

Care service inspection report

Sir Gabriel Woods, Mariners Home

Care Home Service Adults

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Greenock

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Type of inspection: Unannounced

Inspection completed on: 21 October 2014



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Service provided by:

Sir Gabriel Woods, Mariners Home

Service provider number:

SP2003000213

Care service number:

CS2003001088

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

What the service does well

At this inspection we could see that the meaningful participation of residents and their families has continued to be valued. The management and staff team are skilled and experienced, meeting the needs of individual residents in a person centred way that promotes involvement, choice and independence. Residents health and wellbeing needs are well managed within a comfortable environment and there is a commitment to the continued review and improvement of the service being provided.

What the service could do better

We continued six recommendations from the last inspection in relation to:

- six monthly personal plan reviews
- dependency assessments
- environmental audits
- sluicing procedures
- staff training
- action planning for improvement.

We also made two new recommendations about bed rail risk assessment and refresher training.

The areas for improvement detailed under each quality statement should be addressed as this will continue to develop and improve the quality of the overall service.

What the service has done since the last inspection

Eighteen recommendations had been made at the last inspection as detailed under the relevant quality statements in this report. Twelve of these had been met and we continued six as stated above. We increased the grades for quality theme 2 statement 1, quality theme 2 statement 2 and quality theme 3 statement 3 as a result of the improvements made.

The quality assurance system has become more well established. This has improved the monitoring of the service being provided.

The refurbishment programme has continued to maintain and improve the quality of the environment. Two en-suites with wet floor showers have been added to bedrooms since the last inspection. All bedrooms now have toilets and wash hand basins.

Conclusion

Sir Gabriel Woods Mariners Home provides a homely, relaxed and personalised service where the needs, choices and preferences of individual residents are well managed and the meaningful involvement of residents and their families is welcomed and valued.

There are high levels of satisfaction with the quality of the service as a result of the commitment of the management and staff team. However, the management team need to continue to develop and establish the approach to quality assurance to inform and support best practice across all aspects of the service.

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 Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Sir Gabriel Woods Mariners Home (the Mariner's Home) is a care home registered for 35 older people who may have dementia and/or physical disabilities and 12 adults with a diagnosis of Korsakoff's Syndrome. The service is a registered charity held in trust by the British Sailor's Society. There were 40 residents using the service during our inspection.

The care home is situated in a residential area of Greenock near local amenities including shops, bus routes and rail links. The service is provided from a large, detached Victorian property, originally opened in 1854 as a service for retired seafarers.

Accommodation in the main home is spread over two floors. There are 41 single bedrooms and three double bedrooms which are currently used as single rooms. There are lounge and dining rooms and adapted bathrooms on both levels. The home also has a large garden that is easily accessible. Work is ongoing to upgrade the quality of the environment for residents.

The stated aims of the service are:

- to provide a supportive, comfortable and caring environment
- to enhance the quality and enjoyment of life for each resident
- to meet the changing physical, emotional and spiritual needs of individual residents
- to provide a trained and caring staff which offers the necessary friendship and support
- to respect the privacy of each resident, ensuring dignity and freedom of choice.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 4 - Good

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 following an unannounced inspection. This was carried out by one Inspector and an Inspection Volunteer. The inspection was carried out on 1 October 2014 and the 21 October 2014. We provided feedback to the management team on the second inspection day.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 10 care standards questionnaires to the manager to distribute to residents and 15 care standards questionnaires for relatives and carers but none were returned.

We also asked the manager to give out 15 questionnaires to staff and we received six completed questionnaires.

During this inspection process, we gathered evidence from various sources including the following:

We spoke to:

- three residents
- a care worker
- a senior care worker
- the cook
- the activities coordinator
- the maintenance officer
- the administrator
- a member of housekeeping staff
- the care manager
- the manager.

The Inspection Volunteer also spoke to six residents and a visiting relative.

We looked at:

- the way staff worked with residents
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records including personal plans and newsletters
- the service brochure
- residents' personal plans including needs assessments, care plans, risk assessments and evaluations
- residents' healthcare records and case tracking for specific healthcare needs
- professional visitors records including community healthcare input
- six monthly care reviews
- life story books
- the admission/discharge register
- medication audits
- menus
- the activities programme
- minutes of staff meetings and workshops
- staff training and development records including SVQ training and SSSC registration
- six questionnaire filled in by staff
- staffing rotas
- accident and incident records
- complaint records
- quality assurance checks, records and audits
- repair and maintenance records
- cleaning records
- the policy and procedure manual
- general observation of the environment and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- the registration certificate
- the insurance certificate
- the staffing schedule.

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 recommendations we made at our last inspection

18 recommendations had been made at the last inspection. 12 of these had been met and we continued six as detailed under the relevant quality statements in 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.

The Care Inspectorate received a completed self assessment document from the manager. The manager identified what they thought they did well, some areas for development and any changes they had planned.

