

Willow House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
9 November 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000114

About the service

Willow House Care Home is situated on the outskirts of Anstruther. The service provides nursing and social care. The home comprises of two floors, each having its own communal sitting and dining areas. The upper floor can be accessed by a passenger lift. Bedrooms are all ample size with ensuite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas with garden seating. There are car parking facilities at the front of the home.

Willow House Care Home was re-registered with the Care Inspectorate on 24 April 2023 to provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 08 and 09 November 2023. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 9 members of staff and management
- spoke with 5 people living in the service and 3 of their relatives
- reviewed training records
- reviewed medication administration/audit systems
- reviewed support plans
- observed staff practice
- reviewed documents
- reviewed quality assurance systems.

Key messages

- The service had gone through a period of managerial instability and the new management team gave their assurance the necessary improvements would be made.
- We saw some very kind interactions between staff and the people they gave care and support to.
- We also saw periods of no interaction between staff and the people they gave care and support to. This was despite the presence of several staff in the lounge who were talking amongst themselves.
- Improvements were required to ensure people's health needs were being consistently met.
- People needed to be supported more to spend their days in ways that were meaningful to them.
- Good systems were in place for falls and wound management.
- Staff learning, development and support required improvement.
- People's care plans did not always reflect their needs, wishes or choice.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We evaluated this key question as weak, where strengths can be identified but these are outweighed or compromised by significant weaknesses.

People should expect to experience warmth, kindness and compassion. We found evidence of this was mixed. Most relatives told us they were happy with the care being provided and were confident that their loved ones were being kept safe and well. Relatives were able to visit at any time and found staff to be friendly and helpful.

We observed some warm and compassionate care, and interactions between some staff and residents were friendly, good natured and at times humorous. However, there were times during our inspection where there was no interaction at all between staff and residents in the communal areas, despite the presence of several staff. An outstanding area for improvement relating to this remain in place. (Please see the 'outstanding areas for improvement' section of this report).

We found little evidence that people were involved in planning or reviewing their own care. No recent consultations had taken place, for example in relation to planning menus or activities. We were not confident that people were fully involved in decisions about their care and support.

People should be able to make decisions and choices about how to spend their time. During our inspection we saw some examples of meaningful activity taking place. We were told about weekly bus trips, therapy pets and a hairdresser. During our visit we saw residents enjoying nail painting, hair dressing and arts and crafts. We were also told about links with the local community. Nursery children visit once per week to do arts and crafts with the residents and there is a regular Church service. We could be confident that residents were able to maintain some links with the local community.

However, there was little evidence of meaningful interaction between staff and residents beyond the time specifically set out for this. We observed some staff chatting to each other rather than with residents and there were numerous times where there was no staff in the lounges and residents sitting in silence. We were told that this was a result of the absence of a full time activities coordinator and a lack of specific training. We also felt that there was a lack of planning, recording and evaluation to support meaningful activities. We could not be confident that residents were getting the most out of life. A requirement (1) is made.

People should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. We found no evidence of people being consulted about menu planning. We observed a mealtime and felt people's overall experience could be improved. For example, people were given paper aprons which didn't look very comfortable, they only had one choice of beverage; orange juice, and although salt and pepper were on the tables, no-one was supported to choose whether or not they wanted it. Most people interacted with each other round one big table, however, one person sat at a table on their own. Although there was a reason for this, no staff offered any interaction or conversation which could have made their dining experience more pleasurable. The deputy manager stated the need for better dining experiences for people had already been identified, and intended to make the necessary improvements.

The service had good relations with many other healthcare professionals and we saw many examples of inter-agency working to improve people's health. However, people were at risk because their nutrition and hydration needs were not always being met. Although drinks were available in the communal areas, we saw little effort being made to encourage people to access them. We found where people had been referred to the dietician for losing weight, the referrals were not always followed up. When people lost additional weight, we could not always find evidence that action was taken to address it. Poor record keeping and monitoring of people's dietary and fluid intake further increased the risks to people. There were two outstanding areas for improvement relating to food and fluid management (Please see the 'outstanding areas for improvement' section of this report) which have not been met. Due to our findings, we are now making a requirement (2). When people were at risk of choking, there was not always a care plan in place to guide staff on how to best meet their needs. A requirement (3) is made.

