



Item: 11.

Policy and Resources Committee: 18 June 2024.

Registered Services within Orkney Health and Care – Inspection Assurance Report.

Report by Chief Officer, Orkney Health and Social Care Partnership.

1. Overview

1.1. The Care Inspectorate is the national regulator for care services in Scotland and inspects services across Scotland to ensure services are meeting the right standards. There are a range of services the Care Inspectorate requires registration for, including the following:

- Childminding.
- Daycare of children.
- Care homes for adults.
- Care at home.
- Support Services.
- Housing Services.
- Adoption.
- Care homes for children.
- Fostering.
- Nursing agency.
- Offender accommodation.
- Schoolcare accommodation.
- Secure care.

1.2. Further detail on the definitions of each of these services can be found [here](#). Any care service must be registered, or they cannot operate.

1.3. The Care Inspectorate also works with partner agencies, including Healthcare Improvement Scotland; His Majesty's Inspectorate of Constabulary in Scotland; and Education Scotland, to scrutinise how well different organisations in local areas work to support adults and children.

1.4. The Care Inspectorate routinely visits all care sector settings, and these can be either announced, announced (short notice) or unannounced visits.

1.5. The Care Inspectorate uses a six-point scale when evaluating the quality of performance across quality Indicators:

6.	Excellent.	Outstanding or sector leading.
5.	Very Good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weakness, priority actions required.
1.	Unsatisfactory.	Major weaknesses – urgent remedial action required.

1.6. Details of the Care Inspectorate Inspections which were undertaken from 1 November 2023 to 31 May 2024, including reports which had not been published at the time of the last report, are detailed within sections 4 to 14 and within Appendices 1 to 11.

2. Recommendations

2.1. It is recommended that members of the Committee:

- i. Scrutinise the inspection activity for registered services within Orkney Health and Care, for the period 1 November 2023 to 31 May 2024, as detailed in section 4 to 14 of this report, in order to obtain assurance.

3. Summary of Inspections

3.1. The table below details the services which have had an inspection by the Care Inspectorate in the period 1 November 2023 to 31 May 2024. The previous inspection results are shown within brackets.

Service	Inspection Publication Date	Grade				
		Wellbeing	Leadership	Staffing	Setting	Care and Support
Glaitness Centre.	09.10.23. (previous 14.06.18).	5. (N/A).	5. (4).	N/A. (4).	N/A. (4).	N/A. (4).
Orkney Adoption Services.	23.10.23. (previous 26.09.22).	2. (2).	2. (1).	3. (2).	N/A. (N/A).	2. (2).

Service	Inspection Publication Date	Grade				
		Wellbeing	Leadership	Staffing	Setting	Care and Support
Fostering Services.	23.10.23. (previous 26.09.22).	2. (2).	2. (1).	3. (2).	N/A. (N/A).	3. (1).
Orkney Adult Placement Service (Continuing Care).	23.10.23. (previous 26.09.22).	4. (3).	2. (2).	3. (3).	N/A. (N/A).	3. (3).
Hamnavoe House.	23.10.23. (previous 15.06.21).	4. (4).	4. (N/A).	N/A. (N/A).	N/A. (5).	N/A. (4).
West Mainland Day Centre.	31.10.23. (previous 18.07.17).	5. (N/A).	4. (4).	N/A. (5).	N/A. (4).	N/A. (4).
Lifestyles Service.	08.11.23. (previous 21.06.16).	5. (N/A)	5. (5).	N/A. (5).	N/A. (5).	N/A. (5).
St Rognvald House.	20.11.23. (previous 30.09.22).	4. (4).	4. (3).	4. (3).	4. (3).	4. (4).
Sunnybrae Centre (Housing Support Services).	14.12.23. (previous 19.10.23).	3. (2).	3. (2).	3. (N/A).	N/A. (N/A).	N/A. (N/A).
Sunnybrae Centre (Support Services)	14.12.23. (previous 19.10.23).	3. (2).	3. (2).	3. (N/A).	N/A. (N/A).	N/A. (N/A).

