

Care service inspection report

Generic - Care at Home - Lewis and Harris

Support Service Care at Home

Social and Community Care
Comhairle nan Eilean Siar
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Service provided by:

Comhairle Nan Eilean Siar

Service provider number:

SP2003002104

Care service number:

CS2009229965

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

What the service does well

This service provides an essential lifeline, care and support service to individuals with additional support needs, some of whom may be vulnerable, or who may live in remote and isolated places.

Individuals with significant additional support needs are enabled to live in their own homes and communities with support visits involving one or two carers taking place, sometimes four or five times over the course of a day.

Staff working to organise, coordinate, administer and manage the home care service work very hard to deliver a service, and are committed to doing the best they can.

Service users told us that they feel well supported by their regular carers, and it was apparent that good, supportive and caring relationships are built up where consistent arrangements remain in place.

Staff mandatory training needs are being provided for.

What the service could do better

The service does not have enough staff working in the service. This means that they have ongoing issues in meeting their care delivery commitments.

The service does not regularly and consistently review the service they provide with individuals using the service.

Personal plans are not regularly updated as needs change, or as knowledge of support preferences become better known.

The service does not consistently check the quality of the service they provide to individuals.

The service has too many missed care visits.

The service does not have proper arrangements in place to provide safe assistance to people who require support with the administration of medication.

Support systems in place to include monitor, develop and manage staff, for example, supervision, staff meetings, staff appraisals are infrequent and do not take place for all staff.

What the service has done since the last inspection

We saw that the service has been working hard to make improvements to their service delivery.

The service have made progress in providing a personal plan for each person using the service.

A major redesign of how the home care service is organised, provided and staffed is currently being planned. This has involved significant work to assess what is required and to prepare reports outlining proposals for consideration by the provider organisation. Consultation meetings and questionnaires were now being used to share information and to obtain feedback on these proposals.

The provider has been working to change how service users will have main meals provided. A contract for delivering community meals has been awarded and it is expected that service delivery will take place in Lewis and Harris in 2015.

The service has worked to implement "Call Confirm Live" a staff scheduling and monitoring system into all their geographical areas.

The service has set up "The Hub", a weekly drop in opportunity for home carers. There are opportunities to have face to face contact with a care coordinator they are issued with; can check client schedules and be updated with information about changes, or discuss any areas of concern.

The service is in the process of setting up training in palliative care for home carers. They are working on this in partnership with health colleagues.

The service is working to identify how they might provide a reablement model of care where this would be of benefit to the individual.

Conclusion

This service remains a highly valued service that enables people to receive support in their own homes, retaining as much independence as possible.

The service has been working hard towards implementing changes in how the service is delivered and organised. Overall much of the work being undertaken has yet to be completed. This means that people using the service have not yet experienced the benefits, or the positive outcomes, that the service are working towards.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

All references in this report will be to The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the Regulations") (SSI 2011/210).

The Generic - Care at Home - Lewis and Harris service is provided by the local authority, Comhairle nan Eilean Siar. The service provides assistance and support with personal care and daily living to adults and children living in Lewis and Harris. The service has its main office within the local authority headquarters in Stornoway but there are small offices in some of the rural areas, staffed by a care coordinator.

The aims and objectives of the Generic - Care at Home - Lewis and Harris service include the statements:

- * Enable people to remain safely at home for as long as they choose to do so.
- * Support people on discharge from hospital to assist with their recovery.
- * Prevent unnecessary admissions to hospital.
- * Support service users and their family within the community.
- * Promote service users' independence and allow privacy.

* Work effectively in partnership with other agencies in the public, private or voluntary sector, to ensure that service users receive good quality care.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 3 - Adequate

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report after an announced (short notice) inspection which took place on various dates between 14 October and 31 October 2014. Feedback was provided to the registered manager and the adult care and support services manager on 3 November 2014.

During the inspection we gathered evidence from various sources including:

- Current self assessment and annual return
- Seventy care standards questionnaires returned by service users or their relatives
- Twenty eight questionnaires returned by staff employed in the service
- Visits to Stornoway and Carloway care coordination offices
- Various service policies relevant to areas being inspected
- Staff training records
- Records of staff supervision/appraisal
- Service users' care plans - either in individual homes, or by checking electronic records
- Questionnaires used by the service to gain feedback on the service
- Quality assurance information
- Accident and incident reports
- Service redesign report
- Staff handbook

As part of the inspection we also:

- Accompanied home care staff to 23 service users
- Spoke to 24 service users (this was either during observational visits, independent visits to service users or by telephone contact)
- Spoke to 16 relatives either during home visits, or through telephone contacts
- Attended "The Hub", a weekly drop in for home care staff in the Stornoway area where they were issued with the next week's schedules, and have practice discussion with care coordinators or colleagues

- Spoke to registered manager, care coordinators and 30 home care workers

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

1. The provider must ensure that all service users have a personal plan within one month of receiving the service. This must set out how the service users' health and welfare needs shall be met.

This is in order to comply with: SSI 2002/114 Regulation 5(1) Personal plans.

National Care Standards - Care at Home: Standard 3 - Your Personal Plan.

Timescale - within 12 months of receipt of this report.

What the service did to meet the requirement

This requirement was carried through from an inspection in 2012.

