

Walter & Joan Gray (Care Home) Care Home Service

Main Street
Scalloway
Shetland
ZE1 0XJ

Telephone: 01595 880 691

Type of inspection:
Unannounced

Completed on:
27 February 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003009601

About the service

Walter & Joan Gray is a care home for older people situated in the small fishing village of Scalloway, on the Shetland mainland. The provider is Church of Scotland, trading as Crossreach.

The service provides residential care for up to 16 people, with three of these places being available for respite breaks. Nine people were being supported by the service at the time of inspection.

The service provides accommodation over two floors with single bedrooms, each with an ensuite toilet, hand-basin and wet-floor shower. There is a shared lounge and dining area on the ground floor and two sitting rooms on the upper floor. The service has lift access between floors.

There is a shared garden to the rear of the building and an outdoor seating area to the front.

About the inspection

This was an unannounced inspection which took place on 24 February 2025 between 13:00 and 19:30, and 25 February 2025 between 09:00 and 18:30. We followed up eight requirements and two areas for improvement from the previous inspection which was finalised on 21 November 2024. The inspection was carried out by three inspectors.

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 three people using the service and three of their family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- Eight requirements and three areas for improvement were followed-up at this inspection. These were all met which meant people's safety and wellbeing had improved.
- Improvements to leadership and governance had been made. Leaders were better able to identify where improvements were needed and to drive change.
- People had access to meals that were safely prepared and met their nutritional needs.
- Communication with external professionals had improved to ensure people had access to the right healthcare, from the right people, at the right time.
- Deployment of staff had improved and staff had access to improved training and guidance to support good practice.
- Fire safety, maintenance and Infection Prevention and Control (IPC) processes had improved to ensure the setting was safe, clean and adequately maintained.
- Personal plans were up-to-date and reflected people's current needs and outcomes.

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 staff team? | 3 - Adequate |
| How good is our setting? | 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

The service had made significant improvements in this area to meet the requirements made at the previous inspection. We have therefore re-evaluated this key question from weak to adequate.

We followed-up two requirements and one area for improvement under this key question which were made at the previous inspection.

The provider had made improvements to the systems used to communicate and monitor people's health and wellbeing. People had access to safely prepared, nutritious food that met their assessed nutritional needs. Improvements had been made to how meaningful activity was arranged in the service.

Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

How good is our staff team?

3 - Adequate

The service had made improvements in this area to meet the requirements made at the previous inspection. We have therefore re-evaluated this key question from weak to adequate.

We followed-up one requirement under this key question which was made at the previous inspection.

The provider had made improvements to how staff were deployed to better meet people's needs and outcomes.

Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

How good is our setting?

3 - Adequate

The service had made improvements in this area to meet the requirements made at the previous inspection. We have therefore re-evaluated this key question from weak to adequate.

We followed up two requirements and one area for improvement under this key question which were made at the previous inspection.

The provider had made improvements to fire safety arrangements in the service to keep people safe. Improvements to Infection Prevention and Control (IPC) processes and cleaning schedules had been made to reduce the risk of spread of infection. Oversight of maintenance had been improved to ensure the service was adequately maintained.

Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 24 February 2025, the provider must ensure people are supported safely with their assessed needs. Methods and systems used to communicate and monitor people's health and wellbeing must be clear.

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

- a) ensure monitoring records and alerts are in place for people who require support in relation to their health needs. This should include, but not be limited to, bowel management, pain, skin care, food and fluids and oral hygiene;
- b) give staff clear instruction on how to complete monitoring records and how to escalate concerns;
- c) ensure monitoring records are regularly reviewed to make sure they are completed effectively and the correct actions taken; and
- d) facilitate and document daily meetings, ensuring these are carried out consistently. Actions required must be clearly recorded and communicated and taken without delay.

This is to comply with SSI 2011/210 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

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

This requirement was made on 3 January 2025.

Action taken on previous requirement

Monitoring records were in place for people's healthcare needs, including bowel management, pain management, skin-care and general health monitoring. Systems had been improved to ensure healthcare records were completed thoroughly by staff. Improved oversight from senior staff provided opportunities for any errors or missing information to be addressed. Staff had time set aside each day to ensure records were completed effectively.