We found that the self assessment was not detailed enough to reflect the strengths and areas for improvement under each quality statement or the way that the strengths identified influenced the quality of the service.

This should be addressed as the self assessment continues to be updated. Residents, relatives and staff should also be consulted when the self assessment document is done in the future and their views on the quality of the service should be included.

Taking the views of people using the care service into account

For this inspection, we received views from three of the 40 residents who were spoken with individually. The Inspection Volunteer also spoke to six residents. The feedback we received was very positive.

We have included comments from residents under the relevant quality statements throughout this report.

Taking carers' views into account

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

The Inspection Volunteer spoke with a visiting relative during the inspection. The comments made are recorded under the relevant quality statements.

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: 5 - Very Good

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 this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff, looked at the relevant records and reviewed the questionnaires we received. Staff recognised that residents and their families had a right to be involved in assessing and improving the quality of the service provided to them, including the quality of care and support. We found that staff welcomed and valued their involvement.

The range of options used to support meaningful participation had included:

- 1-1 meetings with residents and their relatives
- an effective and informal 'open door' approach favoured by residents, relatives, staff and the management team
- consultation when writing personal plans
- formal care reviews to discuss how well care and support needs had been met
- a key worker system
- information about advocacy services
- newsletters that kept people up to date with what was happening in the home
- comment/suggestion forms
- notice boards where useful information was posted
- a complaint procedure that people could use to address issues on a more formal basis.

In addition, the management and staff team had explored other ways of promoting and supporting the involvement of residents and their families in assessing and improving the quality of the overall service. Where the methods introduced had not worked well, like group meetings, these had been reviewed in favour of the 1-1 approach preferred by residents. The management team intended to keep this under review as circumstances change to make sure that meaningful participation continues to be well supported.

The residents we spoke to told us that staff had consulted them about their support needs and any preferences they had, for example, wanting a male or female carer, when to get up, how to spend their time and choices around personal care. Residents said that staff respected the choices they made and encouraged them to make their own decisions. Some of the comments made by residents included:

"No problem - more than happy with what they do for me."

"You have your say."

"They couldn't do more than they do to make me happy."

"Aye, they listen, they give you your place."

"I like it here. I have my own routine."

"It's not rigid - they do things your way."

"They ask what I want and then I get it - simple as that."

There had been a consistent team of staff in place and we found that staff had developed positive relationships with residents and their relatives which helped to support meaningful involvement. The feedback we received during the inspection showed that residents and relatives were very happy with the care and support provided by staff and the way they had been involved in discussing and agreeing this.

The 'open door' approach operated by the management and staff team had continued and this had encouraged and enabled residents to discuss the service they were receiving, including the care and support being provided, when they wanted to. This had helped to support the individual approach favoured by residents as, overall, they continued to choose to express their views on a 1-1 basis. Residents told us that they were happy with the informal and relaxed way in which they could discuss any issues or concerns with staff who were said to be very approachable and responsive.

The personal plans we looked at reflected residents' care and support needs in an individualised way and, overall, a good level of detail had been recorded including how staff met each person's needs in accordance with their individual choices and preferences. Regular reviews had been carried out to make sure that the plans in place continued to be effective and we saw that residents had been consulted about decisions and changes where they were able to participate in this process.

At the last inspection we saw that the life story books in use had not been completed and they did not form part of the residents' personal plan. The format was very detailed and we said that a more manageable version should be considered as this would enable staff to complete this work in a more meaningful way that can be added to the personal plan as opposed to being separate from it. At this visit we saw that the activities coordinator was using new life story books that were in the process of being completed along with residents and their families. This was a positive development.

Six monthly care reviews had been carried out and these had provided an opportunity for residents and their families to formally discuss the quality of the care and support being provided. Where residents preferred to represent themselves independently at review meetings this had been supported. We also saw that minutes of review meetings had been sent to relatives who had asked for the review to go ahead in their absence.

There was a meaningful key-working system in place. This role included staff reviewing their allocated residents' care and support needs on a regular basis to make sure that they continued to be met properly. The residents we spoke to knew that they had a key-worker.

The newsletter (Anchor News) had been issued every two months. The ones we looked at were well presented and very informative. We saw that residents had been given updates about the activities programme, staff topics and planned improvements. At the last inspection we said that information about staff training and development should be included in the newsletter to keep people informed and up to date. This had been done.

There was an advocacy policy in place and staff knew how to support residents to access this service if they needed independent support or advice. Information had also been displayed on notice boards so that residents or relatives could contact advocacy services directly if they wanted to.

There was a formal complaint procedure in place and information about this had been made available to residents. The people we spoke to knew how to raise a concern and felt that any issues would be dealt with promptly by staff. There had been no formal complaints since the last inspection.

A welcome brochure was available and this provided a range of information that residents and their relatives would find useful.

A suggestion box was in place and, although this had not been used much due to the strong and effective 1-1 communication between residents, staff and the manager, it was there as an option should anyone wish to use it.