The provider has made significant progress in relation to this requirement. We have discussed personal plans in more detail under Quality Statement 1.3 as there are outstanding issues, but have considered that sufficient progress has been made in this area to consider this requirement met. Most people using the service now have a personal plan in place.

The requirement is: Met - Outwith Timescales

The requirement

2. This requirement was carried through from an inspection in 2012.

The provider must ensure that all service user requests for reviews and re-assessment are acknowledged and dealt with in a timely and courteous manner. Care plan reviews should also be carried out at least annually.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 3 - Your Personal Plan.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

The service pass on requests for re-assessment to the local authority assessment and care management team. They do this when this is requested, or when as a service they themselves identify that this is required. These requests are recorded on the provider's care management system (Care First). Decisions about how these referrals are taken forward rest within the assessment and care management team.

We discussed at feedback the importance of ensuring that referrals made for re-assessment, including adult support and protection referrals were made using formal routes so that actions taken, outcomes and timescales can be monitored. Care plan reviews are dealt with under subsequent requirements, but otherwise this requirement has been considered met.

The requirement is: Met - Within Timescales

The requirement

3. This requirement was carried through from an inspection in 2012.

The provider must ensure that there are suitably qualified and competent staff employed in the service and that there is proper provision made for service users.

This is in order to comply with: SSI 2002/114 Regulation 13 Staffing (a), and SSI 2002/114 Regulation 4(1)(a) Welfare of users.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - within 1 month of receipt of this report.

What the service did to meet the requirement

The service continues to strive to make improvements in this crucial area of their service delivery. However, their efforts have not yet impacted in tangible progress as they continue to experience staffing issues. The service has continued to advertise for home care staff. We heard that organisational procedures in respect of recruitment and selection can sometimes be slow. The main focus of their work has been to re-design the home care service. This looks to change the way the service is staffed by changing to fixed hour contracts and to shift patterns, considering that this is the way to ensure that there are always enough staff working in the service. Within the service re-design the service has included the availability of supervisory staff over the weekends, evenings and holiday periods. They also plan to extend the "call confirm live" (staff monitoring and scheduling system) across the geographical area. Currently the service is consulting with service users, staff and other stakeholders to get their views on what is being proposed. They are doing this through meetings and questionnaires.

The requirement is: Not Met

The requirement

4. This requirement was carried through from an inspection in 2012.

The provider shall ensure that they make proper provision for the health and welfare of service users by ensuring they have proper quality assurance systems in place.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

The provider has not yet consistently implemented robust quality assurance processes. Although some activity in this area is carried out we assessed that the implementation fluctuates. This requirement is included under Quality Statement 4.4.

The requirement is: Not Met

The requirement

5. The provider must ensure that all service users have a personal plan in their house within one month of receiving the service. This must set out how the service user's health, welfare and safety needs shall be met. The personal plan should be reviewed at least once in every 6 month period whilst the service user is in receipt of the service.

This is in order to comply with: SSI 2011/210 Regulation 5 Personal plans.

National Care Standards - Care at Home: Standard 3 - Your Personal Plan.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

As stated earlier the service have, on the majority of occasions, made good progress in ensuring that a personal plan was put into place. We have commented further on reviews under Quality Statement 1.1 and a requirement specific to this has been included under that quality statement as we did not see evidence that reviews of personal plans were carried out at least once in every 6 month period.

The requirement is: Met - Outwith Timescales

The requirement

6. It is a requirement that the provider must make proper provision for the health, welfare and safety of service users by:

- a) Reviewing the arrangements for helping service users with medication
- b) Ensuring that care staff who administer medication receive appropriate training

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 8 - Keeping Well - Medication.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

The provider has not put proper arrangements in place to assist service users with medication. Some of the work that has been carried out in this are:

- The organisational policy covering the administration of medication has been reviewed, but has yet to be issued to staff so is not implemented
- Medication awareness training has taken place for the majority of staff

The main elements of ensuring that satisfactory arrangements in place for helping people with medication remain unmet and further detail on this is included under Quality Statement 1.3 and a new requirement has been made which covers additional elements relating to medication practice.

The requirement is: Not Met

The requirement

7. The provider must ensure that risk assessments, especially about the environment and about moving and transferring service users, be completed as soon as possible when a service commences, and be available in the service users' house. Any significant risk should have an action plan to reduce the risk.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

The provider has made good progress in the area of risk assessments. We observed that appropriate risk assessments were in place, which guided staff appropriately in terms of risks and the control measures that they should apply.

The requirement is: Met - Within Timescales

The requirement

8. The provider must ensure that staff follow good infection control guidance.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - within 6 months of receipt of this report.

What the service did to meet the requirement

The provider provides staff with appropriate personal protective equipment. The induction process and the staff handbook sets out appropriate information to staff as to what precautions they should apply to reduce the transmission of infection.

Consistent implementation of quality assurance processes continue to be necessary to audit how best practice in this, and other areas of care are applied. Overall, there was observed to be positive compliance in this area, so although the issue of quality assurance is continued as a requirement, this specific requirement is considered met.

The requirement is: Met - Within Timescales

The requirement

9. The provider must make proper provision for the health and welfare of service users by ensuring they have proper quality assurance systems in place.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - within 6 months from receipt of this report.