The service was making better use of the electronic recording systems to support oversight by senior staff. Handover and daily 'flash' meetings were being used effectively to discuss important information about people's health that needed to be shared between shifts and with external professionals.

Staff told us they felt clearer about their responsibilities and that they had received guidance and feedback from senior staff to support good practice. Professionals told us the information shared with them was appropriate and supported them to assess people's healthcare needs.

Improved oversight of health needs in the service meant that changes could be identified quickly to ensure people received the right support, from the right people, at the right time.

Met - within timescales

Requirement 2

By 24 February 2025, the provider must ensure people have access to sufficient and nutritious food that is safely prepared and meets their nutritional needs.

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

- a) ensure all staff responsible for preparing and serving food have undertaken sufficient training for their role;
- b) ensure sufficient monitoring records and alerts are in place for people requiring support with their nutritional needs;
- c) ensure relevant information about people's nutritional needs is shared with the kitchen staff;
- d) ensure people have opportunities to make choices about their meals; and
- e) ensure people have independent access to fresh drinking water or support to access fresh drinking water at regular intervals.

This is to comply with SSI 2011/210 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:

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

and

'I can drink fresh water at all times' (HSCS 1.39).

This requirement was made on 3 January 2025.

Action taken on previous requirement

All people had a nutritional care plan which reflected their needs and preferences, including when people required additional support, modified diets or specialist equipment to support them to eat well. Cook-safe records held by the kitchen had been updated to reflect food safety guidance and regulations.

All domestic staff working in the kitchen had completed food hygiene training. Domestic staff rotas had been amended to ensure staff were not moving between housekeeping and kitchen duties during their shifts. This meant that staff could focus on their role and the risk of cross contamination and spread of infection was reduced. All staff working in the kitchen had been given clear guidance about their role and responsibilities.

Dietary monitoring records were in place for people who needed them. These were overseen by senior staff and discussed at daily handover meetings. This meant that changes or concerns about people's dietary needs could be identified and addressed quickly.

Changes had been made to the menu to include more fresh-fruit, yoghurts and drinks to increase healthy snacking and improve fluid intake. All meals were prepared on site and overseen by the head chef. Robust arrangements were in place to ensure meals were safely prepared and served when the chef was not in the service.

Information about meals was clearly displayed in the dining rooms with pictorial menus available to support people to make choices about their meals. A range of nutritious and tasty meals were on offer. People were being supported sensitively and discreetly to enjoy their meals.

Drink dispensers and fresh water were available throughout the service. Each person had their own drinks bottle for cold drinks. Staff were encouraging fluid intake regularly. Team meeting minutes reflected discussions about the importance of promoting good fluid and nutritional intake.

Improvements made in nutritional support meant that staff in all roles were clearer about their responsibilities to promote good nutrition and fluid intake. Improved oversight and monitoring meant that issues or concerns could be identified and addressed quickly to ensure people's nutritional needs and outcomes were met.

Met - within timescales

Requirement 3

By 24 February 2025, the provider must ensure quality assurance processes are in place which drive improvement and keep people safe.

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

- a) ensure quality assurance audits are identified which promote the safety and wellbeing of people and staff;
- b) ensure quality assurance audits are scheduled and completed in line with organisational requirements;
- c) ensure that actions identified in quality assurance audits are followed up with clear action plans which are reviewed and signed off by the responsible manager; and
- d) ensure governance and adequate oversight arrangements are in place of service quality and to provide guidance and support to leaders in the service.

This is to comply with SSI 2011/210 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 3 January 2025.

Action taken on previous requirement

A quality assurance tracker was in place which reflected the policy of the provider organisation. A range of audits had been completed, primarily by the manager and deputy manager of the service. These included environmental audits, Infection Prevention and Control (IPC), record keeping, accident and incidents, falls and pressure care. Senior staff had been included in audits by providing information and feedback. The manager of the service was looking at ways to further include staff in audit processes to promote involvement and accountability. When improvements had been identified in audits, clear actions had been identified and followed-up.