The deputy manager had a good overview of falls in the home and we saw action being taken to minimise the risk of this happening.

Requirements

1. By 02 February 2024, the provider must support people to choose where and how they spend their time and benefit from maintaining and developing their interests and what matters to them. In order to do this, the provider must organise appropriate activities for people receiving care, and provide sufficient staff to support them to engage in activities meaningful to them. There should be a focus on the planning, recording and evaluation of activities.

This is to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

2. By 02 February 2024 the provider must support people to ensure they maintain a good daily food and fluid intake to maintain their health and wellbeing. To do this, the provider must, at a minimum:

a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs

b) ensure proper provision for appropriate and timely referrals to other healthcare professionals

c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met

d) ensure accurate and consistent recording of people's food and fluid intake where appropriate and required.

e) submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

3. By 02 February 2024, the provider must protect the health, welfare and safety of those who use the service. To do this, the provider must, at a minimum:

- a) implement effective risk assessments and care plans to mitigate the risk of choking for individuals who might access food that is not modified to accommodate their care and support needs
- b) ensure staff awareness, skills and knowledge of people's risks and how these are to be mitigated
- c) submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

How good is our leadership?

2 - Weak

Managers should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these, and drive improvement. We evaluated this key question as weak, where strengths can be identified but these are outweighed or compromised by significant weaknesses.

People should benefit from a culture of continuous improvement with robust quality assurance processes, ensuring people experience good outcomes. Managerial oversight of the service had been unstable in the previous months. Key areas of risk were not analysed to identify trends or patterns.

The lack of effective quality assurance systems meant we found increased risks to people, including nutrition, hydration, choking and effective care planning. Referrals to relevant health professionals were not always followed up which also put people's health, safety and wellbeing at risk. The provider must ensure quality assurance processes drive improvement and improve people's outcomes and experiences.

We found a lack of daily oversight of people's wellbeing in general. For example staff not interacting with people or promoting regular fluid intake going unnoticed or addressed.

We were told during our inspection that communication can be poor and people were not kept up-to-date with changes and developments in service delivery. A requirement (1) relating to management and leadership is made.

People should be able to choose how and when they spend their money, with robust systems in place to keep their money safe. There was a lack of regular financial audits of people's monies kept on the premises. This meant if an error occurred, it would be hard to ascertain how and when it happened. We found some discrepancies in certain funds held on the premises (this did not include people's personal funds). A requirement (2) is made.

The management team were new to their roles and recognised improvements were necessary to improve standards for people.

Requirements

1. By 02 February 2024, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service
- b) implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 02 February 2024, the provider must ensure people's rights are upheld and respected, and that they have access to the services and support they require, including support with, and the safeguarding of their finances. In order to do this, the provider must have effective financial systems in place that are transparent and auditable.

This is in order to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Part 4 of the Adults With Incapacity (Scotland) Act 2000, 41 (b), (c), (f) and (h).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our staff team?

3 - Adequate

People should expect to be supported by a skilled staff team who have the right knowledge, competence and development to support them. We evaluated this key question as adequate, where we found some strengths, but these just outweighed weaknesses.

Staff did not start work until all the necessary pre-employment checks were completed. The service had experienced some staff changes, however had recently been successful in recruiting new care staff. Where the service used agency staff, they used the same ones as far as possible. This meant people living in the home and staff had the opportunity to get to know each other well.

Some staff told us they felt they worked well together. They said they felt supported by management and were clear about their role. We recognised compliance with staff training had improved, however there were still significant gaps. The service had implemented some specialist training following incidents within the care home. This demonstrates an ability to learn and adapt dependent on people's care and support needs, whilst learning from experience. Unfortunately, we found the lack of evaluation of staff training meant limited improved outcomes for people living in the service. Staff told us the training they received supported them in their role. However, some staff had not completed essential induction training such as infection prevention and control and fire safety. This put people at risk of receiving poor standards of care. We have made a requirement (1).