What the service did to meet the requirement

The provider have not yet consistently implemented robust quality assurance processes. Although some activity in this area is carried out we assessed that the implementation is insufficient and impacts on the quality of the service that is provided. This requirement has been included under Quality Statement 4.4.

The requirement is: Not Met

The requirement

10. The service must prepare a personal plan for each service user within 28 days of the person receiving a service. They must make that personal plan available to the service user and to any representative they have consulted, and at least once in every six month period review that personal plan.

This is to comply with: SSI 2011/210 Regulations 5(1) (2) (a) (b) Personal plans.

Timescale - within 6 weeks of receipt of this report.

Further information about this is included under Requirement 1, 2 and 5 and as stated the parts of this that remain unmet have been combined into a requirement included under Quality Statement 1.1.

11. The service must ensure that the arrangements in place for helping people with their medication are reviewed in circumstances where it is indicated that the individual being supported may not be able to maintain full responsibility for what is taken. They must ensure that staff helping people with medication are given training which is appropriate to the task they are then carrying out.

This is to comply with: SSI 2011/210 Regulation 4 Welfare of users.

Timescale - within 4 months of receipt of this report.

The main elements of ensuring that satisfactory arrangements in place for helping people with medication remain unmet and a reworded requirement has been included under Quality Statement 1.3.

12. The provider must ensure that there are always enough staff working in the care service to ensure that the needs of service users can be met. The service should ensure that the service delivery is managed appropriately during all times when the service operates, particularly when the offices are closed, so that arrangements made if home care workers are sick or absent provide for the health, welfare, safety and dignity of the service user.

This is to comply with: SSI 2011/210 4 (1) (a) (b) Welfare of users.

Timescale - within 6 month of receipt of this report.

This requirement remains unmet and has been continued in this report.

13. It is a requirement that the provider/manager ensure that there is a suitable monitoring system in place that will pick up concerns and problems at an early stage, and ensure that action is taken to rectify and improve the service for the benefit of service users.

This is to comply with: SSI 2011/210 Regulation 4(1) (b) Welfare of users.

Timescale - within 4 months of receipt of this report.

A requirement about this has been included under Quality Statement 4.4.

What the service did to meet the requirement

See above for information on all requirements.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

Recommendations were made in respect of:

1. Recording systems that staff use to record and communicate significant information

2. Notifying people in advance if there is a change to who their home care worker will be
3. Assessing staff training and learning needs

Our findings in these areas have been reported on throughout the body of this report.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Every year we ask services to submit a self assessment which we then check for accuracy. We were satisfied with how the service had completed this assessment.

Taking the views of people using the care service into account

We had the following comments from people who used the service:

"I am extremely happy with the service provided. It meets my needs and I am happy with my carers."

"I find 5pm too early for my evening meal."

"We haven't seen anyone other than the carers since the beginning of the year (2014) and things have altered since then. I have spoken to a care coordinator a couple of times on the phone regarding a few problems with a particular carer, but didn't find her very helpful."

"I am completely satisfied with the care and support staff who attend to my needs daily and highly commend the regular carers for their genuine caring attitude and support."

"Some of the carers need training in cooking and only 2 or 3 of them are competent cooks, cooking of one of them is very doubtful, she wants to get out the door as fast as she can, leaves a lot undone, rest are all very nice, all very kind, really good in every respect, lovely and very thorough."

"I know how busy carers are but when they stand in for someone it would be nice to stick to the time the user is used to so that they can put something in the oven to be about ready when the carer comes and not be ruined, and not wasting the carers time by thinking what to have for lunch as I try to be helpful by doing this while I am still able, once the carer came at 11.30 instead of 12, and once the carer didn't turn up till 2 despite two phone calls to office. Otherwise carers are ever so nice."

"I am extremely happy with the service I receive and have been throughout the time I have been a service user. The staff concerned have been kind, caring and competent and have always treated me with the utmost respect."

"I have six mornings a week, most of the week is good, until my regular carer has her day off."

"When I came home from a hip operation last year, I was unable to do anything for myself. I don't feel the carer was given enough time to help me... I was very weak, had been in hospital for 3 months and had a stroke. I feel there should have been more time given not that I had a problem with my carer."

"The weakness is weekend care, so far due to holidays, sickness we have yet to establish consistency of care. The Monday to Friday morning staff are excellent in their empathy and care to my relative and myself. They are angels. To improve the service carers need more awareness what it is like to be in someone elses shoes... It is impossible to go out to a show and have carers to put the client to bed after 9pm. A show ends at 10-10.30pm. Overall the service we receive is good to excellent and our home care coordinator does all she can to help us. She is a gem."

"When my regular carers are on holiday it would be nice to be informed who would be replacing them."

"..... I struggle with who and when they arrive sometimes 4pm or 6pm. It makes my life difficult as I am diabetic and supposed to have regular meals. I'd not have anyone from 8am till tea time although the doctor thought I should have someone at lunchtime. On a weekend I have them twice within 2 hours tea time and bedtime after being alone all day."

"It's not bad, I'm not going to complain... I'm getting what I need.... can't fault any of them... all very good to me."