Service	Inspection Publication Date	How well do we support children and young people's rights and wellbeing?
Rendall Road.	20.10.23. (previous 27.10.22).	3. (3).

Service	Inspection Publication Date	Progress Review on Recommendation
Braeburn Court.	11.03.24. (previous 11.10.23).	1 requirement met – outwith timescales. 1 area for improvement – not met.

4. Glaitness Centre

- 4.1. An unannounced inspection was undertaken in respect of Glaitness Centre Support Services and the Housing Support and Care at Home Services on 27 September 2023. Due to the commonalities of the two inspections, a single report was produced, which is attached as Appendix 1.
- 4.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service including family/legally appointed guardians, staff and management and observed daily life.
- 4.3. The key highlights within the published inspection report, attached as Appendix 1 to this report, are:
- People were involved in decisions about their care and enabled to achieve their full potential.
 - Personal Planning was based on people’s expressed needs, choices and aspirations.
 - Support was delivered in a responsive and sensitive way, and staff were available when people needed them.
 - People were supported through their chosen activities, to develop life skills and confidence which helped them achieve their outcomes.
 - The management team were improving quality assurance systems and there was culture of continuous improvement.
- 4.4. There were no recommended areas for improvement within the inspection report, however following a comprehensive Development Plan being shared with the Care Inspectorate there was a discussion on how certain areas within the Plan could be further enhanced.

5. Orkney Adoption Service

- 5.1. An announced, short notice, inspection was undertaken in respect of the Orkney Adoption Service between 25 September and 23 October 2023.

5.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a person who used the service including their caregivers, staff and management as well as observing practice and daily life.

5.3. The key highlights within the published inspection report, attached as Appendix 2 to this report, are:

- Children experienced nurturing care in their adoptive families.
- Adopters were well supported by Supervising Social Workers who offered timely and effected interventions which benefitted whole families.
- Significant drift and delay was identified for children seeking permanent care. Although action had been taken to progress child's plans, permanence had not been achieved for children during this inspection period.
- There was investment and a commitment to staff training which was beneficial to the supervising social workers as well as those they support.
- There was a strong focus on leadership within the Local Authority, however the temporary nature of the appointments created a fragility to the sustainability of improvements.
- Although risk was identified, this was not well analysed with limited information with regards to relevant interventions or strategies to support the management of the risk.

5.4. There were six requirements identified:

- By 30 January 2024, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:
 - Procedures to secure permanent alternative care are embedded in practice.
 - Staff are supported and feel confident in planning permanent alternative care.
 - Assessments are undertaken and children are presented at permanence panel within timescales.
- By 30 January 2024, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- Ensure a direct line management responsibility.
- By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:
 - Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
 - The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.
- By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.
- By 30 January 2024, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this the provider must as a minimum:
 - Ensure that post adoption support plans identify future needs.
 - Are informed by a child's care plan and risk assessment.
 - Reviewed regularly to ensure that adopters needs for post adoption support are met.
- By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:
 - Ensure all risks identified are recorded within risk assessment documentation.
 - Details interventions and strategies required to reduce the risk for children and young people.

5.5. There were three recommended areas for improvement:

- To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

- To enable children and young people have their current and future needs met within the fostering service, the provider should proactively recruit new caregiving families who can offer nurturing care to children in need.
- To enable the Fostering and Permanency Panel to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

5.6. There were seven requirements made on 26 September 2022. One of these were met within the timescale and one met but outwith the timescale. There are five requirements which have been progressed but not yet fully met and will continue into requirements for the current inspection.

5.7. There were two areas for improvement made on 26 September 2022, both of which have seen progress but as yet not fully been met and will continue into the recommendations for the current inspection.

6. Orkney Fostering Service

6.1. An announced, short notice, inspection was undertaken in respect of the Orkney Adoption Service between 25 September and 23 October 2023.

6.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service including their caregivers, staff and management as well as observing practice and daily life.