Notice boards had been situated around the home to display a range of useful and appropriate information for residents including inspection reports, activities programmes and meeting minutes.

Areas for improvement

We made the following recommendation at the last inspection as, although six monthly review meetings had been held and the involvement of residents and their families had been well supported, the minutes needed to be reviewed and improved:

1. The preparation and recording of six month review meetings should be improved to fully reflect the way that residents' health and welfare needs have been met and the views of relatives and staff should be included.

Action: We found that the review minutes we looked at did not represent a good overview of residents' health and welfare needs and how these had been managed. The general health of one of the residents we focussed on had deteriorated significantly. Whilst, we concluded that staff had managed this properly, it was not well reflected in the review minute.

Good pre-review planning, including an overview of the last six months, key issues and an evaluation of the effectiveness of the personal plan in meeting each resident's health and welfare needs would help to support the necessary improvements. Significant changes and developments should be clearly reflected in the review record and planned actions or goals should be stated. The format and wording on the six monthly review document currently being used should also be changed to support improvement. We continued this recommendation (see recommendation 1).

Key workers should be fully involved in completing the new life story books to help progress this work.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The preparation and recording of six month review meetings should be improved to fully reflect the way that residents' health and welfare needs have been met and the views of relatives and staff should be included.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

Statement 3

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

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff, looked at the relevant records, observed staff at work and reviewed the questionnaires we received. The evidence we looked at showed that the staff team were knowledgeable and experienced. Staff had a very good awareness of residents' individual health and wellbeing needs and acted properly to meet the needs identified.

The residents we spoke to said that staff had provided good care and support in relation to their health and wellbeing needs. They told us that staff had been quick to identify any issues with their health and, where appropriate made sure they received attention from the relevant healthcare professionals like GP's, community nurses, dieticians and so on. Some of the comments we received included:

"The staff see to my every need - I don't have to worry about a thing."

"I'm well cared for."

"I know the staff will look after me."

"I feel better being here."

"I think my health has improved."

"I do feel safe here - I don't have to worry and the staff are very helpful."

We saw that staff had gathered information about residents' medical history and healthcare needs from relatives and other sources like GP's and social workers before admission. They had used this information to help them assess residents' needs and plan the initial care and support to be provided. This helped to prepare staff to support new residents when they came to live in the Mariner's Home. Residents' needs had then been assessed on an ongoing basis after that to make sure they continued to receive the care they needed.

We looked at the way more complex health needs like wounds, weight loss, falls and the use of medication prescribed for agitation/anxiety had been managed for individual residents. We found that staff had done what they should in response to the healthcare needs of the residents we focussed on although we did identify some areas for improvement relating to record keeping as detailed below.

A summary of key healthcare issues throughout the home had been developed, for example, weight loss, wounds and pain management. This gave the management team a monthly overview of the more significant risks and healthcare issues that needed to be monitored so that they could review the care being provided. This was to help ensure that staff had done all they should to reduce risks and manage the healthcare needs of the residents concerned.

Daily routines had been flexible to take account of residents' individual needs, choices and preferences, including their lifestyle choices. Residents told us that this had contributed to their general sense of contentment and wellbeing.

The personal plans we looked at reflected residents' health and wellbeing needs in an individualised way. We saw that a good level of detail had been recorded in care plans explaining how staff met these needs in accordance with residents' personal choices and preferences. We saw that regular reviews had been carried out to make sure that the measures in place to meet healthcare needs continued to be effective and changes had been made where required. However, we did identify some areas where record keeping could improve as detailed below.

Staff had been provided with a wide range of training that informed and supported them to meet the health and wellbeing needs of residents. We found that staff communicated effectively with each other and had promoted very good continuity of care in order to ensure that residents' needs were met.

Staff had provided very good support to residents who attended clinics and other appointments to monitor and manage health issues. Staff had also made sure that residents had access to regular healthcare screening services like dentists, chiropodists and opticians. This helped to prevent problems from arising or identified them at an early stage so that treatment could be offered.

The staff team had worked in partnership with a range of community healthcare staff to make sure that the health and wellbeing needs of residents had been assessed and met. We found that staff had contacted the relevant healthcare professionals to get advice and support where issues had arisen. This had benefited residents by improving their health or preventing conditions from getting worse.

Residents told us that staff continued to encourage self care skills and promote independence so they could continue to do as much for themselves as possible. This approach also came across in the care plans we looked at. We saw that staff had arranged for equipment and adaptations to be made available to residents to promote safety and to help them maintain their independence.

Food and nutrition had been very well managed and the menus we looked at reflected a good range of varied options for residents who were positive about the quality of the food.

The cook was knowledgeable about individual residents and had a flexible and individualised approach towards meeting their needs and preferences in relation to food and fluids. This had been further supported by the effective communication taking place between care staff and catering staff in relation to residents' nutritional needs. The introduction of the pictorial menus had been progressed to further support residents with communication difficulties which was a positive development.