"Carers are one as good as the other, lovely, very caring, can't fault them, supposing we tried, really good in every way."

"Quite pleased with everything, can't find anything wrong, maybe held up if the carers was late, but it's not for long and it doesn't happen often. Saw care coordinator once, no occasion to contact the office."

"Very happy with all the carers... sometimes a glitch or two... very happy... girls are absolutely fantastic, feels council leaves it to the care workers."

"Personally I'm happy. Office keeps in touch. I've read the personal plan, very good."

"So far they come at same time, I can't praise them enough, not really any contact from office."

"Quite happy with care, girls are very good."

"Quite happy with them all... no complaints, very nice... long as I know one of them... but I don't have strange faces very often."

"My care plan meets my needs completely."

Analysis of the care standards questionnaires which we had returned indicated that 96% of service users said "overall I am happy with the quality of care and support this service gives me".

"I'm quite happy, not much contact with office, girls get in touch with office if I'm going anywhere."

96% of service users said they knew the names of staff who support them.

85% said they considered "staff have enough time to carry out the agreed support and care".

76% said "the service check with me regularly that they are meeting my needs".

61% know about the service complaints procedure.

Taking carers' views into account

"The carers treat my relative with utter respect. However, she regularly does not receive her full allotted time on each visit and therefore has to on occasion try to start to put on her dinner i.e potatoes (relative is blind). The carers themselves are fantastic but the service does not respond to information contained in questionnaires that are sent to evaluate the service as time has always been an issue."

"In the main the carers are excellent and considerate, they're very good, they write in the book and I look at that. I would have to place my relative in a care home without their support."

"The client has many different carers. Therefore there is a great variation in their abilities and treatment of the client on the whole the regular carers are excellent."

"The service for us works well whilst the regular carer is available. Problems begin when relief staff are required. Neither staff or clients are aware of who is coming to do shift..... This summer when the regular carer went off on holiday the client here, who gets a morning and lunch slot requiring just one carer - she saw numerous carers which is not good.... We had a relief carer arrive at 11.45am to give her breakfast and get her washed and dressed. The worrying part was that she was expected to wait till then for her morning medication. Even worse was carer was scheduled to return 1.30pm to give the lunch, 45 minutes after leaving the 1 hour morning slot. Our family member loves her permanent regular carer, but gets very uptight and worried when strange, various people come to do very private things. She lives with us, and we do not either like the constant strangers in our home."

Service is excellent, each and every one of them so nice, so kind, really couldn't ask for any more. The organisers are very good. The few times I phoned, they got back to me that day. Excellent."

"Carers are great, terrific, can't complain about anything."

"Very good carers... quite happy."

"The usual carer is very good... she always lets me know when she is going on holiday..."

"I have agreed to your questions... some helpers are more efficient than others, there is the odd one we don't care for. Some carers are more capable and friendly, others a bit brusque. When carers are on holiday or are off sick there are too many chops and changes. Sometimes we're told, sometimes not. Can sometimes be half an hour late."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found that practice in relation to the areas covered by this quality statement was good.

The provider has set out a participation strategy, this includes a toolkit which provides service managers with information as to how to formally engage with people using the service, for example, through the use of questionnaires.

The service have made some good progress in preparing a personal plan for each service user at the point that service delivery commences. A home care and support plan, based on the single shared assessment is set out, and the coordinator visits the service user to go over that plan with the individual or their representative. A written agreement and a care timetable sets out what each individual should expect by way of service delivery. The personal file which is then kept in each person's home, sets out a range of information including:

- Service contact telephone numbers
- Information about complaints process
- Information about other services
- Information about eligibility criteria and cost

These processes support service users to be informed about the service they are using.

We saw that the service have continued to use questionnaires in various ways. They have used them to gain general feedback, for example, where they have asked people about their experience of using the service. During the inspection they were in the process of using questionnaires with both staff and service users to inform their consultation about the proposals for service redesign. This consultation process was not yet finished but we saw that a significant number of service users were using this to express their views about how they thought options suggested for change would impact on their needs being met, and on the wider outcomes in terms of family and social life opportunities. The services were seeking views on how flexible slots for points of care would suit their needs.

As part of this exercise the service were also engaging with staff, again asking for their views on topics such as flexible time slots, locality based supervisors, availability of management cover out with standard office hours. The full response to the questionnaires will be analysed by the service management, and results will be made available. The overall purpose of this process will be to inform the future changes planned for this service.

While the service has not generally used meetings with user groups as a participation activity we saw that various meetings in different localities had been arranged and taken place for the specific purpose of providing information and seeking views about this redesign process. There had been a series of meetings to inform staff and people using the service, or their representatives, about what was being planned. Ensuring that front line staff are well-informed about the proposals is essential, both to ensure their involvement but also so that they, as the main point of contact with many service users can encourage and facilitate their participation in expressing their views.

We saw that people using the service, their representatives and home care workers have access to care coordination staff. Observation in the coordination office indicated that they responded helpfully to contacts, requests for advice or guidance from staff and it was also apparent that home care staff were responsive in making contact to alert their supervisors to changes. We saw that this service's main strength in terms of participation was where service users had the opportunity to build good relationships with the care staff who support them. We saw that in many cases this meant that service users would raise issues directly with support staff and that either they or the home care worker would get in touch with the care coordinator in the office.

