

St. Margaret's Home - Dundee Care Home Service

Victoria Road
Dundee
DD1 2NB

Telephone: 01382 223 865

Type of inspection:
Unannounced

Completed on:
16 May 2023

Service provided by:
The Trustees Of St Margaret's Home

Service provider number:
SP2003000092

Service no:
CS2003000509

About the service

St. Margaret's Home is situated in a residential area of Dundee, close to the city centre. It is registered to provide care for up to 34 older people. Bedrooms have a sink and people access communal toilets, bathrooms and shower rooms.

The home is overseen by a board of trustees. The home benefits from its elevated position within the city, affording views of the River Tay. Accommodation is provided across two floors, with access to an outdoor roof garden from the upper lounge floor.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 15 May 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with eight people using the service and five of their family/friends/representatives
- Spoke with ten staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- The home had experienced significant changes to the staff team, staff induction and training was not well supported.
- Staff were kind and caring in their interactions with people.
- The environment, furnishings and equipment were not clean or in a good state of repair.
- The service was not led and managed in a manner that resulted in people's health, safety and wellbeing needs being met.

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?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	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 made an evaluation of weak for this key question. Although we identified some strengths, these were compromised by significant weaknesses that adversely affected people's experience.

We saw many kind and caring interactions, and people we spoke with were mainly positive about the care and support they received. However, we heard call bells used to request support, ringing for a long period of time. As such, people had to wait a considerable time for assistance. We were concerned that people would not receive responsive care if in pain or distress, or following a fall. In addition, the loud noise of the buzzer system caused some people anxiety and confusion.

Some staff told us that they were concerned that there were not enough of them to support people living at St Margaret's and that they did not always have sufficient time to see to people's personal care. A resident told us, "there is not enough staff, sometimes I have to wait." This meant that a lack of staff was impacting on people's wellbeing and needs being met. Some relatives we spoke with, told us that there were times their family member looked unkempt when they visited. When this was pointed out to staff, things would improve, but only for a time. People could not therefore be assured that their personal care needs would be met on a daily basis. There should be sufficient numbers of care staff on duty to ensure people's care and well-being needs are met, we did not see any form of dependency assessment which would help guide the service as to the appropriate number of staff required (**see requirement 1 also stated in key question 3**).

Having regular access to meaningful activities is important for keeping well and having a sense of wellbeing. Entertainment and activities at St Margaret's had increased in recent weeks. We saw photographs of people enjoying seasonal celebrations, participating in activities, and spending time outdoors. A member of staff from the care team had recently moved to the post of activity coordinator and she spent time asking people what they would like to do. The improved social provision was spoken about positively by people living at St Margaret's, and their relatives. One lady said, "I have been very bored and weary but it's got better since they started doing activities." Another person said, "I'm just sitting about."

Relatives we spoke with were generally positive about their loved one's support. They told us that staff were welcoming and friendly and they commented positively on the approachability and support provided by the interim manager. Visiting was encouraged and people were able to stay connected to family and those important to them.

We looked at a sample of assessments and care plans and found significant gaps in the recording of pertinent information. Care plans did not specify planned outcomes and pre-admission assessments lacked detail. This meant there was a risk of people not being appropriately placed. Fluid, nutrition, and weight charts were not always completed or kept up to date. Inconsistent recording can pose a serious risk to people. We saw vague statements in daily notes, such as 'good dietary and fluid intake.' Where weight loss was identified, there was no recorded service action as a result. We could not be confident that action had been taken - people were at risk of not receiving the care they needed, or the right support at the right time. We could not be confident that people's nutritional needs were being met (**see requirement 2**).

People who experience stress and distress should be confident that staff have been given clear guidance on de-escalation strategies. This is to help people regain a sense of calm in themselves and their surroundings. Care plans lacked the required person-centred detail that would enable staff to identify and address early signs of anxiety and agitation. This meant opportunities to reduce distress were missed and increased the

risk of people's stress and distress increasing or escalating. In addition, staff had not received appropriate training and therefore were unclear about how to provide safe and effective care in such instances. This put the health, safety and wellbeing of people and staff at risk. It also compromised people's dignity and respect.

