

Tigh-a-Rudha Residential Home Care Home Service

Scarinish
Isle of Tiree
PA77 6UH

Telephone: 01879 220 407

Type of inspection:
Unannounced

Completed on:
23 October 2024

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000462

About the service

Tigh-a-Rudha is a residential home for older people situated in a residential area of Scarinish on the Isle of Tìree.

The service is currently registered to provide residential care to a maximum of 12 people, including two places for respite or short breaks and two under the direction of local GP's.

At the time of inspection, the home was undergoing major refurbishment work to upgrade the bedrooms and communal areas. Residents moved into their new en suite bedrooms in October 2024, which have spectacular views over the beach and ocean. There is open access to the enclosed gardens.

At the time of inspection, there were five people living in the home. The registered manager was supported by senior carers and carers.

About the inspection

This was an unannounced inspection which took place on 17 and 18 September 2024 on-site and remotely on 17, 18, 21 and 22 October 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and two of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- communicated with professionals linked to the service.

Key messages

- Management and staff knew people well and were good at building positive relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- Care planning and health and wellbeing recording requires improvement to ensure it is accurate, holistic and outcome focused.
- Quality assurance systems should be improved to give the management team clear overview of key areas to drive service improvements forward.
- Service management require to ensure staff training is up to date and relevant learning and development opportunities offered.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We observed people experiencing respectful and compassionate support, which demonstrated how well staff knew people and their preference of how support should be provided. We saw warm and genuine relationships between people supported and staff. A person shared, "I am well looked after, staff are good. I feel comfortable asking them for anything I need."

The manager had been working on stabilising the staff team and reducing the use of agency staff, to improve the continuity of support. At the time of the inspection the service was not using agency staff. We acknowledge that as a small community there were connections between some staff and people supported. To keep people safe, the manager should have a record of this and how any associated risks are mitigated (please see area for improvement 1).

Relatives shared with us that staff had a good understanding of their loved ones' needs, and that they were kept informed of any changes or concerns. This gave confidence in the service and support being provided. A relative told us, "We have regular contact, every 2nd day for an update, staff are always very knowledgeable and able to give relevant information."

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. Some people were engaged in activities within the local community, which they valued and enjoyed. Within the home, activities were generally ad hoc and not planned or evaluated. Whilst this provided flexibility it could also limit people's willingness to get involved. To support people to maintain or develop their skills, it would be good to explore if there were areas of therapeutic activity that people could get involved in (please see area for improvement 2).

People should be able to enjoy their meals in a relaxed and unhurried atmosphere. Due to the refurbishment, meals were being provided by the school, which was limiting the choices that were available. There were still some facilities on-site to offer alternatives to people, if they wished. People shared that the food was alright but had been better previously. As the refurbished accommodation opens up, it would be beneficial for mealtime audits to be carried out to ensure this is an area of ongoing development.

The health and wellbeing needs of people were provided by the staff team and the extended support team. Staff accessed a range of external health and care professionals, such as Physiotherapy, for advice and support when needed. This ensured people's health needs were met timeously and efficiently.

The service had a range of charts in place to monitor people's health and related activity, such as food and fluid intake, bowel monitoring and weight. There were inconsistencies in recording; therefore, we were not always able to see the link between records and support being provided, particularly in relation to bowel management. This meant that there could be delays to people receiving the right care and support (please see requirement 1).

Systems were in place to support the safe management of medication; however, these require developing to ensure support with medication is consistent and safe. The service began making improvements to their medication processes during the course of the inspection (please see requirement 2).

Requirements

1. By 31 January 2025, the provider must ensure communication and recording in relation to health and wellbeing needs is consistent across the service to keep people safe and promote their health and wellbeing.

This should include, but not be restricted to, monitoring charts being completed accurately and appropriate actions taken, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective, both internally and externally.

This is to comply with Regulation 4 (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 different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. By 31 January 2025, to keep people safe, the provider should ensure that medication is managed safely and effectively in line with best practice guidance.

In order to do this, the provider should at a minimum:

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken
- b. improve consistency of recording of medication, including topical medication in line with prescriber's instructions
- c. ensure 'as required' medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken
- d. ensure that effective systems are in place to assess and monitor medication management.

