

Care service inspection report

Dunvegan - Stenhousemuir

Care Home Service Adults

228 Main Street

Stenhousemuir

Larbert

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Telephone: 01324 562786

Inspected by: Olive Mills

Type of inspection: Unannounced

Inspection completed on: 29 October 2012



HAPPY TO TRANSLATE

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Service provided by:

Parkcare Homes (No. 2) Limited

Service provider number:

SP2003000147

Care service number:

CS2003015617

Contact details for the inspector who inspected this service:

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Summary

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

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

We gave the service these grades

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

What the service does well

Staff showed they had a caring approach when working with residents.

The manager provided good leadership skills when managing staff.

Residents appeared to have a good relationship with staff and residents spoken with were happy with the service provided.

What the service could do better

The service should continue to involve residents, carers/families or representatives to participate in assessing and improving the overall quality of service provided.

Staff must ensure that the actions and strategies set out in each residents care plan are implemented.

The manager must make sure he submits the relevant forms to the appropriate service, to keep them informed of incidents within the service.

What the service has done since the last inspection

The overall appearance of the home has greatly improved due to the refurbishment programme. Residents like the new look.

Policies and procedures have been updated to help the service follow good practice.

Conclusion

Overall, the manager and staff work hard to provide a caring service for residents and their families. The service should continue to talk to the relevant people about the development of the service.

Who did this inspection

Olive Mills

1 About the service we inspected

Dunvegan Care Home is owned by Parkcare Homes (No 2) Limited. The organisation has a number of services throughout the United Kingdom.

The service provides a residential service to adults who have a learning disability and is registered for 35 people.

The home is situated in the community of Stenhousemuir and is close to local amenities and local transport.

"The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to 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 its service, 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. - 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."

The overall aims and objective of the service are as followings:

'To offer a service to people who are no longer able to live at home and provide an environment which enables residents to take as much charge of their lives as possible, enabling each individual to retain and regain skills and interests'.

The people who use the service prefer to be known as residents; therefore, the term resident will be used throughout this report.

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection which took place over three visits, 17, 18 and 26 October 2012. We provided feedback to the manager by telephone on the 29 October 2012.

The inspection was carried out by Olive Mills, Inspector

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents. This included:

- Self Assessment Document
- Participation Policy
- Records of Meetings - staff meetings, residents meetings
- Complaints Policy
- Questionnaires issued by the service
- Communication Aids used when communicating with residents
- Medication Policy
- Accident/Incidents records
- Environmental Risk Assessment
- Health and Safety audits
- Maintenance Records including equipment maintenance
- Policy and Procedures for Recruitment
- Policy and Procedure for Staff Development - including induction, supervision, training and appraisal
- Record of training undertaken
- Newsletter
- Two staff files
- Three residents files
- Insurance certificate
- Certificate of registration & staffing schedule
- Action plan returned from the previous inspection

Interviews and discussions took place with the following:

- The manager
- Six staff
- Ten residents

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

The manager continues to develop methods and systems to support residents, families/carers and external agencies to be further involved in assessing the quality of the service provided.

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.

We received a completed self assessment document from the manager. The self assessment gave us information on the methods used to obtain the views of residents, carers and relatives on the quality of the service provided. The manager should continue to develop the self assessment, clearly demonstrating how outcomes for residents have been improved as a result of the strengths identified. This information should be available at the point of the inspection.

Taking the views of people using the care service into account

The residents we spoke with and communicated with were positive about the service they received. No negative comments were provided. Individual comments are in the body of this report.

Taking carers' views into account

There were no relatives to talk to at the time of the inspection.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

We found the performance of the service was good in relation to this statement.

Staff have a good understanding of how to involve and gain residents views on the quality of the service offered. This has been achieved in the following ways:

- participation policy
- residents meetings
- residents one-to-one meetings with their key worker
- review meetings
- questionnaires issued to residents and their carers
- complaints policy

Residents helped to compose the home's Participation Policy and included pictorial symbols to help residents understand how the service will involve them in giving their view on the service provided.