Care plans did not address people's specific health conditions or risks. We found instances where important health risk assessments had not been completed, this increased the risk for people and potentially delayed access to treatment. Where they had been done, the quality and accuracy of information was poor, and they did not always provide clear advice on how best to support the person (**see requirement 3 also stated in key question 5**).

We had concerns about aspects of the management of medication. We found some medication that did not have the date of opening recorded, which could result in a person receiving medication past its shelf life. Some medications were prescribed on an 'as required' basis. In such instances, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail. We could therefore not be confident that the effects of medications were being assessed to ensure they were meeting the person's needs (**see requirement 3**).

We found that the general environment required significant upgrading, with almost all areas needing refurbished and fixtures, fittings and furniture needing renewed. We saw that communal areas and rooms were not always tidy and we observed equipment that was unsanitary, and mattresses that were not fit for use. Some items of furniture and fittings were found to be contaminated and presented a high risk of infection and a mattress check found covers that were breached and contaminated with bodily fluids. This compromised people's safety and wellbeing and demonstrated a lack of respect for people living in the home (**see requirement 4 also stated in key question 4**).

We saw that staff did not always wear appropriate personal protective equipment (PPE), and used PPE was not always disposed of correctly. Although cleaning schedules were in place, they were not always completed, and we observed a lack of cleaning staff to fulfil the needs of the service with regards to infection prevention and control (IPC). We were concerned about standards of practice in relation to IPC and could not be confident that appropriate actions were being taken to protect people from the risk of Covid-19 transmission and other infections (**see requirement 4 also stated in key question 4**).

Requirements

1. By 31 July 2023, the provider must, having regard to the size and nature of the care service, the stated aims and objectives and the number and needs of the service users, always ensure suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

To do this the provider must:

- a) Ensure that staff levels consider the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals.
- b) Consider the physical layout of the building, staff training and staff supervision needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) regulation 15(a).

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); and

'People have the time to support and care for me and to speak to me' (HSCS 3.16).

2. By 30 June 2023, you must ensure medication is managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

a) Ensure that all handwritten entries are signed and dated by two members of staff and reference is made to the prescriber.

b) Ensure that medications are stored appropriately in a clean, hygienic, temperature controlled environment.

c) Ensure that people receive their medication within the prescribed timescales.

d) Ensure appropriate recording of 'as required' medication.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

3. By 30 May 2023, you must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection.

In particular you must demonstrate that:

a) There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.

b) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.

c) Commodes are cleaned immediately after use.

d) Clinical and offensive waste is disposed of appropriately.

e) That beds are regularly checked to ensure that both the mattress cover and mattress are not soiled.

e) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.

f) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that current best practice guidance on how to prevent and control infection in a care home setting is always being followed.

This is to comply with Regulation 3, Regulations 4(1)(a) and (d), and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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 5.24).

4. By 30 June 2023, you must ensure that service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences.

In order to achieve this you must demonstrate that:

- a) Service users' care plans record their nutrition and hydration needs and preferences.
- b) Catering staff are familiar with each service user's nutrition and hydration needs and that they have the knowledge and skills to provide meals, snack and drinks which meet those needs.
- c) Care staff are familiar with, and implement, service users' nutrition and hydration needs care plan.
- d) Care staff are able to identify, and respond to, any change to a service user's nutrition and hydration needs.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 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:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

How good is our leadership?

2 - Weak

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We made an evaluation of weak for this key question. Although we identified some strengths, these were compromised by significant weaknesses that adversely affected people's experience.

The service had limited quality assurance processes in place. It was clear that these were not effective at evaluating people's experiences to ensure that their outcomes were being met. We saw no evidence of information being analysed to ensure that root causes and cumulative risks were identified. The recording of accidents and incidents highlighted a lack of responsive action to keep people safe and seek appropriate interventions. For example, falls records did not evidence that a thorough review had been undertaken and actions identified to reduce the risk of this happening again. Flash meetings had very recently been introduced so there was limited evidence of these being effective at sharing information across the service.

Quality assurance processes in relation to the environment did not identify issues in relation to the cleanliness of the environment. For example, mattresses were documented as being checked on a monthly basis. During our inspection we found people's mattresses that were contaminated and soiled that had been checked as okay. This put people at risk of infection. It also did not support people's right to be treated with dignity and respect. We asked the provider to check all mattresses and mattress covers. As a result of this, the provider has replaced a number of mattresses in the service.