Where there had been errors or practice issues, staff had completed reflective accounts to support learning and improved practice. Leaders informed us that these will be discussed at staff supervision, along with areas where good practice has been identified. This will support the service to make staff supervision as meaningful and useful as possible for staff development. Leaders had reflected on and discussed staff training needs and this had fed into the training plan for the service.

Improvements in quality assurance processes meant that audits were being used more effectively to improve care and support for people. Leaders were confident about what was required of them and understood that quality assurance and improvement is an ongoing process.

Met - within timescales

Requirement 4

By 24 February 2025, the provider must ensure people are supported by a service which is well led. Duties, roles and responsibilities of all staff and their contribution to the operation of the service must be made clear.

This includes, but is not limited to;

- a) ensuring job roles and functions are clearly established;
- b) ensuring the right people, with the right skills, knowledge, experience and qualifications are in the right roles;
- c) ensuring staff have access to the right training and development opportunities; and
- d) tracking when staff should attend refresher training to keep their skills aligned with current best practice.

This is in order to comply with section 7(1) and 8(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19)

and

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

This requirement was made on 3 January 2025.

Action taken on previous requirement

The leadership team had reviewed the different roles in the service and provided a clear outline of responsibilities for each role. This included care staff, senior carers, domestic staff and kitchen staff. Work was ongoing to clarify the job role of the maintenance officer. Staff told us the guidance was clear and the changes made by the leadership team meant they were able to focus on their daily responsibilities. Agency senior staff had been included in leadership meetings alongside permanent senior staff. This helped to ensure their valuable knowledge and insights were being shared to develop and improve the service.

Leaders had reviewed and updated paperwork including checklists for supplementary care, nutrition, handover meetings and housekeeping schedules. This paperwork reflected responsibilities and tasks more clearly and could be audited more easily by seniors.

Training records showed that staff training was up-to-date. The provider had reviewed mandatory and essential training for the staff team to ensure training was appropriate to meet the needs of people using the service. Staff told us about recent face-to-face training for Adult Support and Protection (ASP), stress and distress, and food hygiene. Staff feedback about recent training was very positive and reflected a more proactive outlook in the service.

Met - within timescales

Requirement 5

By 24 February 2025, the provider must ensure staff are deployed effectively to meet people's needs.

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

- a) ensure rota planning takes account of people's assessed needs at different times of the day and the skills, knowledge and experience of staff in order to create an effective skills mix;
- b) ensure staff have sufficient supervision and support to fulfil their duties effectively, this should include regular observations of staff practice and competence;
- c) ensure organisational policies are followed where practice or performance issues arise to ensure accountability; and
- d) ensure sufficient presence and visibility of leaders to provide oversight, guidance and to drive improvements in practice.

This is in order to comply with section 7(1) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15)

and

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

This requirement was made on 21 November 2024.

Action taken on previous requirement

Improvements had been made to the staffing rota to reflect the changing needs of people throughout the day. Additional staff were available at key times, including mornings, where people may require a higher level of support with their personal care and nutritional needs. Staff told us this provided more time for them to support people and that people's needs were responded to more quickly.

Leaders had introduced a tool for analysing staffing needs. This was reviewed on a weekly basis to ensure the service always had an effective mix of staff skills and experience. This tool took account of the dependency profile of people living in the service as well as the professional judgement of managers, based on their knowledge of people and staff. This aligned with the principles of the Health and Care Staffing (Scotland) Act 2019.

The service was still reliant on agency staff to fill key roles due to local recruitment issues. There were long-term agency staff working in the service. Feedback from these staff was positive about the recent improvements in the service.

Staff supervision was taking place in line with organisational requirements. A tracker for supervision had been implemented to support planning. A range of practice areas were being discussed at supervision including staff values, positive behaviours, Adult Support and Protection (ASP), professional codes of practice, and the health and wellbeing needs of people. Staff had also been encouraged to provide feedback and suggestions about improvements to the service. Organisational policies about supervision and performance had not been updated for several years. We asked the provider to ensure their policies were updated to reflect current best practice.