The service reported some staff competency checks were done by senior management. However, this was not regular practice at the service. We found evidence of staff supervision taking place but it was irregular. We would expect observations of staff practice to inform supervision, however we did not find this. Some staff had identified additional training they would like to do, but supervision records did not reflect how the service planned to address this. As a result, we could not be confident staff were being supported to develop their knowledge and skills. The manager told us they planned to develop a staff training plan and employ a clinical lead to support staff training and development. The implementation of an effective clinical lead has the potential to promote staff skills, in turn improving outcomes for people living in the service.

Requirements

1. By 02 February 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: mandatory training, food & fluid management, and managing the risk of choking. In order to achieve this, the provider must:

- a) carry out staff training needs analysis on regular basis
- b) ensure the content of training is person-centred to the needs of people using the service
- c) develop and implement systems to ensure learning is transferred into practice
- d) ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) 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 that:

'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)

Areas for improvement

1. All staff working in the service should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed. In addition, the service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

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

How good is our setting?

2 - Weak

People should live in a setting which promotes their independence. We evaluated this key question as weak, where strengths can be identified but these are outweighed or compromised by significant weaknesses.

Some required environmental changes were imposed as a condition of registration when the service was re-registered under the new provider. We were pleased to most of the improvements had been made.

When we arrived, we noted that the dining rooms were locked outwith meal times. This meant people living in the service were denied access to pleasant and inviting areas of their home. We raised concerns about this with the senior management, and when we returned on the second day the locks had been removed. However, there was little effort to make what should have been pleasant spaces, inviting and homely; the doors to the dining rooms remained closed with the lights off. We could not be confident that independent access to all areas of the home was being promoted.

There were numerous missed opportunities to promote independence during our inspection. There were snack stations set up in the communal lounges but people did not appear to know what they were. On the one occasion we saw someone going up to it, they did not know they were able to help themselves and simply walked away. At mealtimes, people's drinks were poured for them, and aprons put on them with no consideration given to their abilities.

We found that personal preferences and wishes around independence were rarely taken into account. Some care plans noted that people would like to be offered a bath or shower twice a week, but we could find no evidence that this actually happened. We could not be confident that personal preferences were being routinely respected.

Although there were some signs on doors, there was limited other signage throughout the home. Corridors contained few features to help people stay orientated. This meant their independence could be limited. Consideration could be given to adding appropriate signage to the corridors so people have familiar points of reference and interest. This could reduce the risk of stress and distress reactions when people feel lost or disorientated.

There was no personalisation around bedroom doors which could help people to find their way to their own rooms. We spoke to the management about this and they agreed to resolve this issue as soon as possible.

Requirements

1. By 02 February 2024, the provider should ensure that people's independence is promoted in the service. This should include the use of best practice guidance such as the King's Fund Environmental Assessment Tool and involving people and their representatives in designing their environment, and care and support.

This is to comply with Regulation 2 (Principles) 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 can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

How well is our care and support planned?

2 - Weak

People should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. We evaluated this key question as weak, where strengths can be identified but these are outweighed or compromised by significant weaknesses.

Although we saw some good examples of personalised care planning, this was not consistent. Some care plans did not contain the information and guidance staff required to provide safe, consistent and effective care and support for people. Care plans should be regularly reviewed, analysed and evaluated to ensure appropriate care is being given. Some care plans we looked at had not been reviewed for two years; therefore, we could not be confident that they reflected people's current needs. The provider must ensure people's needs are assessed and reviewed on a regular basis by trained, competent staff. The methods used to assess and review people's needs must evidence how conclusions and outcomes are reached.

We were not assured that risks to people's health, safety and wellbeing were always identified or mitigated. Care plans were sometimes not developed to ensure people received safe and consistent nutritional care, or for people who were at risk of choking. A lack of appropriate oversight of records put them at further risk of harm.

In some instances, where people required to have their food and fluid intake monitored, the recording charts were missing; therefore, there was a lack of effective evaluation. This meant opportunities could be missed to promote health and wellbeing.

People's preferences relating to personal care were recorded, for example whether they liked a bath or a shower. On two occasions we saw no evidence to suggest this was being adhered to; merely statements such as 'personal care given'. We felt recording could be improved to verify people's personal preferences and choices are being respected. As a result of our overall findings, we are making a requirement (1) relating to care planning.

We saw good assessment, treatment and evaluation records in relation to wound care.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney, and who the home should be consulting with regarding the care of the person.