The service continues to distribute some newsletters. These newsletters are informative about the service and include stories about staff changes or achievements and service developments and would be of interest to people using the service or working in the service.

We discussed at feedback how the service might ensure that they provide sufficiently detailed information to service users or their representatives about significant

changes to service delivery, for example the introduction of the community meals which we understand will replace the option of a home carer preparing a main meal. We observed that this was a major change in how the service operated and would significantly alter the options available to individuals. While we saw that some information about this had been made available, for example through the newsletters we concluded that more engagement would be of benefit to ensure that each person had the information they needed to make choices about their own care and support.

Areas for improvement

As stated above we saw that the service have made improvements in the availability of personal plans for the majority of people using the service. However, we did see some examples of where the home care and support plan was not available in the service users' homes when we visited. In some cases this may have been because the plan had required updating, but the task had not been completed. We also saw an example of where a plan had not been prepared although a service had been provided for some time. To ensure that the personal plans in place remain reflective of needs, and that they are person centred, key staff should when reviewing these plans consider that sufficient information is included as to how support is to be provided.

From their own records we saw that the service carried out 196 reviews/quality assurance visits in 2014. At the time the last annual return was submitted the service had 418 people using the service. Although there will be some fluctuations in this number this would mean that to date approximately 50% of people using the service have had a review this calendar year. It seems that while these visits generate a "Quality Assurance Report" there is not a specific record made of the review discussion and any subsequent revisions made to the personal plan. It is therefore not always clear, when a review has taken place, how this was planned, who was involved and what actions were taken. **(See Requirement 1)**

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The care service must ensure that each service user has their personal plan reviewed as follows:
 - a) When requested by the service user or representative.
 - b) When a significant change to health, welfare or safety needs occurs.
 - c) At least once in every 6 month period and following this consultation, where it appears appropriate revise the personal plan.

This is to comply with: SSI 2011/210 The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011.

Timescale - to commence within 2 months of receipt of this report.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found that service performance was adequate in relation to this statement. We decided this after we spoke with management, staff and service users. We also looked at care plans, daily records and policies.

The home care manager participates in various meetings to coordinate and agree care provision and delivery where an individual has been identified as meeting the eligibility criteria. This includes meeting with health colleagues in the hospital to plan for people who are going to be discharged home. We also saw that staff worked closely with other health and social work colleagues to arrange appropriate care for individuals.

Electronic records showed that each service user had a single shared assessment. The home care and support plan was then created by "pulling through" sections of the single shared assessment. Overall care plans generally contained relevant details about an individual's needs, physical and mental health and other related information. Care plans identified service users' main health needs, and some care plans had useful guidance to assist care staff.

We saw that most service users have a care plan in their home, and an electronic record of that plan and other service user information, is held in the home care office. Generally the home care and support plan would usually guide staff as to the particular help that an individual needed. We saw that where required, there were up to date risk assessments which provided guidance about moving and handling needs. These risk assessments were completed to a high standard and ensured that staff had specific information as to the risk reducing measures that they should have in place, equipment they should use, and gave very clear guidance as to how to safely assist someone to transfer. Where we observed staff putting these skills into practice we observed that individuals were clear about procedures, and were confident and competent in their application.

From feedback from service users, and from observing home carers going about their duties we saw and heard that staff who regularly supported individuals were well-informed about their likes and dislikes and worked in a way that was acceptable to the service user. We saw staff delivering a care service in a way that was approachable and friendly, and also where, despite tight time constraints tried to make some time for social interaction. During the inspection we saw that regular carers had established positive relationships with service users, and overall service

users told us that their experience was that they were treated in a respectful manner.

Areas for improvement

We saw that at times the content of personal plans was variable and that the amount of detail included could at times be sparse. This was particularly evident in circumstances where there were complex mental health, cognitive impairment. In some circumstances we saw that because of impaired understanding or communication individuals may have difficulty in communicating their needs and that personal plans consequently needed to be specific about needs, and about the required supports. For example, to say "needs assistance with personal care" is not sufficient in a situation where an individual may not be able to communicate what assistance they need. Key staff drawing up personal plans, and carrying out reviews should be checking that plans are person centred, and that they include sufficient information as to how support should be provided. **(See Requirement under Quality Statement 1.1)**

We observed that home carers were overall responsive to alerting their supervisor or a member of the care coordination team of concerns or changes that they had noted. This would then, as stated earlier be recorded in the electronic file as an observation. However during the inspection we highlighted circumstances where it was not clear that concerns expressed had been formally referred on under the requirements of adult protection legislation. We saw that concerns had been passed on, but there was a lack of clarity about the basis of this referral, and the expectations of the service, in making the referral in terms of timeframes and outcomes.