6.3. The key highlights within the published inspection report, attached as Appendix 3 to this report, are:

- Children and young people experienced nurturing care from their foster carers.
- Foster carers experienced proactive and reflective support from their supervising social workers.
- Significant drift and delay was identified for children seeking permanent care. Although action had been taken to progress child's plans, permanence had not been achieved for children during this inspection period.
- There was investment and a commitment to staff training which was beneficial to the supervising social workers as well as those they support.
- There was a strong focus on leadership within the Local Authority, however the temporary nature of the appointments created a fragility to the sustainability of improvements.

- Although risk was identified, this was not well analysed with limited information with regards to relevant interventions or strategies to support the management of the risk.

6.4. There were four requirements identified:

- By 30 January 2024, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:
 - Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
 - Ensure a direct line management responsibility.
- By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:
 - Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
 - The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.
- By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.
- By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:
 - Ensure all risks identified are recorded within risk assessment documentation.
 - Details interventions and strategies required to reduce the risk for children and young people.

6.5. There were three recommended areas for improvement:

- To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

- To enable children and young people have their current and future needs met within the fostering service, the provider should proactively recruit new caregiving families who can offer nurturing care to children in need.
- To enable the Fostering and Permanency Panel to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

6.6. There were eight requirements made on 26 September 2022. Two of these were met within the timescales and two met but outwith the timescales. There are four requirements which have been progressed but not yet fully met and will be continued into recommendations for the current inspection.

7. Orkney Adult Placement Services (Continuing Care)

7.1. An announced, short notice, inspection was undertaken in respect of the Orkney Adult Placement Service between 25 September and 23 October 2023.

7.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a person who used the service including their caregivers, staff and management as well as observing practice and daily life.

7.3. The key highlights within the published inspection report, attached as Appendix 4 to this report are:

- Young people experienced nurturing and meaningful relationships from their caregivers.
- Young people received proactive support which promoted the development of independent skills at a pace which was right for them.
- There was investment and a commitment to staff training which was beneficial to the supervising social workers as well as those they support.
- There was a strong focus on leadership within the Local Authority, however the temporary nature of the appointments created a fragility to the sustainability of improvements.
- Although risk was identified, this was not well analysed with limited information with regards to relevant interventions or strategies to support the management of the risk.

7.4. There were four requirements identified:

- By 30 January 2024, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:
 - Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
 - Ensure a direct line management responsibility.
- By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:
 - Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
 - The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.
- By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.
- By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:
 - Ensure all risks identified are recorded within risk assessment documentation.
 - Detail interventions and strategies required to reduce the risk for children and young people.

7.5. There were two areas for improvement identified:

- To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.
- To enable the Fostering and Permanency Panel are able to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

7.6. There were four requirements made on 26 September 2022. One was met within the timescales and one met but outwith the timescales. There are two requirements which have been progressed but not yet fully met and will be continued into requirements for the current inspection.

8. Hamnavoe House

8.1. An unannounced inspection was undertaken in respect of Hamnavoe House on 9 and 10 October 2023.

8.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service including family/legally appointed guardians, staff and management as well as observing practice and daily life.

8.3. The key highlights within the published inspection report, attached as Appendix 5 to this report are:

- The staff team were committed, knew people well and supported people with respect.
- People benefited from a clean and comfortable environment that was well maintained and equipped.
- People living in the care home were supported to maintain relationships with those important to them.
- People had access to a good range of activities and local community links.

8.4. There were no recommended areas for improvement within the inspection report, it was noted that record keeping should be developed to demonstrate people benefit from meaningful activities.

9. West Mainland Day Centre

9.1. An unannounced inspection was undertaken in respect of the West Mainland Day Centre on 4 October 2023.

9.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service, staff and management as well as observing practice and daily life.

9.3. The key highlights within the published inspection report, attached as Appendix 6 to this report are:

- People using the service were happy with their support.
- People benefitted from kind and compassionate support from stable staff group.
- Feedback from people informed how the service was run.
- People enjoyed a range of community and centre based activities linked to their preferences.