Residents were encouraged to take part in house meetings and give their views on the service provided. As a result, the staff had a better understanding of residents likes and dislikes. A good example of this in practice is planning the weekly menu.

Meetings took place with the resident and their Key Worker and this created an opportunity for the resident to inform staff on the activities and outings they want to take part in.

Staff carried out regular review meetings of residents care and support. These meetings provided the resident and relevant people with an opportunity to make suggestions and changes to the care and support provided.

Questionnaires were distributed to relatives/carers giving them the opportunity to provide a view on the quality of the service provided. Some relatives felt they wanted to be included more in residents reviews. The service is now aware of this and will include this in their development plan.

The complaints policy is available to residents in a pictorial form. This has helped residents to understand the process and to make a complaint if they so wish. Residents spoken with, who could communicate their needs, said if they had a concern they speak to a member of staff and they would do something about it. A resident commented "I am happy to tell staff what I think about my care in Dunvegan".

We observed during the inspection staff supporting residents in making choices such as, deciding what they wanted to do that day, or what outfit to wear.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

The service should continue to involve residents, families and representatives to participate in assessing and improving the quality of care and support, the environment, staffing and management and leadership in the service (Please see recommendation 1).

We would also like to see residents, families/carers or representatives and staff commenting on the self assessment form submitted to us. To ensure they agree with the content or may want to add their views. This will help the service to get a fuller understanding of peoples views on the service provided.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Residents, carers and representatives should be encouraged to express their views on any aspects of the care service at any time.

**National Care Standards, Care Homes for People with Learning Disabilities
Expressing your views - Standard 11.**

Statement 3

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

Service strengths

We found the performance of the service was adequate in relation to this statement.

Evidence showed the health care needs of residents are assessed at pre-admission and continue to be assessed throughout their stay in the service. Residents receive community health care services and are supported by staff to attend appointments.

Residents review meetings took place, usually every six months or earlier if there are changes to the resident's care needs. This created an opportunity for residents and carers to have an input into the care required for that resident.

The resident, family member/carer or representative can be involved in reviewing the resident's care needs. This helps to include the individual's likes, dislikes and preferences as communicated by the resident, family/carer or representative.

The care plans sampled contained a selection of important information to support staff to deliver good quality care to residents. Staff had a good understanding of residents interests and how to encourage and motivate individual residents to continue with their interests, such as, going swimming or shopping for clothes.

We found systems and records of medication to be satisfactory. Staff confidently and competently discussed procedures they use. The service's policy and procedures for managing medication reflected the services practice.

The service had a range of policies and procedures which staff were aware of and reflected the good practice we observed during our inspection, such as, residents making choices at mealtimes and expressing their views on what activities they wished to participate in.

The service had a policy and procedure in place in relation to residents finances. A risk assessment was carried out by the service initially and this is ongoing to ensure that people that need financial support are not at risk. At the time of the inspection all residents managed their own finances. The service encourages residents to be as independent as possible.

Residents are offered a daily menu that reflected their preferences. The menu varies according to residents comments. They told us they enjoyed meal times as it was a time for them to talk about their day.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is adequate.

Areas for improvement

We were notified by an anonymous caller and it was confirmed through the inspection process that a member of staff had forgotten to provide meals to a resident over a one day period. The manager has since taken steps to monitor the staff member involved ensuring this does not happen to any resident again within the home (Please see requirement 1).

On checking accidents/incident records we think two of the incidents should have been reported to the Adult Protection Team or the Care Inspectorate. The manager must ensure that the relevant form is completed and submitted to the appropriate service. The manager was provided with an updated guidance document titled 'Adult Support and Protection, Forth Valley, issued 01 April 2012' to support the service in knowing when to report an incident (Please see Requirement 2).

