

## Three Towns Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
31 July 2025

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379127

## About the service

Three Towns Care Home is registered to provide a care home service for up to 60 older people. The provider is Holmes Care Group Scotland Ltd.

The service is located in a residential area of Stevenston, North Ayrshire, and is close to local amenities, shops and transport links. The care home is purpose-built, with accommodation over two floors connected by a passenger lift.

The first floor unit, Ardeer, has 33 single ensuite bedrooms, two large lounge/dining rooms and a smaller, quiet lounge. This unit had seven empty beds at the time of this inspection.

The ground floor Nobel Unit has 27 single ensuite bedrooms, a large lounge and a separate dining room. Assisted bathing and showering facilities are provided on each floor. Residents have access to an enclosed garden with some bedrooms having patio doors leading out onto this area.

## About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 July. The inspection was carried out by three inspectors and one inspector volunteer 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 seven people using the service and four relatives and visitors.
- Spoke with 14 staff and management
- Observed practice and daily life
- Reviewed documents including questionnaires from 13 residents, 15 relatives, 10 staff
- Spoke with two professionals and received three completed questionnaires.

## Key messages

- There was a lack of consistency among nursing and senior staff, which had affected leadership and the continuity of care.
- Quality assurance systems were not robust. Missed audits and gaps in oversight contributed to a lack of effective monitoring and accountability.
- Staffing levels were insufficient and overly reliant on agency staff, affecting the quality and consistency of care.
- The environment, particularly the upper floor, required investment to bring this up to standard.
- Care plans had not been reviewed within the required six-month timeframe, or updated as needs changed, compromising person-centred care.
- Relatives provided generally positive feedback regarding the regular staff team, describing them as caring and approachable.
- Staff reported feeling supported by the manager and their colleagues.
- A good team spirit was evident, although staff felt challenged at times due to inconsistent nursing and senior staff.

## 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.

Residents received care from staff who were kind, respectful, and committed to supporting their wellbeing. Feedback from residents and relatives consistently highlighted the compassion and friendliness of regular staff, with many describing them as "amazing," "extremely caring," and "always helpful." This contributed positively to resident's sense of safety and being valued.

However, continuity of care was significantly impacted by frequent changes in staff, particularly among nurses and senior carers. This disrupted the consistency of support and made it difficult for residents to build trusting relationships. One resident commented, "It's hard to get used to someone new every week," reflecting the emotional toll of staff turnover.

The lack of consistent leadership within the care team further affected coordination and delivery of care. Staff reported feeling stretched especially during night shifts and in the dementia unit. This was echoed in resident and relative feedback, with concerns raised about delays in receiving assistance and the reliance on unfamiliar agency staff. (See Requirement 1)

Care planning was another area of concern. Although care plans were in place for all residents, many had not been reviewed within the required six-month timeframe. This meant that plans did not always reflect current needs or preferences, potentially compromising person-centred care. Staff acknowledged the importance of care planning but cited time constraints and staffing pressures as barriers to timely reviews.

Despite these challenges, there were examples of good practice. Staff demonstrated a strong commitment to delivering compassionate care, and residents generally felt safe and respected. The environment was described as clean and comfortable that helped to contribute to a sense of wellbeing.

We reviewed the activities based on previous area of improvement and noted that the activity coordinators play a vital role in enhancing the wellbeing and daily experience of residents within the care home. They had implemented a range of activities aimed at promoting engagement, stimulation, and social interaction. Seasonal decorations, personalised room touches, and posters advertising upcoming events were noted positively by residents and relatives, suggesting that the coordinators contributed meaningfully to creating a homely and inclusive environment.

### Requirements

1. By 30 September 2025, the provider must improve continuity within the staff team, particularly among nursing and senior staff, to ensure consistent leadership and care delivery.

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

- a) Review staffing arrangements and implement measures to retain permanent nursing and senior staff.
- b) Ensure senior staff are available to lead and support care teams effectively.
- c) Monitor the impact of staffing continuity on care outcomes through regular feedback and audits.

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

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

"I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.16)

## How good is our leadership?

## 3 - Adequate

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

We could see that the service had established systems for quality assurance, including scheduled audits and improvement plans. However, these systems were not consistently implemented due to ongoing staffing shortages, particularly among senior staff. This resulted in missed or incomplete audits and limited follow-through on identified areas from action plans.

