

		AGENDA ITEM NO: 4	
Report To:	Health and Social Care Committee	Date:	20 October 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/49/2016/SM
Contact Officer:	Sharon McAlees Head of Children & Families and Criminal Justice Services	Contact No:	01475 715282
Subject:	CARE INSPECTORATE INSPECTION ADOPTION AND FOSTERING SERVI		CLYDE COUNCIL

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of inspections carried out by the Care Inspectorate in respect of Inverclyde's Adoption and Fostering Services completed on 12th August 2016.

2.0 SUMMARY

- 2.1 Inverclyde Adoption and Fostering Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support.
- 2.2 A full public report of the inspection and grades is published on the Care Inspectorate website.
- 2.3 Both services were graded with how they performed against two quality themes.

The summary of grades awarded to Adoption and Fostering were:

Quality of Care and Supportgrade 5 very goodQuality of Staffinggrade 5 very good

3.0 **RECOMMENDATIONS**

3.1 The Health and Social Care Committee is asked to note the outcome of the Inspection report.

Brian Moore Corporate Director (Chief Officer) Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde's Adoption and Fostering Services are registered with the Care Inspectorate and inspected on a regular basis. A short notice announced inspection was carried out over a three week period and concluded on 12th August 2016.
- 4.2 Inverclyde Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents for children who cannot live with their birth parents or extended family. The service also provides formal post adoption support for families.
- 4.3 The Fostering Service provides a family placement resource for children and young people from birth to 18 years with this potentially increasing to 21 years to take account of young people's right to "Continuing Care" as defined within the Children and Young People (Scotland) Act 2014. At the time of inspection there were 38 approved fostering households and there were 38 children in placement.
- 4.4 During 2016/17 the Care Inspectorate is scoping child sexual exploitation (CSE) practice across children's services in Scotland. This will form the Care Inspectorate's contribution to Scotland's National Action Plan to tackle CSE. During the formal feedback session, Inverclyde's progress in developing a strategy around CSE was positively reported on.

5.0 PERFORMANCE

5.1 Adoption

In respect of the quality themes inspected at this inspection the outcome was as follows

Quality of care and supportgrade 5Quality of staffinggrade 5Requirements noneRecommendations none

5.1.1 What the service does well

The Care Inspectorate noted that the Adoption Service continues to drive the permanency planning agenda forward and had further developed robust processes to support this with some promising outcomes for children evident. There was evidence of sensitive communication with birth parents ensuring all relevant views were gathered. Staff and management presented as committed to good outcomes for children and were effective in delivering opportunities for this to be achieved.

5.1.2 What the service could do better

Adopters highlighted that they would like to see more involvement of experienced adopters in the preparation stages. Later Life letters are an important way of offering children an account of their early history and birth family. The service does consider these during the permanency process however recognise that a more formalised system would ensure that these letters are completed within agreed timescales.

5.2 Fostering

In respect of the quality themes inspected at this inspection the outcome was as follows:

Quality of care and support grade 5 Quality of staffing grade 5 Requirements none Recommendations 2

5.2.2 What the service does well

The Care Inspectorate noted that foster carers were very well trained and supported to meet children's needs and the service ensured children remained central to decision making processes. The inspection found assessments for potential foster carers to be rigorous and very well written. A competency framework within the assessment identified potential areas requiring support and relevant checks were always carried out to give assurance that applicants were suitable to foster children.

5.2.3 What the service could do better

Areas for improvement that were highlighted included more consistent approaches to safe caring policies and individual risk assessments and notifications to the Care Inspectorate. The areas identified for improvement did not call into question the overall good practice found during the inspection.

5.2.4 Recommendations

1. The service should ensure that risk assessments and management plans to reduce any identified risk are implemented for children and young people in foster care.