We saw that there was a wide variation in the standard of detail in the record sheets maintained within the person's home. We saw that a variation existed that ranged from reasonable detail, with an entry for each point of care, to others where there were lots of gaps and where there was little to reflect the support that was actually provided. Clearly in some circumstances a brief note is all that would be necessary, but we observed other circumstances where individuals who may have communication barriers, or cognitive impairment and needs in areas such as maintaining nutrition, personal care and hygiene where recordings were not sufficient. We also observed circumstances where there were recording sheets going back some months still in the person's home, which would clearly detract from their use to review and monitor different aspects of the individual's situation. **(See Recommendation 1)**

We found that the arrangements in place for medication continued to be unsuitable. There were no assessments in place within the care plans about the service users' ability to manage their medication. We were told, and care plans indicate (where reference is made to medication) that care staff were only prompting service users, to remind them to take their medication and that with the exception of this "prompt" service users were self-administering their medication. However, we

observed that home care workers were in many instances administering medication, but without checks in place to monitor how they were carrying out this task. From talking to service users, staff and from reading personal plans we concluded that a significant number of service users were not able to understand about their medicines and would not be assessed as being able to self administer. There were no suitable records kept about what medicine service users were prescribed, what support they required to take this medication and about how medicines should be safely stored. There were also no records maintained to evidence what had been taken. The current policy on administration of medication states that home care workers should not support service users with administration of medication. We understand that this policy has been redrafted, although has not been implemented throughout the service. **(See Requirement 1)**

During the inspection we sampled records drawn from the staff scheduling and monitoring system (Call Confirm). This random sample included a period from mid September - mid October in four of the local areas and it identified that there were fourteen occasions during that timescale when there were missed visits to service users. Further investigation by the service discovered that these errors were caused by a combination of carer and care coordination errors. Given the level of critical need being experienced by service users it is likely that an event such as a missed visit will cause anxiety and concern, will also disrupt arrangements and will likely impact on health, welfare and the safety of individuals. The service must reduce the frequency of missed care visits. They should also demonstrate that they monitor and report on any such incidents, identify causal factors or patterns and respond effectively so that these are reduced to being rare, isolated occurrences. **(See Requirement 2)**

Time constraints on scheduled care visits can mean that at times the opportunity for interaction is limited, as are the opportunity for service users to increase their independence by participation in the activity. We also observed that timetables with tight schedules of multiple visits, and with no allocation for staff travel time were unlikely to be achieved effectively without sometimes rushing, and running late, both of which can cause anxiety to the worker, and the person receiving the service. We concluded that more regular review of specific services, for example through observation/quality assurance visits would ensure that realistic timescales were consistently allocated. **(See Quality Statement 4.4)**

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The service must review all medicine procedures and protocols in order to comply with best practice. Account must be taken of service users who are unable to self administer their medication. Assessments and records should be reviewed regularly and suitable records should be kept. Staff should be given appropriate training in this area of their work and their competence assessed to ensure that they are qualified and competent to carry out this task.

This is to comply with: SSI 2011 (the Social Care and Social Work Improvement Scotland Requirement for Care Services) regulations 2011.

Timescale - 3 months from receipt of this report.

2. They must ensure that they make provision for the health, welfare and safety of service users by ensuring that consistent and reliable care and support arrangements are in place to eliminate missed care visits.

As part of their quality assurance process the service should ensure that they effectively record, monitor any occasion when a visit was missed, that they identify causal factors or patterns, and put in place an effective plan to address identified issues.

This is to comply with: SSI 2011 (the Social Care and Social Work Improvement Scotland Requirement for Care Services) regulations 2011.

Timescale - 3 months from receipt of this report.

Recommendations

1. The service should ensure that all staff receive and follow guidance on service expectations about proper record keeping. Records should be maintained that will allow key staff to monitor and review the care and support that has been provided, the outcome of any referrals made, and any advice and guidance received.

This is to comply with National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Please refer to Quality Statement 1.1 for information about participation practice.

Areas for improvement

Please refer to Quality Statement 1.3 for information about participation practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We decided that the service grade for this statement was good after we spoke with management, staff, service users and their families. We also looked at staff and training records.

Staff whom we met appeared friendly and enthusiastic about their work and we saw evidence of a commitment at different levels in the service to providing a good standard of care, and to meeting individual service user's needs.

When employing new staff a safer and robust recruitment procedure was followed. New staff did not commence employment until they had suitable references and a PVG (Protection of Vulnerable Groups) check. This helped to reduce the risk of employing unsuitable people. There was an induction process which had core elements including:

- Introduction to organisational policy and procedures, national care standards, SSSC (Scottish Social Service Council) codes of conduct
- Training in areas such as infection control, continence support, personal care, food safety (some of this training is provided by health colleagues who have special areas of expertise, for example, in skin care or continence supports)
- Mandatory training in moving and handling
- Shadowing an experienced worker

The service issues all staff with a comprehensive staff handbook which gives clear guidance to workers about various aspects of the role.

Following on from induction training we saw that the service has some good arrangements in place for the ongoing provision of mandatory staff training. It is planned that some future training will be carried out using LEARN PRO, an online training system but to date this has not commenced. We saw that staff receive training in a number of different areas relevant to the work that they carry out. These include:

- Moving and Handling
- Dementia Awareness
- Medication Awareness
- Adult Support and Protection

We saw that the service has very good arrangements for recording information about training. In conjunction with the organisations training section, they arrange for staff to attend training, monitor timescales for attendance and follow-up on any incidence of non compliance with attending training. Overall we saw that through constant tracking and recording of what has been achieved, the service are able to demonstrate effective management of mandatory staff training.