The overall quality of leadership capacity was affected by poor staffing continuity, with frequent changes in nursing and senior roles. This impacted the service's ability to maintain oversight and drive continuous improvement. We saw that senior staff were not always available to carry out audits or lead improvement work. This limited the service's ability to identify and address issues proactively.

We noted that, feedback from residents, relatives, and staff highlighted concerns about the lack of consistency in staffing affecting the overall the completion and implementation of quality assurance procedures.

Relatives noted that while communication from management was generally positive, the absence of regular updates and visible leadership affected their confidence in the service's ability to respond to concerns. (See Requirement 1)

Despite these challenges, there were examples of good practice. Staff demonstrated commitment to delivering compassionate care and were aware of the importance of quality assurance. We observed a member of the quality team working well with the staff providing direct and visible support to the manager and senior staff team. Where audits were completed, they provided useful insights into areas for improvement. However, without consistent leadership and follow-up, these efforts lacked impact.

## Requirements

1. By 30 September 2025, the provider must ensure quality assurance systems are updated and implemented effectively to monitor and improve care standards.

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

- a) Review and update the audit schedule to reflect current service needs.
- b) Ensure sufficient senior staff are available to complete audits and follow up on findings.
- c) Implement a system to monitor audit completion and outcomes.

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

This is to ensure 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)

## How good is our staff team?

## 3 - Adequate

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

We reviewed the service's recruitment procedures and noted that a centralised system was used via an external recruitment organisation. While most checks were in place, some required further scrutiny before we were satisfied that the information provided was accurate.

Recruitment procedures were generally effective in identifying candidates with the right values and approach to care. Management had recognised gaps in the induction process, particularly for agency and long-serving staff, and had implemented additional induction procedures to address this.

The service promoted a culture of learning, with staff expressing appreciation for opportunities to contribute to care planning and reviews. This fostered a sense of ownership and accountability within the team. Staff described their colleagues as supportive and dedicated, which helped maintain morale and continuity for residents.

Staff consistently spoke positively about their roles and the ethos of the home, which contributed to a caring and supportive environment for residents. The service demonstrated a clear commitment to recruiting individuals who reflect its values of compassion, dignity, and respect.

During this inspection, we found that staffing levels across the service were inconsistent. There was a heavy reliance on agency staff, particularly in nursing, senior roles, and at times among carers. This had a direct impact on the continuity of care and the ability of staff to build trusting relationships with residents and their families. (See Requirement 1)

This issue was especially evident during night shifts and within the dementia unit, where staffing levels and the experience of staff varied significantly. Some agency staff lacked familiarity with resident's individual needs, which affected the quality and responsiveness of care.

Staff reported feeling stretched and challenged, with one commenting, "We do our best, but it's hard when you're short and don't know the residents well." Several residents also noted delays in receiving assistance, and we observed instances where people had to wait for support.

Despite these challenges, regular staff demonstrated strong commitment and compassion. They worked hard to uphold standards of care, often going above and beyond to meet resident's needs. However, the frequent use of unfamiliar agency workers undermined these efforts and affected the overall quality of care and emotional wellbeing of residents.

To improve outcomes, the provider must ensure staffing levels are sufficient, stable, and supported by a robust recruitment and retention strategy.

## Requirements

1. By 30 September 2025, the provider must ensure staffing levels are sufficient and reduce reliance on agency staff to maintain consistent and high-quality care.

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

- A) Review staffing levels and patterns to ensure they meet resident's needs.
- B) Develop a recruitment and retention strategy to reduce reliance on agency staff.
- C) Monitor the impact of staffing levels on care quality and resident outcomes.

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

## How good is our setting?

### 3 - Adequate

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

The environment was clean and generally safe, with some areas offering a homely and welcoming atmosphere. Residents and relatives commented positively on the cleanliness and comfort of individual rooms, and the use of seasonal decorations and personalised touches that helped create a sense of familiarity and belonging. These aspects reflect a commendable effort to create a person-centred living space.

The regular servicing requirements and maintenance records that we reviewed were up to date. This meant that the checks of the equipment and safety of the home were completed. The maintenance person that we spoke to demonstrated a good understanding of both the health and safety requirements for care home environments and their role in ensuring that the home was safe, and people were protected from harm. This proactive approach to safety ensured the environment was safe and secure.

