintained, safe and free from hazards.
- Observation of staff practices.

- Questionnaires were supplied for residents and relatives/visitors to the home. Sixteen were returned to the Care Inspectorate prior to the inspection.

All of the above information was taken into account during the inspection process and was reported on.

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

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

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

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

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

### **Fire safety issues**

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



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

#### **The requirement**

The provider must ensure that personal data is kept secure from any potential unauthorised access. In order to achieve this the provider must make sure that staff who handle such information are aware of their responsibilities under the Data Protection Act 1998; that there are appropriate systems in place to maintain residents' confidentiality; that staff are familiar with and competent in the implementation of those systems and procedures.

This is to comply with SSI/210 Regulations 4(1)(b) providing a service which respects the privacy of residents; Regulation 15(b)(1). A Regulation relating to staff training. Account must also be taken of National Care Standards - care homes for older people: Standard 5:2 Management and staffing arrangements and Standard 10:4 & 10:6 Exercising your rights.

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

Staff spoken with confirmed their awareness of confidentiality and supervision sessions and additional lockable storage facilities have been accessed to ensure all confidential materials are stored safely.

**The requirement is:** Met

#### **The annual return**

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

**Annual Return Received:** Yes - Electronic

#### **Comments on Self Assessment**

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

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

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

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

We received 10 completed questionnaires from residents. All strongly agreed/ agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home.

The Lay Assessor spoke with 13 residents. The inspectors also spoke with residents during the inspection. Not everyone could tell us directly their views on the care they receive. Those who could told us they were happy with the quality of care provided. Comments have been included in the body of the report.

We observed that the residents were relaxed, calm and freely moving about the home. They responded positively to staff interaction and assistance.

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

We received 9 completed questionnaires from relatives/carers. All strongly agreed/ agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home. We also spoke with 4 relatives/ visitors in the course of the inspection visit. All comments made were very complimentary of both staff and management. Comments have been included in the body of the report.

## 3 The inspection

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

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

Grade awarded for this theme: 5 - Very Good

#### Statement 1

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

#### Service strengths

The service has a wide range of key strengths in this area. We evidenced that the service provides excellent opportunities for residents and relatives to participate in assessing and improving the quality of care and support provided.

We concluded this after we:

Talked with the manager, staff, residents and relatives

Looked at records and;

Examined how residents and relatives were involved in assessing and improving the care and support provided.

The service is pro-active in providing opportunities and promoting regular participation of residents and their relatives. The provider has a participation strategy in place and residents' and relatives' group meetings take place monthly. Residents are encouraged to give their opinions or raise any concerns at these meetings and also during their personal care review meetings which take place 6 monthly. Minutes of meetings confirmed the quality of care and support is discussed and views taken account of. Review of a sample of personal plans identified residents or on occasion their relatives, are involved in drawing up and agreeing the content of the plan. The resident or their relative sign to confirm agreement with the content of the personal plan and also the 6 monthly care review. Staff consult with the residents on a daily basis and take their views into account. This is evidenced in the personal plans.

The service also distributes quality questionnaires to residents and their families. The questionnaires seek views on all aspects of the service.

This helps ensure residents and others who use the service are given opportunity in assessing and improving all aspects of it. The results of consultation are collated and fed back to all parties. Examples of actions taken in response to comments and suggestions made include; development of the sensory garden area, trips to a variety of venues chosen by residents and redecoration of all of the communal rooms. Residents confirmed they had chosen the decor and were very happy with the way the rooms looked now.

The noticeboard is prominently sited in the entrance area and a range of information is displayed to inform residents and visitors of activities planned and important information. The registration certificate and insurance certificate are on display in the foyer and a range of information regarding the Care Inspectorate and local advocacy details are also available for everyone to access.

The complaints procedure was displayed and easy to understand.

The manager is known to all and has a strong presence within the home. We observed positive working relationships with staff and residents throughout the inspection. Residents and relatives confirmed they had a positive working relationship with the manager and staff of the service. They said they were confident that if they had any concerns or suggestions they could raise them with the manager and staff and they would be addressed. Comments included:

'I absolutely love it here, nothing is ever a bother for anyone.'

'I have no concerns whatsoever, if I did I wouldn't hesitate bringing them up because I know they would be dealt with.'

'We have meetings, everyone is always asking us if we are OK and what we would like to do.'

There is open visiting which means that residents can see their families and friends at times that are convenient to all. Visitors said that they were made to feel welcome and offered hospitality.

Observation of practice showed that everyone working in the service promoted a strong value base with choice and opportunity being offered to all residents. We observed all staff were friendly and caring and treated residents and visitors with respect.