We found medicines stored in a communal fridge, which was also used for food products. The home should follow the service's Medication Policy, which clearly states that all medication should be secure (Please see recommendation 1).

During the inspection the manager was unable to provide us with the service's policy on restraint and explained they do not use any form of restraint in the service. We have provided the service with a document titled 'Rights, risks and limits to freedom', produced by the Mental Welfare Commission for Scotland. This will provide the manager with information on recognising restraint and good practice guidance for people who work in care settings.

The service should consider a good practice framework for staff working with people with dementia such as the 'Promoting Excellence' publication. This is a recent Scottish Government publication which sets out a framework for all health and social services staff working with people with dementia, their families and carers.

We provided the manager with an updated version of the Care Inspectorate publication 'Records that all registered care services (except child minding) must keep and guidance on notification reporting V.2 Publication code: OPS-0212-119. This will provide the service with guidance on recording information and notification reporting to the Care Inspectorate. The service can also find this on the Care Inspectorate website.

We spoke about working with The Adults with Incapacity (Scotland) Act 2000. The Inspector directed the service to the Mental Welfare Commission for Scotland website for guidance at the link below.

http://reports.mwscot.org.uk/GoodPracticeGuidance/workingwithAWI/working_with_AWI.aspx

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The provider must ensure that the actions and strategies set out in each residents care plan for eating and drinking are implemented by staff and shall submit written evidence to the Care Inspectorate of how this has been achieved.

This is in order to comply with SS12002/114 regulation 4 (1) (a) - a requirement to ensure the health and welfare of the service users.

Timescale for implementation: within one week of receipt of this inspection report.

2. In order to ensure that the health, safety and wellbeing needs of residents are met, all staff including the manager should be aware of their roles and adhere to the organisation's policies and procedures in relation to reporting Adult Protection Concerns.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI/210), regulations 4(1)(a), 7(2)(c), 9(2)(b) and 15(a)(b).

Timescale: Immediate upon the receipt of this report.

Recommendations

1. Where medication must be maintained at a temperature appropriate for medicine storage, for example, a fridge, this must be stored in a suitable secure area.

National Care Standards, Care Home for Older People - Standard 15 - Keeping well - Medication - 15.2

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

We found the performance of the service was good in relation to this statement.

Related evidence is used by us as stated under Quality Theme 1, and Statement 1, under 'Areas of Service Strengths'.

At the time of the inspection, the service was undergoing an extensive refurbishment programme. This has provided residents with further opportunities to give their view on the choice of décor and the refurbishment of the home.

Two of the residents were delighted to show us their bedroom and said they had chosen the colour of the décor, bed linen and floor covering. The bedrooms we viewed were personalised to the residents own taste and interest.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

The service should continue to involve residents, families/carers and relevant persons to participate in assessing and improving the quality of the environment.

Grade awarded for this statement: 4 - 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 the performance of the service was good in relation to this statement.

We observed that all people entering or leaving the premises signed a book which was available in the main office. This helped staff identify who was coming and going from the building and as a consequence, people in the service were protected from intruders.

We spoke with two of the workmen carrying out the refurbishment programme and they confirmed that safe measures were in place to protect residents from harm when carrying out the required work. There was evidence that residents were not anxious with having workmen in the service to carry out the refurbishment programme.

Staff maintained good infection control practice within the home by encouraging residents to wash their hands before mealtimes. Residents confirmed they were encouraged by staff to keep their home tidy and many residents enjoyed doing this.

There was a range of policies in place, based on current legislation and good practice to advise and guide staff in how to keep residents safe and well. In discussion, the staff had a good understanding in how to protect residents from harm, including physical harm and infection.

The service continues to undertake risk assessments of the environment, including the outside area and these are reviewed regularly. Procedures used by the service helped to provide a safe environment for residents, staff and those who visit the service.