However, we noted that there had been limited investment in furnishings and facilities on the upper floor, with some areas appearing tired and in urgent need of refurbishment and showing clear signs of neglect.

We received several comments from relatives about this, one respondent stating, "The care home could do with a makeover; it's looking a bit tired." another stated "It's okay, but it could be nicer."

This issue had previously been identified over a year ago, yet the provider has failed to take meaningful action. This lack of responsiveness raises concerns about the provider's commitment to continuous improvement and has the potential to negatively affect resident's wellbeing. (See Requirement 1)

We would, however, note that the domestic/housekeeping staff were observed working diligently, maintaining standards of cleanliness to ensure the home was clean, tidy and free from any unpleasant odours. There were effective systems in place to ensure that good standards of cleanliness were maintained.

We also observed the staff interacting well with people in a caring, compassionate and friendly manner. This helped to create a nice atmosphere and the staff clearly knew people well and engaged in conversations with them in a considerate and kind way.

Overall, while the home benefits from a dedicated staff team striving to maintain standards, the lack of investment in key areas undermines the quality of the environment and detracts from residents' experiences. Sustained improvement is needed to meet expectations and enhance the living conditions for all.

## Requirements

1. By 30 November 2025, the provider must ensure the environment is improved to promote safety, comfort, and wellbeing for residents. To do this, the provider must, at a minimum:

- a) Undertake a full environmental audit to identify areas requiring improvement.
- b) Develop and implement an improvement plan with dates when work will be commenced and completed.
- c) Ensure there is participation and involvement in the decisions about environmental improvements to reflect people's preferences and needs.

This is to comply with Regulation 10(2)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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)

## How well is our care and support planned?

## 3 - Adequate

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

We reviewed a sample of care and support plans and spoke to the manager and deputy regarding the current situation. We saw that there are plans in place for all residents, and staff demonstrated a clear understanding of their importance in delivering person-centred care.

However, a number of care plans had not been reviewed within the required six-month timeframe. This meant that the documentation did not always reflect resident's current needs, preferences, or changes in health status.

Staff cited time constraints and staffing pressures as key barriers to maintaining up-to-date care plans. The lack of consistent leadership and continuity within the team further contributed to delays in care plan reviews and reduced opportunities for meaningful engagement with residents and families.

Feedback from residents and relatives was generally very positive, however some highlighted mixed experiences regarding involvement in care planning. While some felt listened to and included, others expressed uncertainty or dissatisfaction with the level of communication and participation in decision-making. Some comments we received regarding these processes included: One relative stated "Discussion about care once a year is not enough." whilst a resident commented "I don't know if I'm involved in decisions."



Despite these challenges, we found the regular core staff were committed to delivering compassionate care and were observed engaging positively with people and relatives. The regular staff demonstrated in their interactions and engagements, evidence of good knowledge of individual preferences, which helped mitigate some of the risks associated with outdated documentation and senior staffing continuity.

To improve outcomes, the service must ensure that care planning is timely, inclusive, and reflective of each person's evolving needs. (See Requirement 1)

## Requirements

1. By 30 September 2025, the provider must ensure all care plans are reviewed and updated at least every six months to reflect people's current needs and preferences.

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

- a) Audit all care plans to identify those overdue for review.
- b) Implement a schedule to ensure timely reviews.
- c) Involve residents and families in care planning and review processes.

This is to comply with Regulation 5(2)(b)(iii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 will be met, as well as my wishes and choices." (HSCS 1.15)

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

### Requirements

#### Requirement 1

By 07 July 2025, the provider must ensure that the nutritional needs of people experiencing care are well met. In order to do this, the provider must at a minimum:

- a) ensure all staff are familiar with and adhere to the service policy and procedure on food, fluid and nutrition and oral care;
- b) ensure nutritional and oral risk assessments are completed and reviewed regularly and in response to changes in people's needs;
- c) ensure support plans are updated in line with changes in people's presentation;
- d) demonstrate that weight monitoring information is used effectively to support the management of people's nutritional care;
- e) liaise with and make referral without delay to relevant healthcare services where concerns about people's nutritional needs are identified.