A development plan had recently been put in place for the service by consultants commissioned by the provider in response to adult protection concerns. Despite the serious concerns that were identified in relation to the cleanliness of the environment and infection prevention and control practices and the risk this posed to the health and wellbeing of people living and working in St. Margaret's this plan did not identify these concerns and therefore no actions were planned to rectify them. As a result of our inspection feedback this has now been included. We have made a requirement to ensure that the care service is led

and managed in a manner that results in service users' health, safety and wellbeing needs being met (**see requirement 1**).

We discussed the importance of engaging with people living in St. Margaret's, their families as well as the staff team to identify areas for development and suggestions of solutions. We encouraged the provider to include these views and ideas in their development plan and to make use of the Quality Improvement Framework for care home for adults and older people to support self evaluation.

Requirements

1. By 30 June 2023, you must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met.

In particular you must ensure that:

- a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of service users' care experiences, observation of staff practice and communication, seeking service user and staff views and review of care and housekeeping documentation.
- b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to service users' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing service users' care plans.
- c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met.
- d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on service users' experiences and outcomes.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Although we identified some strengths, these were compromised by significant weaknesses that adversely affected people's experience.

The staff team had been through a period of significant change over recent months, the manager, deputy manager and a significant number of long standing staff had left the service. Although the deputy manager had returned the week of the inspection, we heard that the longest standing care staff member of the team had been in place for nine months. Feedback from people about the staff was positive, "I have no complaints, the girls are nice and they will do anything for you, day or night."

Although the provider had recently put in place a collection of e-learning for staff, there was limited evidence of training and induction of staff. We were concerned at the lack of training that staff had in relation to supporting people with dementia and also training in relation to supporting someone experiencing stress and distress. There was no clear oversight or analysis of the training needs of individual staff or an overall training plan.

We also had concerns regarding staff knowledge and practice in relation to infection prevention and control and the impact that this had in keeping people safe. There was no evidence of assessing staff competencies. We have made an area for improvement (**see area for improvement 1**). It was positive that team meetings had recently been introduced but staff did not have supervision.

The provider must ensure that staff have the right knowledge, competence and development to care for and support people (**see requirement 1**).

Requirements

1. For people to be protected the provider must, by 31 July 2023, evidence:

- a) Effective audit of staff recruitment and induction to identify gaps in safer recruitment and induction procedures.
- b) Recruitment policies are in place and implemented thoroughly on every occasion.
- c) Induction is thorough and developed to meet the needs of people living in St. Margaret's and subsequent staff learning needs are identified and supported through their probationary period.

This is to comply with: Regulation 9 (1) and 15 (b) 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.' (HSCS 3.14).

Areas for improvement

1. For people to experience good outcomes from the care and support they receive, the provider should introduce staff training around the principles of dignity, respect, compassion and involving people, with particular emphasis on the importance of maintaining a pleasant, clean and safe environment.

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 that is right for me' (HSCS

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Although we identified some strengths, these were compromised by significant weaknesses that adversely affected people's experience.

It was positive to see that the lounge upstairs had just been decorated. People were supported to make use of the sun terrace during the inspection - one group enjoyed a picnic and the opportunity to be outside.

We found equipment that was soiled and also clean items stored alongside soiled and damaged equipment. This posed an infection risk. Some of this equipment was disposed of during the inspection. The provider had started the process of ordering replacement items during the inspection. We could not be confident that if required, equipment would be safe and fit for purpose.

In communal bathrooms we found hazardous cleaning materials, a razor, prescribed medication, toiletries and dirty laundry items were accessible to people. This did not promote peoples' safety and put them at risk of injury and risk of infection.

The service was not clean during our inspection. We asked the provider to ensure improvements were made to the level of cleanliness (**see requirement 1**). We found fixtures and fittings, such as flooring and doors to be in poor condition, making this difficult to clean and increasing the risk of infection transmission. The medication room was of particular concern. This room was untidy and was not clean. This put people at risk of infection. This was rectified during the inspection.