Requirements

1. By 02 February 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

a) care and support plans include any relevant risk to them that could affect their health and wellbeing

b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals

- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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

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

Requirements

Requirement 1

By 30 June 2023, the provider must ensure they are confident they can meet the health, wellbeing, and quality of life needs of prospective service users, as far as is reasonably practicable, prior to agreeing admission to the care home.

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

- a) ensure a robust pre-admission assessment is carried out prior to agreeing admission
- b) ensure any staff responsible for carrying out the pre-admission assessment have the skills and knowledge required to do so effectively
- c) ensure all relevant information gathered through the pre-admission process is shared with the staff team timeously, to allow adequate preparation for the person's arrival.

To be completed by: 30 June 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

An extension to this timescale has been agreed to 29 September 2023.

This requirement was made on 11 July 2023.

Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect to be provided with the care and support they need to properly manage their skin care. We were not confident enough information had been gathered to inform an initial plan of care, which delayed sourcing the treatments and relevant health professional input to promote this.

During this inspection, although there had been limited admissions to the service, we did examine the care plans of two new people. The pre-admission assessment documents contained enough information about their care and support needs to guide staff. It was evident this information had been used to devise the care plan. Pre-admission assessments are now delegated to senior members of staff with the appropriate skills and knowledge to do this effectively. Information gathered is shared with other staff prior to the person's arrival in the home.

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

In order to support people's health, wellbeing and quality of life, the provider should ensure there is a contingency plan in place to address any unexpected, or unplanned, gaps in nursing cover.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'.

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as the result of an upheld complaint. It was made because we are not confident that, at the point of someone's admission to the care home, staff had the skills and knowledge required, to meet their care and support needs.

The service submitted an appropriate contingency plan to the Care Inspectorate as part of the inspection process.

This area for improvement has been met.

Previous area for improvement 2

In order to support good health and quality of life outcomes, the manager should improve nutrition and hydration assessment and care planning, including consultation with the person experiencing care, and their representatives.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: 'I am fully involved in developing and reviewing my personal plan, which is always available to me'.

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as the result of an upheld complaint. It was made because we could not be confident that someone was provided with the assistance they needed to eat and drink well.

During this inspection we saw several examples of changes in people's nutrition and hydration needs. Care plans were not always updated to reflect this, and in one case no care plan had been devised at all. This included people who were at risk of choking. We also found conflicting information, for example we were told one person sometimes required thickened fluids. A separate folder stated the same person required a pureed diet; neither of these important facts were in the care plan to guide staff. This meant care and support was inconsistent and opportunities to promote nutrition and hydration were being missed.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Previous area for improvement 3

In order to support good health and wellbeing outcomes for people experiencing care, the manager should ensure healthcare monitoring records are completed accurately, and timeously. They should be analysed to identify what is working well, and any areas which could be improved, and to inform the care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment'.

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as the result of an upheld complaint. It was made because healthcare monitoring records such as turning, and food and fluid recording charts had not been completed accurately, and timeously.

During this inspection we saw that the completion of recording charts and monitoring of people's health was inconsistent. Some people's food and fluid charts were complete and up-to-date and a delegated member of staff had a clear overview of this. However, many of the charts from the previous day could not be located, therefore no evaluations could be carried out. Without this information staff could not plan appropriate care and support. This meant opportunities to promote people's health were being missed.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Previous area for improvement 4

In order to support good outcomes for people experiencing care, and their representatives, any concerns about practice issues should be documented, and followed up, appropriately.

This is to ensure care and support is consistent with Health and Social Care Standard 3.3: 'I have agreed clear expectations with people about how we behave towards each other, and these are respected'.

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as the result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect all staff to communicate respectfully. We are not satisfied that this had always been the case for the complainant.

The manager told us the service had received no internal concerns since the previous inspection and Care Inspectorate complaint investigation. However, on several occasions during this inspection, we saw several staff in communal areas speaking to each other, but no interaction with the people living there. One relative told us communication about service delivery was poor from some staff and senior management. This included not introducing themselves to visitors on their first visit to the home. This behaviour does not promote a sense of wellbeing and mutual respect.

This area for improvement is not met and remains in place.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	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	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.2 The setting promotes people's independence	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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