2. The service should develop a system to ensure that reportable events are notified to the Care Inspectorate.

6.0 PROPOSALS

6.1 Adoption and Fostering Services will continue to take forward the areas of strength identified within the self-assessment and inspection findings. The areas for improvement have been noted along with the recommendations in respect of the Fostering Service and plans to address these have been progressed as follows

6.1.2 Recommendation 1

HSCP assessment and care planning procedures are being implemented. These incorporate the National Practice Model for risk assessment and toolkits for assessment. The Child's Plan will reflect all areas of unmet need and risk along with actions to reduce and manage risk.

6.1.3 Recommendation 2

A planned service development day will include a briefing session for all fostering and adoption relation supervising social workers in relation to all incidents that require to be notified to the Care Inspectorate and the relevant manager will ensure these are completed within 24hrs.

7.0 IMPLICATIONS

Finance

7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no specific legal implications from this report.

Human Resources

7.3 There is no specific HR implications form this report.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
V	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 Care Inspectorate Reports



Inverclyde Council Adoption Service Adoption Service

Inverclyde HSCP Hector McNeil House 7 - 8 Clyde Square Greenock PA15 1NB

Telephone: 01475 715365

Type of inspection: Announced (short notice) Inspection completed on: 12 August 2016

Service provided by: Inverclyde Council

Care service number: CS2005087048 Service provider number: SP2003000212



About the service

Inverclyde Council's Adoption Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011. They provide a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children who cannot live with their birth parents or extended family members, and whose needs have been assessed.

Since the last inspection, the service have approved six adopter households with a three further three potential adoptive households undergoing assessment. Four children have been approved for adoption, and two adopters were waiting for children to be placed. The service also provides formal post adoption support for two families.

Inverclyde Council Fostering Service was inspected at the same time and a separate report is available.

The service is part of Inverciyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

What people told us

For this inspection, we received completed care staff questionnaires from five members of staff. We spoke with 10 more members of staff some individually and some in a group. The majority of staff informed us that they had very good opportunities for training and development, and that they felt generally valued by the service.

Staff members informed us:

'We find the group supervision beneficial, it allows us to share practice issues and come together to discuss referrals and reflect on our work'

'Inverclyde is a very child centred authority, and will go above and beyond to try and ensure that any decisions taken are in the best interests of the child'

'We have good working relationships with the area teams, and have regular three way meetings for more complex cases. This is one of the good things about being in a small authority, you get to know people well'

One adopter returned a completed questionnaire, and we spoke to a further eleven adopters during home visits and also in a group. Adopters spoke highly about the staff that supported them, and said that the organisation as a whole was very respectful and child centered in their approach.

Adopters informed us:

'The preparation groups were very informative and interactive, the staff were very professional and realistic about the adoption process in terms of timescales and what was required.

'The support network meeting was great, it was held in our house. It really helped our immediate family to be involved in the process, and they had lots of relevant questions to ask'

'An activity day took place for us all to the safari park. It was a great opportunity for us as potential adopters to meet experienced adopters and their children. It really helped our birth children to meet and mix with adopted children, and in a way it relieved some of their anxieties'

'Following the adoption order being granted, we were not left to 'just get on with it', our worker was always at the end of the phone if we needed any information or advice'

'The staff group are a good strong team, and know what they are talking about. Our experience of the assessment process was positive, we never felt rushed and our worker explained what would happen at panel'

'We have attended trauma training post approval, and have found this to be very helpful in terms of taking a particular approach to our child'

'We met with the birth parent, and were fully supported to do this by our social worker and the child's social worker. A venue was sought for our meeting outwith the council offices, and that was very helpful. We found the meeting to be beneficial for us all and we will be able to keep the information provided and share it with our child later at an appropriate time'

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The information provided reflected what the service thought it did well and gave examples of areas where they thought they could improve, and showed how the service intended to do this. The provider told us how the people who use the service had taken part in the self assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Since the last inspection effective recruitment of staff had been undertaken and the team was now at full capacity. This increase in resources had created opportunities to improve the service available to prospective and approved adopters, and helped contribute towards better outcomes for children.