Lay assessor's comments;

Residents spoke generally about their care and some of the comments were:

'Well looked after in here'

'Food good - I like my soup'

'I like the carers'

'I have been to visit my cousin'

'I met my friend on the bus - we have been friends since coming in here'

'I like the food, lovely scones'

'I make tablet'

'I have a phone in my room'

I observed there was general chit chatting between staff members and service users, altogether a very warm atmosphere.

Some of the residents need help to eat, or prompting. Lunch was soup and sandwiches. The chef was making biscuits for the afternoon, tea was beef stew and upside down cake and residents can get an alternative if they do not like what is on the menu.

The home had an activity board which had information about their own Olympics that all the care homes had been involved in.

The staff had been involved in a sponsored cycle raising funds for all the homes; the residents decide where the money is to go, some money had gone to Bayview football ground and residents gain access free when they go.

Other comments included:

'I'm well looked after'

'I like getting my hair done; she comes once a week to the home'

I spoke to two family members; one said her parent was 'very happy in the home.'

Another family member had one concern: 'where does all her socks go?' but no other complaints.

### **Areas for improvement**

In order to further promote and support feedback from residents and relatives, the service should consider introducing an independently facilitated forum.

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**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

During the inspection we found a wide range of evidence to confirm that the service continues to provide residents with a very good standard of care.

A range of appropriate health care policies, procedures and best guidance information was available in the service to guide and support staff practice and promote residents' wellbeing and welfare.

Each resident has an individualised personal plan based on an assessment of their health and social needs. We found that personal plans for people who use the service are appropriately stored. This ensures confidentiality of information. We examined four residents' personal plans. We saw that a variety of assessments are carried out regularly to determine the risk of falls, activities of daily living, malnutrition and moving and handling needs. The information from these assessments is informative and used well to draw up informative person centred care plans. We found that the care plans had good information in relation to healthcare needs and demonstrate that the service is meeting the residents' healthcare needs.

Care staff monitor residents' skin condition and seek professional advice about this when necessary. Pressure relieving equipment is provided for those residents assessed as at risk. We evidenced the service has good contacts with local GPs, SALT, dietitian, podiatrist, community dental service and other health services. We identified that the assessments and care plans are subject to monthly or more frequent evaluation and updating. Care reviews take place 6 monthly and a record of the meeting is kept in the personal plan.

Relatives of residents said that staff always let them know how their relative was and informed them of any changes.

We saw that some residents had been assessed as incapable of consenting to treatment and section 47 certificates (Adults with Incapacity (Scotland) Act 2000, part 5) were seen to be in place. The service also retained copies of Power of Attorney and Guardianship where these powers had been granted in regard to individual residents. This is good practice.

The care home benefits from a stable staff group. This contributes to consistency of care with positive relationships developed between residents, their families and staff. Staff were seen to talk respectfully to residents and listened attentively to what they said. Staff knocked before entering residents' rooms and gave support in a way that was unhurried and focused on the individual they were dealing with.

We reviewed medication management systems in the home and found them to be overall satisfactory. The home's medication systems are being adhered to and residents are protected by a safe system of medication that is properly operated by staff.

Comments from residents and relatives included;

'I have no worries about my relative's health, I know the staff are always around and make sure she gets her tablets and to see the doctor.'

'They always let me know if anything is happening and if there are any changes or my relative needs to see the doctor.'

'I am content and feel happy knowing my relative is very well cared for.'

### **Areas for improvement**

The manager gave commitment to continue to monitor and assess the quality of care planning to ensure that the service further improves on the very good standards achieved in all aspects of care delivery.

The service remains committed to continued development of staff knowledge and skills through provision of training that reflects best practice guidance.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

People living in the home and their relatives confirmed that they can have their own personal belongings and items of furniture in their room if they want. Bedrooms were observed to be individualised with decor, fabrics, items of furniture, photographs and ornaments which reflected the resident's personal choice and interests.

Lay assessor's comments;

Carpeted throughout, the environment was very fresh and airy with nice pictures hanging giving a homely feel. Residents have their own pictures and ornaments in their rooms. The quiet room had a piano in it and a lady will be playing it soon to accompany the minister, who is going to be coming in soon to give a service. The décor had bright wallpaper in the different areas.

There was a very fresh smell throughout, with added touches of flower in the rooms. The seats looked comfortable, some seating were recliners.

#### Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0



### Statement 2

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

#### Service strengths

A comprehensive range of policy documents is in place to support staff practice. Staff confirmed they had awareness of the policies and had ready access to them.

The manager demonstrated commitment to providing good quality care through on-going staff training.