This is to comply with Regulation 4 (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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. Given the close nature of the community, to protect people and keep them and their information safe, the provider should clearly document personal connections between staff and staff and residents. This should include measures in place to mitigate any identified risks associated with family members or people with personal connections working within the same service.

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

'I have agreed clear expectations with people about how we behave towards each other, and these are respected' (HSCS 3.3).

2. The provider should enhance the provision of activities throughout the home linked to people's choices and preferences, to support better outcomes.

This should include but not be limited to:

- a. provision of regular planned activities linked to individuals' preferences, which provide stimulation and validation
- b. opportunities for everyone to have access to meaningful and therapeutic activities
- c. improved availability of one-to-one support with meaningful activity
- d. effective evaluation of activities provided, which inform future plans.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from a culture of continuous improvement. There was a large service development plan in place, which identified areas for ongoing service developments. This could be improved by planning dates for review and updates and specifying priorities, making it more manageable. This would ensure progress was tracked and that changes are achieving the desired outcomes.

Whilst the service had quality assurance processes in place, these were not always being utilised to identify and action improvements. For these processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance (please see area for improvement 1).

There was a number of audits currently being carried out. However, these were not covering all key areas of activity or picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the

experience for people. All audits should have a clear action plan with the intended outcome, whose responsible, required dates and signed off when completed (please see requirement 1).

The service holds information in relation to legal powers in place to keep people safe; however, there was no overview of this. It is important the management team have a clear understanding of what is in place at any given time, to ensure support is provided is appropriate, lawful and covered by the powers granted (please see requirement 1).

Care and support should be consistent and stable because people work together well. There is regular and ongoing communication across senior staff and the manager, which is effective due to the care home being small. Communication could be improved further by having regular meetings to formally bring together relevant staff to discuss any developments, concerns or issues. Staff shared that the management team were approachable and open to hearing areas for improvements and developments. They were appreciative of the changes the registered manager has been making to improve the service.

At the time of inspection, the registered manager had regular oversight of professional registrations in place for the staff team. However, there were several issues identified with staff not registered with their regulatory body as they should be. The service had begun taking action to ensure that all staff were registered appropriately (please see requirement 2).

Requirements

1. By 22 April 2025, the provider must ensure that robust and effective quality assurance processes are in place. They must give an oversight of all aspects of the service and ensure identification of areas requiring action for the continuous improvement of the service.

This should include but not be limited to:

- a. the registered manager utilising a quality assurance framework clearly detailing the expectations and requirements to ensure effective organisational governance and complete oversight of the service and ongoing key activities
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service
- c. quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay
- d. the management team having clear oversight of people's health and wellbeing needs and actions required to promote good health and wellbeing
- e. service management have a clear overview of staff registration, training and identified gaps, supervision and observations of practice.

This is 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).

2. By 31 January 2025, to ensure the safety of people, the provider must ensure all staff are appropriately registered with their regulatory body.

This is to comply with Regulation 9(1) (Fitness) 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 confident that the people who support and care for me have been appropriately and suitably recruited' (HSCS 4.24).

Areas for improvement

1. To improve the consistency of quality assurance systems, the provider should explore and clearly define roles and responsibilities for the senior staff team, including senior management, the manager and senior staff.

Senior staff should be enabled to carry out their role to build confidence in the senior team to develop and improve the service.

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 is consistent and stable because people work together well' (HSCS 3.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People can expect to have confidence in staff because they are trained to carry out their role. Induction for new staff is a crucial opportunity to create expectations in relation to the organisation, service and role. We could see that induction training covered a range of core topics; however, this had not been fully completed by all new staff. The management team have identified improvements to be made to the induction programme and were looking to develop this (please see requirement 1).

The organisation provides a wide range of online and e-learning training for the staff team. However, the uptake of training was low due to a number of operational and geographical factors. It is important for the ongoing development of staff and the safety of people that staff have the opportunity to develop their knowledge and skills. Staff informed us that they feel they would benefit from specialist training including dementia, managing stress and distress and end of life training (please see requirement 1).