Inverce Council Adoption Service continued to drive the permanency planning agenda forward and had further developed robust processes to support this with some promising outcomes for children evident. A clear example of this was the reduction in timescales from when a child was first accommodated to the time that they were registered for alternative permanent living arrangements. This approach enabled family finding to take place for children at an earlier stage and helped to prevent drift.

Where appropriate, birth parents and adoptive parents were encouraged to meet and discuss children at relevant stages of the adoption process. Adopters told us that they valued these introductions as they felt it would benefit children in terms of their identity, if they were able to describe birth parents first hand to their children when they got older.

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We found evidence of birth parents being invited to pre permanency planning meetings, and also being given the opportunity to meet individually with panel members and the manager of the adoption service. In addition, information leaflets were provided to all birth parents highlighting support and counselling that they could receive from the staff team. This sensitive way of working encouraged open communication to help ensure that all relevant views were gathered in an appropriate manner. This assisted in making sure decisions reached were sound and in the child's best interests.

The service regularly explored the potential to match adoptive families with children using forums such as resource meetings with neighbouring local authorities, adoption exchange days and adoption activity days. These approaches also help to prevent lengthy waiting times for approved adopters to have a child placed with them. Adopters told us that they and their children bonded quickly and attributed this to good matching. We observed very good attachments between adopters and their children when we met with them in their homes and also in a group setting.

Adopters told us that introductions for children had been well planned and sensitively co-ordinated with all key individuals involved. In general, we found that plans within the casefiles contained detailed records , and reflected a very good level of support and advice being offered to adopters during this period. Some foster carers, who had supported children transition to adoption, remained in contact in recognition of the importance of the attachment that the children had with foster carers.

All adopters spoke highly of staff within the service, and in particular about their ability to carry out assessments in a professional manner. Assessments for adopters we examined, were comprehensive and very well written with a clear analysis of the strengths and abilities of potential adopters to meet the needs of vulnerable children and young people.

Second opinion visits were also carried out routinely by managers. Reports we examined were robust and clearly addressed any vulnerabilities in terms of the potential adopters parenting capacity that had been highlighted during assessment. This thorough approach also gave potential adopters the opportunity to give feedback about their experience of the assessment process directly to management within the service.

The fostering and adoption team have had several changes in staffing arrangements since the last inspection. Newly appointed staff told us that they had a suitable induction and that they were given the opportunity to shadow established members of the staff team during routine practice. Staff were getting used to agile working arrangements, and peer support was reported to be very good. New management and supervision arrangements for staff were becoming embedded in practice and as a result, morale appeared to have improved since the last inspection.

Staff and management presented to us as committed to providing good outcomes for children and young people and were effective in delivering opportunities for this to be achieved. The service ensured that children and young people remained central to the decision making process, and had close links with area teams to support permanence planning. The service was led by a strong staff team who were knowledgeable and highly skilled in all aspects of adoption.

What the service could do better

Adopters told us that they would like to see more involvement from experienced adopters at the preparation stages to share experiences and learn from their unique perspective. We discussed this with the manager who intended to take this forward.

Later life letters offer the child a personal account of their early history, including information about their birth family. This helps children to understand the events of his or her early life at an appropriate time. We noted that later life letters for children and young people had been considered during the permanency process. However, for one case we tracked this had not been progressed for the child. The adoption team intend to review, and formalise their system to ensure that timescales for completing these important letters are always taken forward.

The adoption service intend to continue to drive forward their focus on post adoption support for adopters and birth families. We were impressed by the work that had already taken place, and the service is well positioned to build on this area of strength.

The manager informed us that a tool kit is being designed at present to further enhance the positive transitions already taking place for children moving from foster care to adoption. We will look at this area during the next service inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

Date	Туре	Gradings	
8 Jan 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
14 Mar 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

Inspection report

Date	Туре	Gradings	
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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Inverclyde Council Fostering Service Fostering Service

Hector Mc Neil House 7-8 Clyde Square Greenock PA15 1NB

Telephone: 01475 714060

Type of inspection: Announced (short notice) Inspection completed on: 12 August 2016

Service provided by: Inverclyde Council

Care service number: CS2005087054 Service provider number: SP2003000212



About the service

Inverclyde Council's Fostering Service has been registered since 12 December 2005, and transferred its registration to the Care Inspectorate on 1 April 2011.