Special dietary needs and individual preferences had been very well managed and there was evidence that appropriate action had been taken to support residents who were particularly at risk of weight loss. We saw that the kitchen was well stocked and this included the products we would expect to see where meals were being fortified to support residents at risk of weight loss.

We saw that the home had a generous budget for the provision of meaningful activity which is an important aspect of day to day life in a care home. We spoke to the activities coordinator who told us how the varied programme had been developed to take account of residents' individual needs and preferences. There had been good 1-1 consultation about the activities that residents preferred to take part in and where to go on the trips that took place very regularly. We saw that the programme included activities that promoted physical and mental health and wellbeing as well as entertainers, parties, special events and opportunities to get out and about in the local community. Residents who wanted to follow their chosen faith had been supported to do so and regular religious services had also been held in the home.

The residents and relatives we spoke to felt that the home was a safe place to live. They were also positive about the relaxed and welcoming atmosphere of the home environment. We saw that standards of cleanliness were good throughout the home and there were measures in place to protect residents from the risk of infection.

The following recommendations had been continued at the last inspection:

1. The policy and procedure relating to adult support and protection should be aligned to the West of Scotland practice guidance and should detail specific contacts within key organisations including social work and police.

Action: The policy had been reviewed. Information about local arrangements was available to staff. This recommendation had been met.

2. Assessment and consent should be carried out prior to the use of equipment which could be regarded as being potentially restraining.

Action: Forms had been developed and these had been put into residents' personal plans where this equipment was being used following discussion with relatives. This recommendation had been met.

The following recommendations had been made at the last inspection:

1. AWI certificates should be put in place where required and a system for monitoring review dates and evidencing POA should be established.

Action: The management team had reviewed the need for AWI (Adults with Incapacity) certificates for individual residents where this was appropriate and these had been put in place. Evidence of POA (Power of Attorney) had also been recorded. A register had been set up to monitor review dates to prevent AWI certificates from going out of date. This recommendation had been met.

2. The format and content of residents' personal plans should be reviewed and further developed to fully support clear, detailed record keeping.

Action: The personal plans we looked at contained a good level of personalised information and improvements had been made in relation to risk assessment, care planning and evaluation which helped to support more detailed record keeping. This recommendation had been met. However, we identified ongoing areas for improvement as detailed below.

3. Suitable, evidence based risk assessment tools should be used to assess residents' healthcare needs on a regular basis and staff should be trained on how to use these tools properly to inform the care and support to be provided.

Action: Additional risk assessment tools had been introduced and we saw that staff had used these in relation to skin care (Waterlow) and nutrition (MUST). This recommendation had been met.

At the last inspection we said that a register should be set up to check DNACPR forms so that review dates are monitored. This had been done.

Inspection Volunteer report findings

All of the residents that the Inspection Volunteer spoke with were happy with the standard of care that they received at Sir Gabriel's, as was the one relative that was spoken with.

The fact that most of the residents come from a seafaring background gives Sir Gabriel's a distinctive atmosphere. Rooms are referred to as cabins and the atmosphere is quite masculine.

Through observation it was evident that the staff were attentive to residents' needs and requests. Staff were slightly reluctant to have the inspector volunteer observe in one dining room at lunchtime, but this was quickly resolved as this was simply to protect the privacy of residents (protected mealtimes).

More than anywhere else the inspector volunteer has visited, the residents seemed to arrive for lunch at staggered times over 30 minutes or so. This did not phase staff at all and perhaps allowed them to give residents more individual attention.

Residents said that the food was plain and to their liking. We observed an activity session which was based on 'Life Stories'. This meant that those attending required individual attention. Residents thoroughly enjoyed this. Residents said:

"Couldn't ask for better."

"They recognise my individual needs."

"The care is brilliant."

"I like this place very much."

"Staff visited me in hospital."

"The care is A+."

"I'm well looked after - everybody is good to me."

"Food is great."

"The food is plain, not fancy, but very good."

"I'm not blaming the cook - but food is barely adequate." Isolated view.

Family said:

"Quality food - three course lunch."

"I must say the care is good."

"(Relative) is happy in here."

"He gets out in the mini bus to Largs and Glasgow as well as the garden centre."

Areas for improvement

The following recommendation had been made at the last inspection:

1. A suitable dependency tool should be sourced and established to assess residents' dependency levels throughout the home on a monthly basis demonstrating how this informs staffing levels and deployment.

Although, we found that staffing had been managed properly, a suitable assessment tool still needed to be sourced and established to inform residents' dependency levels throughout the home on a monthly basis in accordance with the document 'Records Registered Services Must Keep'. This is to provide an evidence based link between residents' assessed needs and the day to day provision and deployment of staff. We continued this recommendation (see recommendation 1).