There were minimal observations of practice, although not consistently or inline with organisational policy, particularly for staff who are supporting with medication. To give management confidence in staff practice,

observations should be scheduled and tracked to ensure practice have been observed across the staff team (please see requirement 1).

Care and support should be consistent and stable because people work together well. Carers shared that the current staff team worked well, including catering and housekeeping staff. Relatives were complimentary about carers and housekeeping staff, sharing they have confidence in the support provided.

People's needs should be met by the right number of people. The service had a completed dependency assessment to determine a baseline of care and support required. This was not being used to define staffing levels, which had been determined by the availability of staff over recent months. We heard how, at times, staffing levels were impacting on the ability for people to get out and about. To ensure people are safe and are supported to have the best outcomes, the service should have clear information regarding people's assessed needs and how resources are deployed to meet these needs, ensuring there is adequate and appropriate staffing (please see requirement 2).

The organisation has an on-call system in place for out of-hours support. Staff shared that whilst they were aware of this, they would generally contact the manager, as they felt more confident she would be able to assist them more effectively, given her knowledge of the service. To ensure the safety of people and a sustainable out-of-hours system, the service should have clear guidance which staff follow, outlining their responsibilities and contact information (please see area for improvement 1).

Requirements

1. By 22 April 2025, the service provider must ensure all staff receive training appropriate to their role and particular to the needs of people supported. To promote the safety and wellbeing of people, staff must apply their training into practice.

To do this the provider must, at a minimum:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is 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 have confidence in people because they are trained, competent and skilled, are able to reflection their practice and follow their professional and organisational codes' (HSCS 3.14).

2. By 22 April 2025, the provider must ensure that effective methods are in place to meet people's assessed care and support needs.

This must include, but not be restricted to:

- a. regular staffing assessments and planning based on current guidance. These should take into account a variety of meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs
- b. staffing levels and skills mix are based on people's outcomes and needs.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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 ensure the safety of people, the provider must agree and implement a robust and effective on-call system. All staff should be aware of the process to follow, in the event of requiring support when there is no management within the building.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. There were cleaning schedules in place detailing housekeeping staff knowledge and understanding of what was required of them. Despite the extensive refurbishment that was underway, the home was clean, tidy and odour free. Currently, the service was working with makeshift laundry arrangements due to the refurbishment works. The management of laundry and linen was carried out well by experienced and knowledgeable staff, ensuring laundry management continued to be in line with good practice guidance for care homes. This kept people safe and minimised the risk of infection.

For some time, the service has had no access to internal maintenance support. This has resulted in gaps in the regular safety, maintenance and fire checks being undertaken. We were unable to see fire drills being carried out regularly to give assurances that staff were aware of how to respond in an emergency. To keep people safe, internal and external safety checks should be carried out as determined by organisational requirements and resultant actions being taken without delay (please see requirement 1).

People should be confident that support will be provided promptly if they require help. We heard from people that for some time "buzzers" had not been working, and they were required to summon assistance in other

ways when required. Whilst we appreciate that this may be related to the refurbishment work, it is important that people are able to access support when required, at all times. We observed from the fire alarm checks that had been completed that the system was not connecting to the fire service, again potentially due to ongoing works. We were not able to see contingency plans in place to mitigate risks associated with safety equipment not being functional (please see requirement 2).

We recognise the extensive refurbishment that is currently underway within the service and the positive impact this will have on people. We were, however, not able to make an assessment of this as at the time of inspection as people had not yet moved into their new accommodation.

Requirements

1. By 30 January 2025, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider must ensure that all internal and external maintenance, servicing and safety checks are being carried out in line with good practice guidance and organisation requirements.

Any resultant actions must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) 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 secure and safe' (HSCS 5.17).

2. By 2 December 2024, the service provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

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

- a. the call system is in working order and all people have the ability to alert staff when required.
- b. the fire alarm system is effective in alerting emergency services in the event of an emergency situation.
- c. in the event of any safety equipment not being functional a clear contingency plan should be in place and communicated to all relevant parties, to ensure the ongoing safety of people.

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 am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. However, this was not always documented in care plans.