The care home has a secure entry system in place. Routine maintenance and health & safety checks are undertaken and a record of this is maintained along with details of any remedial action taken. Maintenance and service contracts are in place for utilities and essential equipment. Residents have access to a call system in all bedrooms and communal areas to summon assistance if necessary. Residents spoken with confirmed the staff always respond quickly any time they use the call bells. Specialised equipment to meet residents' assessed needs had been provided. Corridors and circulation areas were clear of hazards and a record of accidents and incidents is maintained. These measures help ensure people are safe and comfortable living in the care home.

We found the environment was comfortable, attractively decorated and furnished and properly equipped. The enclosed gardens were also seen to be tidy and well maintained. The manager carries out daily walk round checks to assess the levels of safety within the environment. These measures help promote residents' safety and comfort in the care home.

Discussion with the manager and review of duty rotas identified staffing levels were directly related to the number and needs of people living here.

A record of accidents and incidents is maintained and a monitoring system has been introduced.

External audits and checks are carried out and proper records maintained. Action is taken promptly in response to maintenance requests.

#### Areas for improvement

The manager recognises the need to monitor the systems in place together with staff performance to ensure the safety of people using the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service Strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

Lay Assessor's comments;

A member of staff was helping to get the dining room ready and interacting with the residents at the same time.

The cleaners were very efficient as we observed them working.

There was a warm atmosphere between staff members and residents.

Residents' comments regarding the quality of staffing included:

'Yes they do look after me'

'On the whole very nice'

'Helpful'

'Can't fault them'

### Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

The provider should continue to develop very good practice in relation to this statement and support the involvement of residents and their relatives in the recruitment, supervision, training and appraisal of staff.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

Feedback from staff was very positive. They told us they received comprehensive induction training when they started work. This covered all the fundamentals of their employment and their role and responsibilities. Induction included National Care Standards, Scottish Social Services Council (SSSC) Code of Conduct, Nursing and Midwifery Council (NMC) Codes of Conduct, health & safety legislation and best practice guidance such as adult protection, infection control and moving & handling.

Staff confirmed they receive refresher and ongoing training opportunities and an annual training plan was seen to be in place. This helps ensure staff have the knowledge and skills to support residents' care needs. Examples of training provided since the last inspection include wound care, moving and handling, accountability, anaphylaxis and oral hygiene. Training is discussed with staff during their individual supervision sessions and as part of their annual appraisal.

Staff confirmed they receive regular supervision sessions, feel supported and there is good teamwork.

We noted that staff had good knowledge and understanding of individual residents, what they liked and what level of support was needed. They chatted comfortably with residents using their preferred name. Staff members were observed to be friendly and supportive towards residents and call bells and requests were responded to promptly.

Comments from residents and relatives included;

'Everyone is so kind, they are just lovely.'

'The staff are really great.'

'You always get welcomed with a smile.'

#### Areas for improvement

The service should continue to provide training based on best practice to ensure staff knowledge and skills meet the needs of residents.

The manager is committed to ensuring supervision and monitoring of staff practice is ongoing.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

Comments from residents and relatives included;

'The manager is always around, nothing is ever a bother for her.'

'The manager always checks to make sure everything is OK.'

### Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

The manager is suitably qualified, competent and experienced to run the home properly. The service has a number of quality assurance systems in place which support the maintenance of a good quality service. The service implemented a comprehensive action plan addressing the requirement made at a recent complaint investigation.

The home's quality assurance programme includes seeking the views of service users to provide feedback on the quality of care provided. There are systems in place for checking the quality of the services being given in the home, and evidence that any problems identified are properly addressed. The manager carries out a variety of audits to check on quality including, medication, care plans, catering and housekeeping. Resident dependency levels are monitored and inform staffing provision. Senior management also carry out audits of all aspects of service delivery.

The home has a complaint procedure and details of this are provided to residents and their relatives/carers. This means that people know how to raise a complaint if they are unhappy with any aspect of the care service. There are regular residents' meetings and residents confirmed that they attended these meetings and had been able to give their views.

These actions help ensure standards are being maintained and improved where necessary and residents receive the care and attention they need.

#### Areas for improvement

The service provider should continue to build on the improvements which have been made and areas for improvement noted in this inspection report and to ensure the service continues to develop on the very good practice in relation to this quality statement.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

There has been one complaint partially upheld about this service since the previous inspection. You can find information about complaints that have been upheld or partially upheld on our website [www.careinspectorate.com](http://www.careinspectorate.com)

### Enforcements

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

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
29 Dec 2011	Unannounced	Care and support      5 - Very Good Environment              Not Assessed Staffing                    Not Assessed Management and Leadership      5 - Very Good
7 Jul 2011	Unannounced	Care and support      4 - Good Environment              Not Assessed Staffing                    5 - Very Good Management and Leadership      5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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### Translations and alternative formats

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