The service provides a fostering and family placement resource for children and young people aged from birth to 18 years who are assessed a needing the service. The service recruits and supports carer families to provide a range of fostering placements including temporary and permanent foster care and respite care. Three foster carer households had been approved since the last inspection.

At the time of the inspection 38 children from Inverciyde Council were placed within Inverciyde's 38 approved foster care households. Seven children had also been placed with external registered foster carers on a permanent basis. Inverciyde council have a large number of children in kinship care placements. Kinship carers' are assessed and provided with on-going support from the family placement team. Kinship care arrangements are provided by a child's extended family or by a close friend who had a pre-existing relationship with the child.

Inverclyde Council Adoption Service was inspected at the same time and a separate report is available.

The fostering service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

What people told us

For this inspection, we received completed care staff questionnaires from five members of staff. We spoke with 10 more members of staff some individually and some in a group. The majority of staff informed us that they had very good opportunities for training and development, and that they felt generally valued by the service.

Placing social workers informed us:

'The foster carer is very experienced and knows a lot about the importance of attachment. She is able to provide the child with structure and appropriate boundaries, which has resulted in the child making great progress at school'

'The foster carer has done a fantastic job with the baby, she is flexible in her approach and has built a positive and appropriate relationship with the birth mother'

Staff members informed us:

'We find the group supervision beneficial, it allows us to share practice issues and come together to discuss referrals and reflect on our work'

'Inverclyde is a very child centred authority, and will go above and beyond to try and ensure that any decisions taken are in the best interests of the child'

'We have good working relationships with the area teams, and have regular three way meetings for more complex cases. This is one of the good things about being in a small authority, you get to know people well'

Two foster carers returned completed questionnaires, and we spoke to a further ten foster carers during home visits and in a group. Foster carers spoke highly about the staff that supported them, and said that the organisation as a whole was very respectful and child centred.

Foster carers informed us:

'We have very good training, and share training with staff and other foster carers from neighbouring authorities. There is always a good uptake, and we can request any particular training we think might be beneficial'

'Supervising social workers are very knowledgeable and skilled, they come to the house at least once a month and there is an excellent response to any requests for advice or support'

'Some of us help with preparation groups for foster carers, and sit on the adoption and fostering panel as members'

'The staff are considering holding training at a 'twilight' time following feedback to help those of us with babies and young children to attend'

'We have very good planning for having children coming to us on respite and for planned placements. If it is an emergency placement, we get the information as soon as possible, and we can have review meetings for children in our homes to pass on all information'

We observed very young children who had been fostered during this inspection. They all presented as healthy and meeting developmental milestones. The children interacted in a manner that would suggest that they had developed secure attachments. Foster carers were also noted to be emotionally warm and nurturing in their approach to the children in their care.

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The provided identified what it thought the service did well and gave examples of areas where they thought they could improve, and showed how the service intended to do this. The provider told us how the people who use the service had taken part in the self assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Foster carers were very well trained and supported to meet children's needs, and the service ensured that children remained central to decision making processes.

Foster carers we spoke with informed us that they had very positive relationships with their supervising social workers and regular open communication. Cases we tracked evidenced some very good outcomes for young people in terms of their attendance at school, and being supported through alternative educational provision when required.

Inverclyde Council Fostering Service had developed its' own system to monitor and review the progress of permanency planning for all children within foster care. This included monthly senior manager' meetings and working with external partners to track progress and consider any further supports that may be required to ensure delays were managed effectively. As a result of this we saw a reduction in delays for some children and young people.

Annual foster carer reviews were mainly up to date, and we were impressed by information gathered from third party health professionals to contribute to these reviews. This approach helped to ensure that foster carers were accessing all suitable healthcare provision for children, and also confirmed that children had attended important medical appointments.