The service has made progress with regard to making arrangements for home care workers to obtain a qualification in care. To date 77 (they currently have 191 home carer workers) have obtained a qualification, (SVQ Level 2 in Health and Social Care). This will also ensure that as workforce registration for support workers in a care at home service opens, that staff will have the qualification that will allow them to register with SSSC (Scottish Social Service Council). Staff employed as care coordinators are also being supported to achieve qualification which will enable them to meet the requirements of registration. The manager and senior care coordinators have relevant qualifications and are experienced in the role they are carrying out.

We saw that in relation to specific questions about staff those who returned care standards questionnaires:

- 100% told us that they were confident that staff have the skills to support me

- 97% said staff treat me with respect
- 95% said they knew the names of staff who provided their support

The service put into place new arrangements for engaging with staff on a regular week to week basis. Called "The Hub", this is an opportunity for staff to be issued with their schedules for the week ahead, to check them, and to resolve any errors in the work plan. Although as described under Quality Statement 1.3 further work is required to eliminate missed care visits this has been a positive development to engage with staff, update workers on changes and facilitate discussion on important issues.

Areas for improvement

We saw that the service, although working towards a service redesign where staff would be employed on a contract with minimum hours of work, still has a reliance on a variable hours contracted workforce. This in conjunction with a reducing workforce in some localities, and an increasing service user need, means that as a service they have constant issues with meeting their current care commitments. This is particularly evident in some of the more remote and rural areas. It impacts significantly on consistency for service users, and on both home care and care coordination staff who are working hard to maintain service delivery. We saw that the service continues to not have management or supervisor cover in place out of office hours. Service users or relatives experiencing issues with service delivery out with normal office hours contact "Faire" the local authority out of hours service. We saw that in many situations this service were able to resolve issues, for example identify an alternative carer. However there are other occasions when home care staff come across an issue with which they need practice guidance, or indeed "Faire" may not be able to identify an alternative care worker. Further measures are required to resolve the situation, and there is no identified senior cover to resolve the problem. This area is subject to an unmet requirement. **(See Requirement 1)**

Some service users told us that they can experience a lack of continuity with carers, and that this is particularly obvious when their main carers are on holiday, or at weekends or peak holiday periods. Sometimes people do not know who is scheduled to provide their service, and this creates anxiety. **(See Recommendation 1)**

Overall we concluded that improvements could be made as to the ways that the service used to assess and evaluate staff practice.

Some staff who responded to questionnaires, or whom we spoke with either by telephone or directly told us that:

- They did not have regular supervision
- That they were not given the opportunity to meet up with other staff and talk about their day-to-day work

- That the service did not ask for their opinion on how it can improve

The service does not have regular team meetings for the majority of staff. We saw that some groupings of staff, care coordinators, evening care and overnight support workers had opportunities where they meet with their supervisor and colleagues, and where they can discuss a range of topics relevant to their specific roles. Minutes are maintained of these meetings. However we saw that home carers, who make up the majority of the workload, do not have regular opportunities to meet as part of a team. Regular meetings following an agenda which all those attending could have an opportunity to add to would supplement the opportunities available for raising awareness of different care topics, reinforcing best practice, as well as sharing areas of concern.

We concluded that arrangements for staff supervision are limited. Most staff have a supervision/appraisal meeting with their supervisor on an annual basis. We understood however, from some staff that this was not consistent and that even with this minimum frequency, not all staff had individual or group supervision or one to one meetings. Overall we concluded that the current arrangements in place did not work well to support home carer workers, and did not contribute effectively towards monitoring all aspects of the service. Although staff generally reported that they were able to access their supervisor easily when they had a concern, we did not see that the current system was sufficient given the complex nature of the work being carried out by staff members usually working alone. We also concluded that there could be improvements as to how new and inexperienced workers were consistently supported through an enhanced supervision process.

We did not see that there was any planned process in place whereby staff practice was regularly observed. We concluded that this would be another tool that could be used to effectively assess staff competency, identify areas of development and training needs, and could support service improvement by contributing towards identifying those needs.

The service has provided staff with training in medicine awareness. We heard that staff found this training useful and that it was relevant to the work they carry out. The service should however ensure that this training is sufficient to ensure that staff administering medication (in line with their new policy) will have the knowledge and skills for this task. In doing this they should ensure that they assess the competency of staff who will be carrying out this task, and ensure that they supervise and audit practice in this area. **(See Quality Statement 1.3 Requirement 2)**

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. This requirement was carried through from an inspection in 2013.

The provider must ensure that there are always enough staff working in the care service to ensure that the needs of service users can be met. The service should ensure that the service delivery is managed appropriately during all times when the service operates, particularly when the offices are closed, so that arrangements made if home care workers are sick or absent provide for the health, welfare, safety and dignity of the service user.

This is to comply with: SSI 2002/114 Regulation 13 Staffing (a), and SSI 2002/114 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 4(1)(a) Welfare of users.

Timescale - within 8 months of receipt of this report.

National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Recommendations

1. The service should aim to let service users know who is going to be providing their care on each occasion that a change is made. In doing this they should establish practical ways of communicating this information, but with an emphasis on ensuring that the information is passed on and that the service will be consistent and reliable in who is providing the care.