**This requirement was made on 7 May 2025.**

#### Action taken on previous requirement

This requirement was reviewed at complaint follow up visit and was not met.  
The requirement date was extended to 12 Sept 25.

This will be reviewed along with the other requirements from this inspection report and assessed again at the next follow up inspection visit.

**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

A programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be delivered.

**This area for improvement was made on 12 July 2024.**

#### Action taken since then

We met with the two activity coordinators employed within the service and found them to be both enthusiastic and motivated to providing a positive and proactive approach to delivering meaningful activities within the care setting. They felt supported by the management and regularly attend team meetings, flash meetings and reviews this helps to further strengthen the communication and collaborative working.

Activities are carried out on a regular basis, with a strong emphasis on consulting with residents to ensure activities reflect their interests and preferences. One-off events are frequently organised, and exercise classes were noted as being very popular among participants. Coordinators recognise the importance of enabling residents to get out and about and make the most of these opportunities.

They use visual evidence, such as photographs and displays to showcase ongoing activities. The home maintains an active Facebook page which allows families to stay informed and engaged, and there is also an activity wall on-site to keep residents up to date.

The activity staff are part of both a provider-wide working group and a national activity group, which the provider subscribes to. This involvement ensures access to current best practices and peer support for the coordinators.

**This area of improvement has been met.**

#### Previous area for improvement 2

Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted.

**This area for improvement was made on 12 July 2024.**

#### Action taken since then

Despite the issue of the over reliance on agency staff, we found many of the existing long term staff team to be considerate and knowledgeable about individuals needs and presentations. We observed people being treated with dignity and respect with regular staff knowing how to support people experiencing stress and distress.

However, this is compromised by the lack of regular senior staff and nurses to provide professional guidance and support when taking this information forward into the care planning procedures.

**This area of improvement has not been met.**

## Previous area for improvement 3

The service needs to review the mealtime experiences within the home to ensure that they are consistent and provide appropriate support to people to meet their nutritional and hydration needs as well as providing an enjoyable social experience.

**This area for improvement was made on 12 July 2024.**

### Action taken since then

There was a clear contrast between the two floors of the care home in terms of mealtime experience. The upper floor requires some attention, however, we recognise the challenges due to the high level of needs of the individuals and the staffing constraints. The service were actively auditing and reviewing their procedures and had already identified this as an overall area that still required further improvement.

We would, however, note again, the positive and supportive efforts made by staff to interact and engage with people in a caring manner with respect to assisting people to have a good mealtime experience and maintain good diet both nutritionally and hydration.

**This area of improvement has not been met**

## Previous area for improvement 4

The quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people using the service and their families. To achieve this the quality assurance team should: - prioritise the evaluation of people's experiences and outcomes in quality audits; - measure performance against the HSCS; - ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice; - develop, monitor and meet action plans that specify clear actions, responsibilities and timescales; and - implement a shared approach to self evaluation and continuous improvement with residents, families and staff.

**This area for improvement was made on 12 July 2024.**

### Action taken since then

Due to staffing issues elements of quality assurance had lapsed and needed attention. We observed one of the quality team working closely with staff supporting them in their role and helping them with guidance on care planning. This area of improvement has not been met and will be incorporated into a requirement. See requirement under Key Question 2.

**This area of improvement has not been met.**

### Previous area for improvement 5

To ensure that staff have the skills, knowledge and understanding to fulfil their role, the provider should ensure that observations of staff practice and competency checks are done at regular intervals. To support consistent high quality care and support the provider should ensure that the continuing assessment, planning and evaluation of staffing is transparent, evidence-based and focussed on achieving good outcomes for people. This should include enough staff on each shift to provide the right level of support required for the assessed needs of the people living in the care home.

**This area for improvement was made on 12 July 2024.**

#### Action taken since then

The service promoted a culture of learning, with staff expressing appreciation for opportunities to contribute to care planning and reviews. This fostered a sense of ownership and accountability within the team. Staff described their colleagues as supportive and dedicated, which helped maintain morale and continuity for residents.

Staff consistently spoke positively about their roles and the ethos of the home, which contributed to a caring and supportive environment for residents. The staff we spoke with demonstrated a clear commitment to the values of compassion, dignity, and respect.