Although staff had managed residents' healthcare needs to a very good standard, addressing the areas for improvement below would further improve the quality of record keeping in residents' personal plans:

1. There were examples where the Waterlow risk assessment score (for skin care) had not been reviewed in response to changes, for example, increasing the score where any skin breaks developed. The scores should be added up and entered on the Waterlow chart each time it is reviewed.

2. The falls risk assessment should be reviewed as the way that staff had filled out some of the ones we looked at made it difficult to get a clear picture of what the right score and risk level were. Where this had changed we could not see when as the form did not allow for this information to be included. The management team should look at current good practice falls guidance to inform and support clear risk assessment.

3. The action taken by staff in response to weight loss should be fully detailed in the care plan relating to nutrition. We saw that some of this information had been recorded in the daily notes but had not then been added to the specific care plan to fully reflect all of the measures in place.

4. Where community nurses are visiting the home to attend to residents' healthcare needs (one example would be wound care), staff should make sure they have a care plan in place to reflect what they are also doing to manage this particular issue.

5. We saw that care plans had been updated where changes had taken place. However, staff had not always discontinued the previous entries and this should be done in line with good record keeping practice to make it clear which is the most up to date information.

Assessment tools should be sourced and used to further inform the approach to continence management and moving and assisting.

The photographs of residents taken for use in personal plans and medication records should be dated. This is to make sure that photos are reviewed on a regular basis and updated as necessary.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. A suitable dependency tool should be sourced and established to assess residents' dependency levels throughout the home on a monthly basis demonstrating how this informs staffing levels and deployment.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; inspected equipment and the environment and looked at the relevant records.

The residents we spoke to told us they were very happy with the quality of the environment which they described as homely and relaxed. We saw bedrooms that had been personalised and found that residents' wishes had been respected in relation to the way they wanted their rooms decorated and furnished.

We saw a very good example of meaningful involvement where an individual who was due to move from hospital into the home had been consulted about the way he would like his bedroom decorated. Staff had carried out his wishes so that he would feel welcome on admission.

Improvements to the environment were ongoing and the manager advised that residents would continue to be consulted as part of this process.

Participation was considered in general terms under quality theme 1 statement 1. For shared strengths around participation see statement 1.1.

Areas for improvement

Participation was considered in general terms under quality theme 1 statement 1. For shared areas for improvement around participation see statement 1.1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff, inspected equipment and the environment and looked at the relevant records. The management of the maintenance programme had been improved and we re-graded this quality statement from 'good' to 'very good' as a result. The overall approach taken helped to promote a safe home environment in which residents were protected from avoidable harm.

The residents we spoke to were very happy with the home environment. They said:

"I'm happy enough - it suits me fine."

"It's very clean - the staff see to that."

"I like to spend time in my cabin and that's my choice. It has everything I need."

"The staff are always there if you need them - they come quick."

"It's a home from home."

"They (staff) keep it good - it's a lovely place."

"It's always getting done up - very nice."

Staff had received health and safety training that covered a range of topics including fire safety, food hygiene, infection control and safeguarding vulnerable adults. This training was mandatory which meant that staff had to attend and then refresh their knowledge within a set timescale. The training undertaken helped to keep staff up to date and well informed.

A maintenance officer worked on site. We saw that there were arrangements in place to address day to day repairs and also any issues that came up outwith normal working hours. Staff and residents told us that any day to day issues they reported had been attended to quickly. We saw that this approach helped to promote a safe environment for residents.

We found that there had been a good approach to the servicing, maintenance and repair of equipment and the general environment. Included were areas like electrical safety, lifting equipment, gas safety, the call system and so on.

The maintenance officer had also carried out a range of regular safety checks including hot water temperatures, wheelchairs and window restrictors. This preventative programme had helped to maintain safety and protect residents from avoidable harm.

The following recommendations had been made at the last inspection:

1. The maintenance system and associated records should be closely monitored by the management team to make sure that the improvements introduced are maintained properly.

Action: The management team had developed an overview of the maintenance programme to make sure the necessary works would be carried out properly and did not become overdue. This had been monitored on a monthly basis by the management team. This recommendation had been met.

2. The management team should introduce suitable, dissolving bags for the management of soiled laundry.

Action: Colour coded bags suitable for the management of soiled or infected laundry had been sourced. Some of the staff team had been trained to use them. More training was planned and it was intended that the system would be fully established by the end of October. This recommendation had been met.

3. A robust system should be adopted to demonstrate that there are regular checks carried out on hot water temperatures and window restrictors.

Action: These checks had been done and this recommendation had been met. We found that hot water was within the recommended temperatures and the windows we looked at were secure. However, we identified areas where records could improve as detailed below.

The provider had continued to invest in the home. There was an ongoing refurbishment and redecoration programme in place to continue to improve the quality of the environment and facilities for residents. Since the last inspection, two bedrooms had been refurbished and had en-suite wet floor showers added. All bedrooms now have their own toilet facilities. During our inspection of the environment, we saw that the premises were clean, homely and welcoming. There was a relaxed atmosphere, it was comfortably warm and noise levels were low.