Systems for the ongoing maintenance of the environment and equipment were inadequate and put people at risk. Although checks were taking place of some items of equipment it was clear that these were not effective. Ongoing maintenance had not been undertaken for some time and as a result the home looked, grubby, tired and dated.

People were not protected from the spread of infection because cleaning schedules and regimes were not based on good practice guidance or carried out when needed. We could see that there was often only one domestic on duty and this was not sufficient to ensure that all tasks were completed in accordance with the cleaning schedules.

Staff were not clear about their responsibilities to report any issues with environmental cleanliness or maintenance to the person in charge. We could not see evidence of effective environmental checks of communal areas and bedrooms, or a plan of works for decoration or replacement of soiled furnishings and furniture.

Requirements

1. By 30 May 2023, you must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection.

In particular you must demonstrate that:

- a) There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.
- b) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- c) Commodes are cleaned immediately after use.
- d) Clinical and offensive waste is disposed of appropriately.
- e) That beds are regularly checked to ensure that both the mattress cover and mattress are not soiled.
- e) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.
- f) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that current best practice guidance on how to prevent and control infection in a care home setting is always being followed.

This is to comply with Regulation 3, Regulations 4(1)(a) and (d), and Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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 5.20); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak as strengths were outweighed by significant weaknesses. People have the right to live a healthy life where risks are reduced, and they should benefit from personal plans which consistently inform all aspects of the care and support they receive. Personal plans should be regularly reviewed, evaluated, and updated to take account of wishes and preferences.

Although the sample of personal plans looked at contained information regarding people's life history, choices, and preferences, these varied regarding the quantity and quality of the information recorded. Whilst regular staff may know the people they support well, agency and new staff would not be familiar with people's individual care needs and how they wished to be cared for. We found that there was insufficient information to guide agency or new staff. This meant that staff may not have access to the correct information in advance of supporting people. Whilst we were pleased to see Anticipatory Care Plans, these were not always fully completed. This meant that people may not receive the care and treatment that matters to them at end of life.

Daily recordings of care and support were mostly task orientated and they lacked information that would contribute to the review and evaluation of people's care and experiences. We found that reviews were not happening consistently and did not always involve relevant professionals and family members. Recordings within care documentation did not demonstrate that people's views, about their care and support had been routinely sought. This meant that people's views and opinions did not always inform their planned care (**see requirement 1**).

Requirements

1. By 30 June 2023, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:
 - a) Accurately reflect the assessed current health and care needs of the person.
 - b) Describe in detail the need and abilities of the person and the support required to meet those needs.
 - c) Accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
 - d) Are always implemented; and
 - e) Are reviewed every six months.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 24 December 2022, you must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the provider must: - ensure that all handwritten entries are signed and dated by two members of staff and reference is made to the prescriber.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This requirement was made on 15 December 2022.

Action taken on previous requirement

We found that documentation in relation to medication was adequate, however the practice of administering medication did not protect the health and wellbeing of service users. We found that the morning medication round was still not completed at 11.30am meaning that people were delayed in receiving their medication as prescribed. We also had significant concerns regarding the untidiness and poor standard of cleanliness in the medication room. This put people at risk of infection. We asked for the medication room to be deep cleaned during the inspection and this was undertaken. We have extended the timescales and amended this requirement.

Not met

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

Areas for improvement

Previous area for improvement 1

The service needs to replace the commode pots that are difficult to clean and heavily stained following long periods of use.

This 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).

This area for improvement was made on 15 December 2022.

Action taken since then

We found commode pots during the inspection that had not been cleaned out for a considerable period of time. They were malodourous. The service must ensure that all equipment is clean and safe for use. We have made a requirement in relation to this (see requirement 3 in key question 1).

Previous area for improvement 2

To keep people safe, and further strengthen the recruitment and development of new staff, the provider should keep a full record of the reasons if staff start before all recruitment checks have been fully returned. A record should also be kept of the decision to appoint staff after their induction period.

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

'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 15 December 2022.

Action taken since then

The service had been through a significant amount of staff changes since the previous inspection. We found that robust induction was not in place for new staff and there had been a lack of appropriate training. We have made a requirement in relation to this (see requirement 1 in key question 3).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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