Residents we spoke to were positive about the environment. Comments made included:

- "The work men have spent a lot of time here making the place nice. It will be really super when they finish"
- "We help to keep the place tidy, especially my bedroom"
- "I like my bedroom I have my favourite cuddly toys in my room"

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

The service should continue to ensure that the environment is safe and residents are protected at all times.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found the performance of the service was good in relation to this statement.

Related evidence is also stated under Quality Themes 1 & 2, Statement 1, under areas of Service Strengths.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

We have provided the manager with some ideas in how the service may want to support residents further to be involved in assessing the quality of staffing through the following ways:

- Pictorial and other forms of communication aids could be used by staff when working with residents who have limited communication. These aids could assist residents to have more of a say on the quality of staff working in the service including the recruitment of new staff.
- The service's job specifications could be developed in consultation with residents carers/families to help the service understand the kind of person people would like to see working in the home.
- The service should consider involving people in the development of their staff training programme. People may have their own thoughts on the training they think staff should attend. Suggestions provided can link into the service's quality assurance process.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the performance of the service was good in relation to this statement.

The service had the required policies and procedures in place which included the recruitment of staff, staff induction and training. We found these were implemented in practice by the service. The staff we spoke to informed us they had regular supervision and staff appraisal. They considered supervision sessions helped to inform their practice and create an ethos of learning and team performance.

Staff felt there was good communication between staff, seniors and the manager, which helped the team operate to best practice.

Staff attended training in some of the following subjects; adult protection, moving and handling, first aid. The training attended helped to assist staff to meet the needs of the residents who live in the service.

A resident commented to us; "I like the ladies they are really nice. We go out to the shops"; "Staff help me choose the clothes I like to wear".

Other comments made by the residents included:

- "they look after me here"
- "Come and see my room. My mum buys me lots of things. Look you can see how nice they are".

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

The service should continue to train and keep staff motivated and operate to National Care Standards, legislation and best practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

We found the performance of the service was adequate in relation to this statement. Related evidence is stated under Quality Themes 1, 2 & 3 and Statement 1, under 'Areas of Service Strengths'.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is adequate.

Areas for improvement

The service could develop further in this area to include residents, carers/families in assessing and improving the quality of management and leadership of the service.

Please see Quality Theme 1, Statement 1 under, 'areas for improvement', Recommendation 1.

Grade awarded for this statement: 3 - Adequate

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 the performance of the service was good in relation to this statement.

The manager engaged and involved residents/carers/families in assessing the quality of the service across all areas of the service.

The service was in the process of updating their policies with some policies having been updated, which reflected the service's practice. Some of the areas that are audited by the service are listed below:

- Sampling of personal care plans - is carried out to measure the effectiveness of the personal plan format in meeting the residents needs.
- Environmental checks - regular internal audits to ensure that legislation and best practice with regard to health and safety and infection control are implemented in the service (following the recent complaint which was upheld, the manager has improved this area).
- Staffing records including training - staff training needs are linked to residents health and well-being needs.
- Arrangements in place for staff to attend supervision, appraisal and team meetings.
- Medication audits.

The service had a recent internal audit carried out from people within the organisation which showed areas the service is doing well and areas required to be developed. This has supported the manager to improve the service provided to residents.

We examined the completed questionnaires which were returned to us. We viewed a selection of policies and procedures, observed staff practice, spoke with residents and from our evidence we concluded the grade for this statement is good.

Areas for improvement

The service should consider putting further action plans into place after questionnaires and information have been collated from residents, families/carers views. The action plan should set out the steps the service will take in response to suggestions made and should include a timescale.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

The manager has addressed the complaint.

Enforcements

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

Additional Information

N/A

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
16 Mar 2012	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
10 Nov 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
28 Jul 2010	Announced	Care and support 5 - Very Good Environment 4 - Good Staffing Not Assessed Management and Leadership Not Assessed

Inspection report continued

12 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
18 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 4 - Good
25 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
14 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very 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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم الا اذه

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