A pilot project was underway to install WiFi in the home and computer equipment had been bought for residents to use including iPad's and laptops. This was a positive investment.

There were suitable arrangements in place to keep the home secure and safe from intruders. The front door was controlled via a key pad which meant nobody could enter the home without staff knowing who they were. Visitors were required to sign in. All other doors had alarms in place to alert staff and this protected residents who could be placed at risk if they left the home on their own without the proper support.

Bedrooms were single and residents were able to lock their bedroom doors if this was their choice. This helped to promote privacy. In order to maintain safety, staff were able to access locked bedrooms quickly if there was an emergency.

Equipment had been put in place where it had been identified that residents would benefit from this, for example, alert mats and support rails. This helped to reduce risk of accidents for residents and helped to promote independence.

The bedrooms we inspected had a working call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance when they needed it.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence.

Information about residents had been stored properly to maintain privacy and confidentiality.

There was up to date insurance in place.

The garden had been very well maintained. This area provided residents with an outside space where they could spend their time.

Inspection Volunteer report

It's perhaps true that Sir Gabriel's décor in parts is not pristine, but residents left the inspector volunteer in no doubt that they were content with the environment. The rooms are not as large as some homes and lack ensuite showers. However, this did not bother anyone spoken with. Residents said:

"Okay, it's a bit tired but I like it."

"My cabin is all right for my needs."

"I'm happy with the building - I spend most of the day in my room but that's my choice."

"I like the building."

"My room is okay but small."

"I'm content with my room."

"My room has plenty of room for me."

"I sit outside in the yard."

Family said:

"(Relative's) room is okay but small."

"The building has been partially done up."

Areas for improvement

The following recommendations had been made at the last inspection:

1. Detailed environmental audits and action plans should be developed and established so that regular checks of the full home environment are carried out to identify and address any improvements that need to be made.

Action: We said at the last inspection that detailed environmental audits should be developed and introduced to make sure that regular checks of the full home environment are carried out. This was to establish a pro-active approach to identifying and addressing any improvements that need to be made. We also said that action plans should be developed and signed off once the necessary works have been completed. This had not been done yet and we continued this recommendation (see recommendation 1).

2. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice.

Action: This had not been progressed. Staff were hand sluicing which carries a high risk of cross infection. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice. We continued this recommendation (see recommendation 2).

Where bed rails are being used, an individual risk assessment should be carried out for each resident and this should be kept in their personal plan. This should inform the decision to use bed rails as the safest, least restrictive option and the checks in place to minimise the risk of injury or entrapment. We made a recommendation about this (see recommendation 3).

The maintenance officer explained how checks had been carried out to maintain safety in relation to windows and hot water. Although maintenance records had improved, more work was needed to make sure that clear evidence of this is kept. We asked for the records to show the location of the window restrictors being checked. We also said that the Health & Safety Executive guidance on the management of hot water be used to inform the records and temperatures. This should be monitored by the management team to make sure the necessary records are properly maintained.

Although standards of cleanliness were good throughout the home, there were a lot of gaps in the cleaning schedules we looked at. As these records are used to reflect the cleaning that has been carried out it is important that housekeeping staff fill them in properly. A daily cleaning schedule should also be developed and this should include areas like handrails, door handles, light switches and the undersides of furniture and equipment.

Some areas of the home were showing signs of wear and tear. The refurbishment programme was ongoing to refresh the areas of the home that were in need of upgrading. Also, additional maintenance staff were being employed and it was advised that they would be involved in the general upkeep of the environment. Pull cord covers (for lights, and so on) that can be cleaned should be sourced as the cord alone can be an infection control risk.

The repair log should be monitored to make sure that works are all signed off once complete as there were a number of gaps.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. Detailed environmental audits and action plans should be developed and established so that regular checks of the full home environment are carried out to identify and address any improvements that need to be made.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

2. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

3. Where bed rails are being used, an individual risk assessment should be carried out for each resident and this should be kept in their personal plan. This should inform the decision to use bed rails as the safest, least restrictive option and the checks in place to minimise the risk of injury or entrapment.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff. People told us they were happy with the quality of the staff team and said they felt able to express their views about the care and support they provided. People were also very positive about staff in general describing them as helpful, attentive and caring with a good sense of humour.

There had recently been consultation about the introduction of uniforms for staff and this had been followed through.

We saw that more information about staff topics and training had been included in the newsletter to keep people informed and up to date.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

Although residents did not want to have much involvement in staffing issues, the management team should continue to explore the ways that residents and their families can become involved in assessing and improving the quality of staffing in ways that are meaningful to the service.

Grade awarded for this statement: 5 - Very 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 found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; looked at the relevant records, observed staff at work and reviewed the questionnaires we received. The evidence showed that the staff team were skilled, experienced and motivated to deliver a good quality service to residents. The improvements made since the last inspection resulted in this quality statement being re-graded from 'adequate' to 'very good'.