9.4. There were two area for improvement identified:

- To ensure people are supported to get the most of life, personal plans should be developed to reflect.
- individualised goals.
- Quality assurance systems should be enhanced and used to inform a service development plan.

9.5. Following the feedback session from the Care Inspectorate with the management team and the finalised inspection report, an Action Plan to address the improvement areas was developed and submitted to the Care Inspectorate.

10. Lifestyles Service

10.1. An unannounced inspection was undertaken in respect of the Lifestyles Service between 3 October and 8 November 2023.

10.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service, obtained feedback from a number of family/legally appointed guardians, staff and management as well as observing daily life.

10.3. The key highlights within the published inspection report, attached as Appendix 7 to this report are:

- People could be confident of sensitive and respectful support from staff familiar with their needs and wishes.
- Personal plans reflected people's needs, choices, and goals.
- People were involved in decisions about their care and enabled to achieve their full potential.
- Strong community links helped keep people connected.

- People benefited from well-equipped facilities adapted and furnished to meet their needs.
- A culture of continuous improvement helped people get the most out of their time at the service.

10.4. There were no recommended areas of improvement identified.

11. St Rognvald House

11.1. An unannounced inspection was undertaken in respect of St Rognvald House between 13 and 15 November 2023.

11.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service including family/legally appointed guardians, staff and management as well as observing practice and daily life.

11.3. The key highlights within the published inspection report, attached as Appendix 8 to this report are:

- The staff team were committed, knew people well and supported people with respect.
- People living in the care home were supported to maintain relationships with those important to them.
- People had access to a good range of activities and local community links.
- The service were working to enhance activities by introducing "Care About Physical Activity".
- A permanent manager had been appointed.
- Ongoing environmental improvements were underway.

11.4. There were no recommended areas of improvement identified within the report. It was noted that the four areas for improvement highlighted within the previous inspection report had all been met.

12. Sunnybrae (Very Sheltered Housing) Centre

12.1. An announced, short notice, inspection was undertaken in respect of Housing Support Services at the Sunnybrae Centre on 14 December 2023.

12.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with staff and management as well as observing practice and daily life.

12.3. The key highlights within the published inspection report, attached as Appendix 9 to this report are:

- The service had worked hard to improve medication practices.
- The reporting and monitoring of accident and incidents had improved.
- Staffing levels in the service were consistent.
- The management team had worked hard to make improvements.

12.4. Although there were no recommended areas for improvement following the current inspection, the report highlights the progress of the five areas for improvement from the inspections dated 22 August and 19 October 2023. Four of the recommendations have been met within the timescales and the remaining one, which is due by 31 March 2024, remains within the timeframe to achieve compliance.

13. Rendall Road

13.1. An unannounced inspection was undertaken in respect of Rendall Road on 5 and 6 October 2023.

13.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspectors also spoke with a number of people who used the service, staff and management as well as observing practice and daily life.

13.3. The key highlights within the published inspection report, attached as Appendix 10 to this report are:

- Effective work with partner agencies supported positive outcomes for young people.
- There were outstanding requirements and area for improvement from the previous inspection. Where necessary, we have repeated those at this inspection.
- Home cooked foods provided a nurturing environment for young people.
- Development planning and self evaluation remain a priority for improvement.

13.4. There was one requirement identified:

- By 10 November 2023, the provider must ensure the safety and wellbeing of all young people. To do this, the provider must at a minimum:
 - Ensure there is a waking nightshift carer each night, in line with risk assessment and where known risk has the potential to cause harm.
 - Ensure that in each instance, the process for referral and admission to the service is robustly managed and that all known information is submitted through this process, prior to a young person's arrival.
 - Ensure that all carers receive training appropriate to the work they are to perform. This must include, but is not limited to, implementing training to standardise approaches to managing behaviours and trauma informed practice.