National Care Standards - Care at Home: Standards 4.1, 4.2, 4.5 - Management and Staffing.

2. The service should make more effective use of staff management and support tools such as planned staff meetings, regular and more frequent supervision and observed practice for all workers.

National Care Standards - Care at home: Standard 4.6 - Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Please refer to Quality Statement 1.1 for information about participation practice.

Areas for improvement

Please refer to Quality Statement 1.1 for information about participation practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

At this inspection we found that the service was performing at an adequate standard for this statement.

We saw that the service has set out comprehensive proposals for re-designing this service. They have based their proposals on comparisons with other different models of service delivery, and analysis of their needs based on their current requirements, and projections of their future needs. They have embarked on a series of pre-consultation and consultation activity, taking their proposals through formal organisational approval processes. Much of the re-design focusses on establishing a service which has contracted staff who work a shift basis pattern of fixed hours, and who will be managed in locality areas. They aim that this will enable more regular activity in areas such as staff supervision, observed practice, quality assurance visits and reviewing of personal plans. Taking this forward is clearly a major piece of work within this service and although not yet completed, and therefore has not had a positive benefit on how the service operates has set out a clear improvement agenda which is being progressed.

The management and scheduling system (Call Confirm) in use allows for effective monitoring of care delivery. The service have now implemented this system across all the localities that they operate in. The system will support management and coordination activity by providing reliable data which they can use to audit and check the quality of the service.

The service has care coordination based in local areas. Overall we saw that the manager and care coordinators have detailed awareness of service user and staffing issues within their area of responsibility. Care coordinators visit each new service user at the start of service delivery when they go over the service users personal plan, and the contents of the personal file which is located in the person's own home.

The service has a very good system of auditing and recording staff training activity. We saw that this worked towards arranging attendance at staff training, recording what has been achieved and also ensured that any problems identified with attendance were appropriately followed up. We saw that where attendance at mandatory training had not been achieved this was highlighted to the relevant care coordinator who followed this up with the relevant member of staff.

The service has a complaints procedure, and where we sampled activity around complaints we saw that complaints made were followed up within appropriate timescales.

The service does make use of Care Inspectorate processes, such as self assessment to reflect on their strengths and areas of improvements. We can also see that they are working towards making progress in areas where weaknesses have been identified and requirements or recommendations made.

We saw that staff and service users continue to have easy access to the registered manager or care coordinators if there is any aspect of the service or the support they provide that they wish to discuss.

The service have a framework in place for quality assurance visits. These are where care coordinators visit service users in their own homes and check that their standards are being met. To date we saw that 195 quality assurance visits have been carried out this year. **(See areas for improvement)**

Areas for improvement

We identified that during this calendar year care coordination staff carried out quality assurance visits to some people using their service. Figures show that slightly less than two hundred visits were undertaken and the actual number carried out would indicate that there were no such visits to approximately half the service user group. The service acknowledges that they have not met their own targets in carrying out

these visits which are designed to be a way of checking with service users about the quality of the service that they routinely receive.

Throughout the inspection we also saw that there were a number of areas within which more robust quality assurance processes could be applied. For example, we have observed:

- Personal plans and personal files (including service user daily records)
- Service user reviews
- Incidents of missed visits, time of visits
- Practice in key areas such as medication, infection control

These were all areas where we identified that more regular and structured monitoring and auditing could be applied, so that they can routinely check that standards and best practice in these areas are being met.

Regular planned reviews with service users, quality assurance visits, and staff supervision, including observed practice would all work towards establishing a consistent approach towards assessing the quality of the service being delivered. Regular analysis and review of data obtained from the staff monitoring and scheduling system, for example in relation to missed visits, would highlight where problems have occurred and could be used to inform where improvement was required.

The service should ensure that where audits identify issues requiring resolution action plans should be developed which address the problem, either on an individual basis, or were indicated as part of a team or service approach. **(See Requirement 1)**

We have highlighted with the service the ongoing requirement for care services to make on-line notifications to the Care Inspectorate of certain significant events, incidents or circumstances within appropriate timescales.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. This requirement was carried through from previous inspection.
The provider shall ensure that they make proper provision for the health and welfare of service users by ensuring they have proper quality assurance systems in place.

This is in order to comply with: SSI 2011/210 The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 4 Welfare of users.

This also takes account of National Care Standards - Care at Home: Standard 4 - Management and Staffing.

Timescale - 6 months from receipt of report.

4 Other information

Complaints

There were two complaints since the last inspection. In relation to one complaint, no further requirements were made as a requirement which covered area of improvement was already in place following inspection. Requirements made as a result of second complaint were to be actioned by:

1. All line supervisors of direct care staff to complete the SPSO online complaints handling training
2. All line managers to discuss complaints handling in supervision and to record discussion in supervision notes
3. New departmental complaints handling and management procedure is due to be rolled out across the department

We sampled the handling of complaints made to the provider organisation and found that appropriate arrangements were in place to ensure that complaints were processed appropriately.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
27 Nov 2013	Announced (Short Notice)	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
15 Nov 2012	Unannounced	Care and support 2 - Weak Staffing 4 - Good Management and Leadership 3 - Adequate
30 Jun 2011	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 3 - Adequate
9 Jun 2010	Announced	Care and support 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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