Improvements to staff deployment had a positive effect on people's experiences. Staff reported feeling more organised and the service appeared calm and well-organised. Some further development was required around supervision to ensure staff had good opportunities to reflect on their practice and development needs.

Met - within timescales

Requirement 6

By 24 February 2025, the provider must ensure that people are kept safe by having sufficient fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

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

- a) produce an action plan to address the risks identified in the provider's Fire Safety Risk Assessment. This action plan should include timescales for the completion of required actions;
- b) produce a schedule for reviewing the Fire Safety Risk assessment in line with organisational policy;
- c) ensure a clearly defined Fire Safety Policy is available for the service;
- d) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment; and
- e) ensure all staff are given information, instruction and training on the action to be taken in the case of fire, and the measures to be taken or observed on the premises.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) 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:

'My environment is secure and safe' (HSCS 5.19).

This requirement was made on 21 November 2024.

Action taken on previous requirement

The provider had undertaken significant work to improve fire safety processes. An action plan was provided following the previous inspection with clear timescales for completion of required improvements. A fire safety risk assessment was in place for the service and required actions had been signed off as completed. The fire safety risk assessment is scheduled for review every 12 months in line with the organisational policy.

A fire safety policy was available and accessible to all staff. Fire evacuation procedures were clear and appropriately displayed throughout the service. Fire drills had been scheduled. Senior staff had written reflective accounts relating to completed fire drills. These identified training needs and improvements to processes to ensure all staff were competent and confident about the required actions in event of a fire. This meant that staff had the right guidance to keep people safe.

Daily, weekly and monthly fire safety checks were taking place in the service. Identified actions had been completed, including fixing the doors which were previously not closing fully. Senior staff were responsible for completing these checks on days when the maintenance officer was not in the building.

The manager of the service was tracking all major equipment maintenance to ensure servicing was taking place as required. Certification for equipment was up-to-date to demonstrate that statutory checks had been carried out.

Met - within timescales

Requirement 7

By 24 February 2025, the provider must ensure that people experience care in an environment that is clean and minimises the risk of spread of infection.

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

- a) ensure that cleaning schedules are in place and all staff responsible for domestic tasks are aware of their responsibilities and who they report to;
- b) ensure robust Infection Prevention and Control (IPC) quality assurance checks are in place and appropriate remedial actions taken when necessary; and
- c) ensure that all staff working in the care home adhere to the correct Infection Prevention and Control procedures and practices in line with the National Infection Prevention and Control Manual (NIPCM).

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and 10 (2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 21 November 2024.

Action taken on previous requirement

The provider had made improvements to reduce the risk of spread of infection and ensure people experienced care in a clean environment.

New cleaning schedules had been produced. Leaders had taken care to apply the guidance from the National Infection Prevention and Control Manual (NIPCM) to the new schedules in a way that reflected the specific needs of the service. This meant that the cleaning schedules were easily accessible and useable by domestic staff. Senior staff had responsibility for overseeing the cleaning schedules. This included carrying out 'spot checks' to ensure standards were maintained.

Domestic staff told us they felt clearer about their roles and had more time available to complete the required cleaning tasks in communal areas. Domestic staff rotas better reflected the needs of the service. The environment was visibly clean, tidy and welcoming. Domestic staff showed pride in their work and the efforts undertaken to improve the cleanliness of the environment.

All staff had observations of their use of Personal Protective Equipment (PPE) and their understanding of Infection Prevention and Control (IPC) processes. A thorough IPC audit had been undertaken by the manager of the service. Identified improvements had been completed.

The environment was more comfortable for people and more pleasant for visitors to see a clean and welcoming setting. People's health and welfare benefitted from closer attention to infection risk and good processes to reduce this.

Met - within timescales

Requirement 8

By 24 February 2025, the provider must ensure that people's personal plans contain up-to-date and essential information to give staff clear instruction on how to meet their needs safely.