The staff team were experienced and there had been a low turnover of staff which supported good continuity for residents and their families. Residents told us that this was important to them as it had helped to build up positive relationships. We found that residents and their relatives had high levels of satisfaction with the quality of the staff team and the care and support they provided. Comments included:

"First class staff - couldn't be better."

"I get on with them all."

"They know their stuff."

"Great - no problems."

"I'm thankful to have them."

"They're like family to me."

"Wonderful - a great bunch."

"They don't just come here to work - they come to care."

Clear standards had been set in relation to what was expected from staff and the management team monitored staff performance to maintain these standards. We saw that there was a staffing structure in place and individual roles and responsibilities had been well established. We found that staff from all departments had worked well together as a team to provide a good quality service to residents and their families.

We observed staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be very motivated and professional with a caring attitude.

The staff we spoke to valued the work they did and felt able to provide a very good standard of care to residents. Staff said that training was very good and they told us they felt appreciated and well supported by the management team and their colleagues. Comments from staff were:

"I love my job."

"We get good support from management."

"We're involved in lots of training."

"I get supervision every 10 weeks but I can go to any of the senior staff at any time."

"Everything's good."

"It's a great place to work."

We received six completed questionnaires from staff. Apart from two people disagreeing/not knowing whether they had been asked for their opinion on how the service could improve and one person disagreeing they had regular supervision, the responses were very positive about meaningful policies and procedures; support, training, resources, communication and the quality of the service provided to residents and their relatives.

The rotas we looked at showed that staffing levels were satisfactory and the people we spoke to told us that staffing levels were fine. Staff were visible throughout the inspection and we saw that residents got support from staff quickly when this was needed or asked for.

There was a programme of mandatory training that staff had to attend. This included the topics we would expect to see like health and safety, fire training, dementia, medication management and safeguarding vulnerable adults. This training also had to be refreshed within a set timescale to keep staff informed and up to date. A good range of additional training informed by the needs of residents and staff had also been planned and delivered. At the last inspection we found that some of the mandatory training had become overdue and we concluded that a more pro-active approach was needed to make sure that staff attended the necessary training within the required timescale. The management team took action to address this during the inspection and, at this visit we saw that the improvements made had continued.

There was an ongoing SVQ programme in place to support staff to gain qualifications suitable for registration with the Scottish Social Services Council (SSSC). The purpose of this register is to support the delivery of a safe, qualified and regulated social care workforce in Scotland. Most of the staff team had completed or were undertaking the relevant training. Staff with supervisory roles had all been registered with the SSSC. Action had also been taken to make sure that any staff not registered had applied by the 30 September 2014 deadline.

We made the following recommendations at the last inspection:

1. When carrying out supervision meetings with staff, supervisors should be clear about the training to be attended and how this will be planned. Subsequent supervision records should show that the plans made have been followed through properly.

Action: We saw that training needs had been more clearly reflected in the supervision records we looked at. This recommendation had been met.

2. Staff meetings should be minuted with action plans put in place to address any actions that need to be addressed.

Action: At the last inspection, the manager was developing a new approach to staff meetings where staff could reflect on their practice with a view to continuous development and improvement. We saw that more regular meetings and staff workshops had taken place and these had been recorded. This had helped to further improve the good communication already in place throughout the home. This recommendation had been met.

Inspection volunteer report

Staff manage to provide care for residents in a gentle way which is compatible with their masculine attitude. We were told that many of the staff have been at Sir Gabriel's for many years. Staff I saw were familiar but respectful with residents. One staff member observed, spent 8-10 minutes coaxing a resident to walk the last few yards to the dining room - tremendously patient. Residents said:

"They make sure I'm all right."

"They're pretty good to me."

"They know the job."

"I think they are fantastic."

"They can't do enough - they know me."

"They know me - most have been here a long time."

"I get on fine with all the staff."

"Staff are all right - they know me."

Family said :

"I find the staff fine."

"I must say, they are good."

"I can't fault them."

"The staff treat me well (visiting) - I'm offered tea and biscuits."

Areas for improvement

We made the following recommendation at the last inspection:

1. Training on important topics like adult support and protection and dementia should be extended to cover the whole staff team.

Action: At the last inspection, we said that training on important topics like safeguarding vulnerable adults and dementia should be extended to cover the whole staff team, including staff that do not provide direct care to residents. Although staff said they could attend this kind of training if they wanted to, not all staff had. This still had to be addressed although there was clear commitment to do so. We continued this recommendation (see recommendation 1).

The management team should make sure that the dementia training being provided to staff is of an equivalent standard to the 'Promoting Excellence' training programme at the 'Informed' and 'Skilled' levels.

At this visit we discussed the need to more clearly identify the core mandatory topics and the refresher timescales for these as the current commitment to revisit all of the training topics on the programme within at least 18 months was not being achieved. Also, some of these topics did not need to be revisited this often. There were plans to keep a separate record of the mandatory training which was a good idea as this was up to date. We made a recommendation about this (see recommendation 2).