13.5. There were five areas for improvement:

- To ensure young people are supported to make informed decisions about their lives, the provider should reflect on their practice and consider how to more fully support young people to become confident young adults, who make good choices to support their wellbeing.
- To ensure a positive experience of group living, where young people share experiences and learn from each other, the provider should promote a culture of eating together and valuing the home cooked foods prepared by carers. This will help young people to develop a positive approach to food preparation and the social aspects of eating with others.
- To ensure children and young people experience a quality living environment, where their individual needs and wishes are met, the provider should optimise space and maintain the home to a high standard.
- To promote improved outcomes for all children and young people, the provider should ensure effective improvement planning and self evaluation. This should include consultation with children and young people and should seek to address requirements and areas for improvement arising from this inspection.

13.6. From the previous inspection report on 4 November 2022, of the two requirements although progress has been made to date, neither have been fully met. Of the two recommendations, both had not been fully met, one becoming a requirement of the current inspection and one a recommendation.

13.7. Following the feedback session from the Care Inspectorate with the management team and the finalised inspection report, an Action Plan to address the improvement areas was developed and submitted to the Care Inspectorate.

14. Braeburn Court – Progress Review

14.1. An announced, short notice, progress inspection was undertaken virtually in respect of Housing Support Services at Braeburn Court between 4 and 11 March 2024. The inspection considered progress on meeting requirements and recommendations with no grades issued.

14.2. As part of the inspection activity, various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspector also spoke with a number of staff and management, reviewed documents relating to quality assurance and management oversight of service delivery.

14.3. The key highlights within the published inspection report, attached as Appendix 11 to this report are:

- People were receiving consistent care delivered by a stable staff team.
- Management oversight of key areas of service delivery had improved.
- The service was continuing to develop a meaningful activity programme.

14.4. There was one requirement made on 3 August 2023, and although this was met it was outwith the timescales.

14.5. There was one area for improvement made on 3 August 2023, although progress had been considerable, the recommendation has not, yet, been fully met and will be reviewed at the next inspection.

For Further Information please contact:

Stephen Brown, Chief Officer, extension 2611, Email: stephen.brown3@nhs.scot.

Implications of Report

1. **Financial:** There are no immediate financial implications arising from the recommendations contained within this report. Any action plans generated as a result of the inspection recommendations must be met from within existing approved budgets.
2. **Legal:** There are no immediate legal implications arising from the recommendations contained within this report.
3. **Corporate Governance:** not applicable.
4. **Human Resources:** not applicable.
5. **Equalities:** not applicable.
6. **Island Communities Impact:** not applicable.

7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
 - Growing our economy.
 - Strengthening our Communities.
 - Developing our Infrastructure.
 - Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
 - Cost of Living.
 - Sustainable Development.
 - Local Equality.
9. **Environmental and Climate Risk:** not applicable.
10. **Risk:** Addressing the recommendations, or requirements, contained within any Care Inspectorate Inspection Reports enables services to improve service delivery and can mitigate the risks service may face.
11. **Procurement:** not applicable.
12. **Health and Safety:** not applicable.
13. **Property and Assets:** not applicable.
14. **Information Technology:** not applicable.
15. **Cost of Living:** not applicable.

List of Background Papers

None.

Appendices:

Appendix 1: Care Inspectorate Inspection Report – Glaitness Centre.

Appendix 2: Care Inspectorate Inspection Report – Orkney Adoption Services.

Appendix 3: Care Inspectorate Inspection Report – Fostering Services.

Appendix 4: Care Inspectorate Inspection Report – Orkney Adult Placement Services (Continuing Care).

Appendix 5: Care Inspectorate Inspection Report – Hamnavoe House.

Appendix 6: Care Inspectorate Inspection Report – West Mainland Day Centre.

Appendix 7: Care Inspectorate Inspection Report – Lifestyles Service

Appendix 8: Care Inspectorate Inspection Report – St Rognvald House.

Appendix 9: Care Inspectorate Inspection Report – Sunnybrae Centre.

Appendix 10: Care Inspectorate Inspection Report – Rendall Road.

Appendix 11: Care Inspectorate Inspection Report – Braeburn Court Progress Review.