Everyone had a care plan in place; however, the content was variable across the service. For some people, there was good strengths-based information captured, detailing what people are able to do for themselves. It was not always clearly documented what support was required and how this should be provided, particularly in relation to managing stress and distress, reablement support and anticipatory future care planning. Whilst we appreciate that staff generally know people well, which may lessen the reliance on care plans, inconsistencies may cause confusion in relation to how to provide support.

Updates to care plans had been recorded, although generally, there was no evidence-based information detailed, only the date the plan was reviewed. This resulted in some care plans not being reflective of current support needs, particularly when there had been significant changes for people.

Reviews were being carried out, which involved family members and people supported completing feedback on the service where there were able. However, these were not happening on a six-monthly basis. To ensure care and support is appropriate and continuing to meet people's needs, reviews should happen on a regular basis involving all relevant parties.

To ensure consistent and safe care and support is provided, all care plans, risk assessments, reviews and associated documentation should be updated, ensuring information and guidance is consistent throughout (please see area for improvement 1).

Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information.

This should include:

- a. Each person has a detailed care plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs
- b. anticipatory care plans should be detailed and person specific, with staff fully informed of the person wishes
- c. stress and distress care plans should be in place, for people who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided

d. care plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified

e. care plans are regularly reviewed and updated with involvement from people, relatives and advocates.

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).

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 provider should create individual care plans for meaningful activity. This should include but not be limited:

- Activities within the local community.
- The use of volunteers.
- Meaningful activity within the home.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25), and

'I can maintain and develop my interests, activities and what matters to me in a way that I like' (HSCS 2.22).

This area for improvement was made on 13 October 2021.

Action taken since then

Some residents were accessing local community facilities, including lunch group, exercise class and afternoon tea. We heard the service is currently exploring opportunities to engage with local community. Although, at the time of inspection, this was still limited.

We observed that there were some activities going on within the service; however, this was generally ad hoc and not planned or evaluated.

Whilst we were able to see an activity care plan in place for some people, this did not always reflect in day-to-day support offered and provided

The organisation was developing their volunteer policy, but this was not yet in place. The service continues to be hopeful they will be able to identify volunteering roles, to further enhance opportunities available to the residents, once this policy is in place.

This area for improvement has not been met and will be incorporated into an updated area for improvement. Please see area for improvement 1, How well do we support people's wellbeing.

Previous area for improvement 2

The provider should improve the quality assurance systems for care and support plans and other resident related documentation. This should include, but not be limited to:

The development of effective and responsive audit and measuring tools for all areas in a persons support, assessment and care planning.

The appropriate involvement and engagement of all staff groups and levels with the auditing and measuring processes, outcomes and action plans including but not limited to supervisions, training and care and support planning for people living in the service.

The appropriate participation of residents, families and external professionals in the quality assurance processes of the service including but not limited to the review process.

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).

This area for improvement was made on 13 October 2021.

Action taken since then

At the time of inspection, the service had limited quality assurance processes in place. There were no care plan audits being regularly carried out or tracking information detailing when care plans and reviews had been created and were due to be updated.

There was a care plan in place for all residents, although these were of variable quality. Updates to care plans had been recorded, generally with no information, only the review date added. This then meant there was not always a clear picture of current support needs, particularly when there had been significant changes for people.

Reviews were being carried out, which involved family members and residents completing feedback on the service where there were able. However, this was not necessarily happening on a six-monthly basis.

Over previous months, there had been limited scope for staff to engage in effective supervision, team meetings and training, giving the opportunity to reflect on and develop their practice. We were not able to see a clear overview of when these had taken place.

This area for improvement has not been met and will be incorporated into requirement 1, How good is our leadership and requirement 2, How good is our staff team.

Previous area for improvement 3

The provider should demonstrate how staff resources are calculated to meet the needs of people. Factors such as the environment, social interaction and fluctuating health needs of people should be considered.

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 13 October 2021.

Action taken since then

The service had been scheduling two staff on days and nights. Although there is a populated dependency assessment to define assessed needs of people, this is not utilised to influence staffing resources. Whilst we heard that, at times, staffing levels were increased when the need arose, this was not evident at the time of inspection.

This area for improvement has not been met and will be incorporated into requirement 2, How good is our staffing.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	3 - Adequate
4.1 People experience high quality facilities	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.