The service had recently increased staffing levels to reflect the high demands in particular on the upper floor. This should continue to be reviewed and monitored to ensure that it is supporting good outcomes for people.

**This area of improvement has not been met.**

### Previous area for improvement 6

The provider needs to invest in the care home environment, in particular the upper floor is in need of refurbishment and upgrading.

**This area of improvement has not been met** and will be incorporated into a requirement. See requirement under Key Question 4.

**This area for improvement was made on 12 July 2024.**

#### Action taken since then

There has been minimal progress with this area of improvement and the concerns and observations noted at the previous inspection over a year ago remain. We raised our concerns and disappointment at the feedback meeting and will now be making this a requirement. The service provider needs to urgently address this issue.

**This area of improvement has not been met.**

## Previous area for improvement 7

To ensure that people using care services benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience, personal plans should be reviewed to improve recording in relation to meaningful involvement, adopting a strength based approach, outcome focussed evaluations, support to maintain meaningful connections and a strong link between risk assessments, care plans and supplementary records.

**This area for improvement was made on 12 July 2024.**

### Action taken since then

This area of improvement has not been met due to the lack of consistent nursing and senior staff to ensure the care planning documentation and review procedures are fully implemented and reviewed on a regular basis. We sampled care plans and discussed this with the manager and deputy with regards to the gaps and issues we found. There was agreement that work was needed to bring the documentation up to standard.

**This area of improvement has not been met.**

## Previous area for improvement 8

The manager should ensure that people's oral healthcare needs are appropriately met in line with the service policy and procedure on oral care. Support plans should be developed and a record of all assistance with oral care should be maintained.

**This area for improvement was made on 7 May 2025.**

### Action taken since then

We reviewed care plans and personal care records and saw evidence to support that oral hygiene was being promoted and implemented.

**This area of improvement has been met.**

## Previous area for improvement 9

The manager should demonstrate that systems are in place to support the effective communication with family/representatives of people experiencing care. A record of the agreed arrangements and all communication made and received should be maintained.

**This area for improvement was made on 7 May 2025.**

### Action taken since then

We met several relatives during our visits and received completed questionnaires about the satisfaction with the quality of service provided and the managers responses. Feedback from all relatives we spoke to was positive. We could see from notes and other evidence from care files and communication with relatives about their loved ones was recorded and actions taken in response to comments and any issues raised by relatives.

**This area of improvement has been met.**

**Previous area for improvement 10**

To ensure respect for people, the manager should demonstrate that effective systems are in place to record and manage people's personal clothing and property in line with the service policy and procedure.

**This area for improvement was made on 7 May 2025.**

**Action taken since then**

We checked the laundry operational procedures in place and found them to be of a satisfactory standard and staff took care with individuals personal belongings and clothing.

**This area of improvement has been met.**

**Previous area for improvement 11**

The manager should ensure that people have opportunities to engage in activity which meets with their assessed needs and preferences.

**This area for improvement was made on 7 May 2025.**

**Action taken since then**

We spent some time talking with the two activity coordinators and checked the previous records and evidence of the activities programme within the care home. We observed staff to be interacting with people in a positive and supportive manner with activities within the home.

**This area of improvement has been met.**

**Previous area for improvement 12**

To ensure people's continence care needs are well met, the manager should ensure that person-centred continence support plans are developed and implemented by staff. Plans should be reviewed following any changes in people's continence care needs including the outcome of involvement from healthcare professionals.

**This area for improvement was made on 7 May 2025.**

**Action taken since then**

We reviewed care plans and personal care records regarding the continence management of individuals. This was well documented and evidence of assessments and advice from other professionals regarding the best guidance management of continence issues were evident. Staff were knowledgeable of individual's needs and requirements.

**This area of improvement has been met.**

## Previous area for improvement 13

The manager should demonstrate that the health and wellbeing needs of people are assessed and met through the development and review of support plans and where appropriate, through timely referral with healthcare professionals.

**This area for improvement was made on 7 July 2025.**

### Action taken since then

After we reviewed a sample of care plans and discussed these during the inspection, there were gaps and issues with the ongoing reviewing and updating of care plans and review meetings.

**This area of improvement has not been met.**

## Complaints

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



## 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
3.3 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

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