Where appropriate children and young people maintained contact with their birth family, and where appropriate, plans had been put in place prior to the placement beginning. A number of foster carers told us that they had very good communication with birth parents and this included facilitating contact when this had been agreed. This collaborative approach helped to enable children to maintain important family links whilst in placement and to form a positive identity.

Advocacy for children and young people had recently been identified as a priority by the service. A Children's Rights Officer, and Advocacy Worker had developed a robust consultation plan to make necessary improvements that should enable the views of all children to be heard more appropriately. We welcomed this pro-active approach by the service, as it is important that children and young people are fully involved when important decisions are being made about their living arrangements. We will look at this area again during the next service inspection.

A new and valued development since the last inspection, was the introduction of a support network for foster carers. Foster carers told us that they found this initiative beneficial and it helped their immediate family members and close friends to gain a better understanding of the fostering task. We acknowledged the strong benefits of this development with managers, and suggested that they should review the network during the foster carer annual review to ensure consistency was being maintained.

Staff were motivated and very experienced in all areas of fostering and they were all registered with the Scottish Social Services Council (SSSC). Staff were supported to meet the training and development requirements of the SSSC, and they received regular and focused supervision from managers.

The SSSC is the regulatory body for workers working in social care settings (www.sssc.com)

We found assessments for potential foster carers to be rigorous and very well written. They provided a clear picture of the strengths of the prospective foster carers along with a detailed analysis of their life experience and how this could benefit looked after young people. The competency framework within the assessments was used to identify areas where support was required and outlined how these should be met. Relevant checks were always carried out to give assurance that applicants were suitable to foster children.

Foster carers informed us that they were very well supported to carry out their role, and that communication at all levels of the service was open and transparent. It was clear that staff were confident about being able to provide the necessary practical and emotional support to foster carers, children and young people.

What the service could do better

Not all children and young people had placement agreements in the files we examined. Individual placement agreements should provide clarity and assurance about roles and responsibilities for everyone involved in the child's plan. Managers advised us that they intend to review this area to ensure that all key individuals, including the child remain central to planning and decision making.

During discussion with staff members, it was identified that supervising social workers were not routinely invited to Children's Hearings. We were given at least one example of where this had caused a difficulties. Where supervising social workers are able to provide relevant input at hearings, it is important that they are given the opportunity to do this. It would be helpful if managers could liaise with the reporters service to try and address this issue.

Following the loss of the dedicated LACC co-ordinator role and the introduction of a new arrangement ,we discussed with managers the importance of maintaining an independent view in terms of reviewing foster carers. The service manager advised us that plans were already in place to review the current system.

In the cases we examined, individual safer caring policies had been implemented appropriately for children and young people, However, the service did not have a consistent approach to carrying out specific risk assessments for young people alongside their safer caring plans. We discussed this with managers, who agreed that their procedures were not robust in this area, and that more clarity and joined up working alongside young people, foster carers and placing social workers was required. This will form a recommendation.

During the planning of the inspection, we noted that the service had not submitted all notifications to the Care Inspectorate. We discussed with management the need to develop a more robust system to ensure accidents and incidents are reported in a timely manner. We provided managers with a copy of all notifications that should be sent to the Care Inspectorate, and requested that this be shared with staff members and foster carers to ensure consistency. This will form a recommendation.

The areas we have identified for improvement did not call into question the overall very good practice highlighted within this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that risk assessments and management plans to reduce any identified risk are implemented for children and young people in foster care.

National Care Standards, foster care and family placement services, Standard: 2 Promoting good quality care.

2. The service should develop a system to ensure that reportable events are notified to the Care Inspectorate.

National Care Standards, foster care and family placement services. Standard 13: Management and Staffing

Complaints

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

Inspection and grading history

Date	Туре	Gradings	
8 Jan 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
28 Feb 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

Inspection report

Date	Туре	Gradings	
14 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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