Training had been separated into three categories - must know, should know and could know. At the last inspection, the manager was in the process of reviewing this in response to the increasing needs of residents to ensure that staff would be provided with all the necessary training. Efforts should be made to make sure that the training that falls into the 'should have' category is provided to all staff equally depending on their individual role.

The management team should continue to ensure that target dates for refresher training are revisited with staff during supervision meetings. This helps to keep training up to date.

The need for staff to maintain a continuous learning and development record that can be used when re-registering with the SSSC should be added to the supervision process.

Consideration should be given to developing staff 'champions' for a range of topics like nutrition, continence, dementia, falls, medication and so on. This would help to further inform and support continuous improvement in relation to current best practice.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Training on important topics like safeguarding vulnerable adults and dementia should be extended to cover the whole staff team.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. The timescales for refreshing training that is not mandatory should be revisited to make the training programme more manageable.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

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

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received. People told us they were happy with the way the home was managed. They also said that the management team were approachable, responsive and committed to the delivery of high standards across the service as a whole.

We found that the management team had developed positive relationships with residents and encouraged them to express their views on the quality of the service. The management team also had very regular contact with residents and their families.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

Areas for improvement

Information about the audits and checks carried out and the outcome of these should be shared with residents and their families so that they know how the management team monitor and improve the quality of the service. This could be done via the newsletter. Where residents and relatives can become involved in the audits carried out this should be supported, for example, carrying out audits of the environment or reviews of activities, food and so on.

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

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

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records, observed staff at work, inspected the environment and reviewed the questionnaires we received.

In addition to the strengths around the involvement of residents and their families and the quality assurance methods detailed under quality statement 1.1:

We found that management team had provided good leadership for staff. They also had regular contact with residents and their families. The residents we spoke to during our inspection were very happy with the quality of the service provided to them and knew what to do if they had any issues or concerns. Comments included:

"I'd recommend it to anyone."

"I've never had a complaint."

"You just speak to the boss if you need anything - either that or the staff will fix it first."

"No need to make a complaint - it's nipped in the bud."

"First class place - can't be many like this about."

"The manager's good - he makes the time to talk to you."

"It's easy going which is what you need in a place like this."

"I couldn't be happier - I'm lucky I landed here."

"Communication's good - we get kept up to date."

We saw that the day to day running of the service had been well managed. Staff had individual responsibilities that made them accountable for making sure that specific aspects of the service had been properly organised.

Staff told us they felt well supported by the management team. We also found that communication and reporting systems were good across all departments which supported the smooth running of the service.

The governance system set up during the last inspection with a view to having a monthly overview of key aspects of the service to inform performance and improvement had become more well established. This helped to inform and support a more extensive range of checks to identify good practice while informing areas for further improvement. It had also helped to make sure that timescales were met where these had been set, for example, six monthly reviews, maintenance checks, staff training and staff supervision meetings.

The following recommendation had been continued at the last inspection:

- the service should introduce written medication audits.

Action: At previous inspections, we discussed the need for a detailed audit tool that assessed performance against the best practice standards relating to the ordering, receipt, storage, administration and disposal of medication. This was because the records we looked at were more of a stock check than a medication audit. At this visit we saw that a medication audit tool had been sourced. This recommendation had been met and we will revisit this at the next inspection to assess how well the audit informs and supports good practice.

We made the following recommendation at the last inspection:

- the ongoing work to review and update policies and procedures to reflect current legislation, best practice and local arrangements should be progressed.

Action: Policies and procedures had been updated. Staff were in the process of reading these and signing to reflect that had done so. We also saw that policies had been discussed in the staff workshops. This recommendation had been met.

Inspection Volunteer report

From what the inspection volunteer could observe the manager seemed to have a very good relationship with residents. Residents said that he is very visible around the building. Residents said:

"I know (manager) - he's about the building a lot."

"I see (manager) and we talk."

"I see the manager a lot."

"We get on well."

"He talks about different things."

Relatives said:

"I've spoken with the manager."

"We have reviews - they are useful."

"He phones me if (relative) falls - he falls sometimes."

Areas for improvement

We made the following recommendation at the last inspection:

- a standard approach should be established in relation to action planning for improvement and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement.

Action: We saw that more work was needed to establish a consistent approach to action planning for improvement reflecting the action(s) to be taken, who is responsible, the timescale for achievement and whether the work has been completed. We continued this recommendation (see recommendation 1).

The management team should continue to develop and establish the governance system to inform and support continuous improvement.

Policies and procedures should be dated to show when they have been updated.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. A standard approach should be established in relation to action planning for improvement and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

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

Additional Information

No additional information recorded.

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
3 Dec 2013	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
21 Aug 2012	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
3 Dec 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed

Inspection report continued

27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
23 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 5 - Very Good
22 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
23 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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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ہے بایتسرد می ونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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