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

- a) carry out regular reviews of care plans to ensure these reflect people's current needs and record when these have been completed;
- b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed;
- c) communicate people's changing needs clearly to all staff and keep a record of how this has been communicated; and
- d) use care plan audits to ensure information about people and their needs are accurate and issues identified are addressed effectively.

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

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 21 November 2024.

Action taken on previous requirement

Personal plans had been reviewed by leaders to ensure they were up-to-date and contained the required information to meet people's needs and outcomes.

Personal plan reviews were taking place every month or where there had been changes in people's needs. Personal plans were detailed, up-to-date and contained sufficient information about people's health and wellbeing needs, as well as information about their preferences and how they liked to spend their time.

Real time updates were taking place when changes to people's needs were identified. Some people had complex health needs with frequent changes. Their personal plans were current and reflected advice from relevant professionals. This helped to ensure people had access to the right healthcare.

Daily meetings including handovers between shifts and a daily leadership meeting were carefully recorded to reflect the discussions that took place. Actions were assigned to staff members where required with oversight from senior staff every day to ensure these were completed. Leaders had provided additional training to staff about how to write daily notes that reflect people's needs and outcomes. This helped to promote best practice among the staff team.

External professionals told us that communication from the service was clearer and working relationships were effective to support good healthcare for people.

Care plan audits were taking place regularly. These identified improvements and actions were assigned to staff, where appropriate. Managers had made improvements to the accessibility of personal plans to ensure staff were able to read them and make use of the information to support people effectively.

Met - within timescales

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 ensure that activities are a planned part of everyone's daily care. All staff should receive training and guidance to ensure they are able to support people effectively to engage in activities that are meaningful to them and stimulating.

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

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

This area for improvement was made on 21 November 2024.

Action taken since then

A significant amount of work had taken place to improve how meaningful activity was provided in the service. New activity planners were available and clearly displayed in the home. Care staff were allocated to lead on meaningful activity on each shift and a range of enjoyable external activities had been organised. Monthly updates to families had been reinstated. These contained good quality information about how people had been spending their time. We received very positive feedback from families about these updates.

An 'activity cart' was available in the main lounge which provided a range of activities staff could undertake with people to help them to be active and engaged when they were able to do so. Written notes about how people had been spending their time had improved and reflected lots of moments where people had enjoyed spending time with staff, their families or fellow residents. Staff were being encouraged to reflect on how different activities are received by people and to make connections to people's interests, health and wellbeing, and ability. This helped to ensure activities were appropriately timed and meaningful to people.

The service had photos on display in the main reception area which reflected some of the experiences people had enjoyed over the past few months. These had been linked to the Health and Social Care Standards (HSCS) to help staff and people understand how the standards can be used to ensure they receive good quality care and support.

This area for improvement has been met.

Previous area for improvement 2

To ensure the environment is adequately maintained and to keep people safe, the provider should ensure effective processes are in place to track ongoing maintenance.

This should include, but not be limited to:

- a) ensure sufficient availability of maintenance staff, and ensure daily, weekly and monthly maintenance checks are completed in line with organisational policy; and
- b) ensure arrangements are in place for maintenance checks to be completed in the absence of the maintenance officer.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 21 November 2024.

Action taken since then

Processes had improved to ensure ongoing maintenance was completed to keep people safe.

Daily, weekly and monthly maintenance checks were taking place in line with organisational policy. A new maintenance tracker was in place. This aligned with environmental audits for the service to ensure all maintenance tasks were scheduled and completed. Senior staff had responsibility for completing safety checks when the maintenance officer was not available. We asked the provider to ensure maintenance cover is monitored and reviewed as senior staff hold a significant amount of responsibility for tracking people's health and wellbeing. This is to ensure that there are enough key staff to cover all aspects of service provision at all times and ensure tasks are manageable.

This area for improvement has been met.

Complaints

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

Detailed evaluations

| | |
|--|--------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

| | |
|--|--------------|
| How good is our staff team? | 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 |

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 iartras.

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.