

# Drayton Village Care Centre Enter & View Report

19<sup>th</sup> January 2026



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# 1. Visit Background

## 1.1 What is Enter & View

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation.

During the visits, we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

## 2.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead, who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## 3.1 Disclaimer

Please note that this report relates to findings observed on the specific date set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## 4.1 Acknowledgements

Healthwatch Hillingdon would like to thank the staff and customers at Parkfield Care Home for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.



"I want to go outdoors, in the park and on trips." – Resident



# 2. Visit Details

Visit Details	
Service Visited	Drayton Village Care Centre, 1 Spring Promenade, West Drayton UB7 9GL
Registered Manager	Mathew Bowden
Date & Time of Visit	19 <sup>th</sup> January 2026, 11am-2pm
Status of Visit	Announced
Authorised Representatives	Samreen Nawshin, Mari Tiitinen, Odette Carvalho, Bry Bailey
Lead Representative	Samreen Nawshin

On January 19<sup>th</sup>, 2026, we visited Drayton Village Care Centre in West Drayton in the borough of Hillingdon.

Drayton Village Care Centre is a residential care home providing personal and nursing care for older adults, including support for people living with dementia and those requiring end of life care. The home is registered to accommodate up to 91 people. There were 84 residents living at the home at the time of our visit.

Regulated activities include accommodation for people who require nursing or personal care and treatment of disease, disorder or injury. The home supports adults over and under 65, and is registered for dementia and learning disabilities.

The home has 57 staff members in total.

## 2.1 Online Feedback

Drayton Village Care Centre has a total of 58 reviews on the carehome.co.uk website. The home has a Review Score of 9.1 out of 10, based on all submitted reviews.

## 2.2 Purpose of the Visit

Drayton Village Care Centre was recently rated Overall: Good by the CQC following on-site assessments in late February 2024 and an off-site review in

early March 2024, noting improvements since the previous inspection and assessments for a clean environment without malodours, and residents feeling safe and able to raise concerns. The report is available to read [here](#).

Our Enter & View visit was therefore undertaken to hear directly from residents, families and staff about day to day experience, observe how these improvements translate into routine practice (environment, accessibility, communication and activities), and identify practical opportunities to sustain and build on the service's current delivery.

# 3. Executive Summary

This section of the report details the key findings from our observations and the resident; their friends and families' and staff feedback collected during our visit.

## Observations

### What has worked well

- The home felt homely and welcoming, and staff were observed to be friendly, contributing to a positive atmosphere for residents and visitors.
- Communal spaces were clean, tidy, and nicely decorated, with spacious corridors that support mobility and wheelchair use.
- Hand sanitiser stations were visible at the entrance and throughout the home, reinforcing good hygiene practice.
- Dining rooms and lounges appeared clean, tidy and welcoming, with TVs, DVDs and books; seating allowed families to sit together while maintaining privacy, and we observed calm, meaningful interactions.
- Fire exits, extinguishers and fire procedures were clearly visible across the home.
- Rooms were numbered and named, with a personalisation box outside each room, supporting recognition and identity. However, not all were used, and some remained blank.
- During our visit, we observed a staff member providing a one-to-one nail-painting activity for a resident, demonstrating warm, individualised engagement and meaningful interaction.

### What has not worked so well

- Although external signage is clear and the site has a visitor car park, finding way to the car park was not evident. The iPad sign-in at entrance was easy to walk past without a receptionist prompting visitors to sign in.
- Noticeboards were either cluttered or sparse, with expired materials/contents; meal menus were inappropriately placed on the activities board in very small font, making them hard to read.
- Aside from the one-to-one nail-painting session observed, no other organised activities were taking place at the time of our visit. While several visitors were present and engaging with their relatives, there were no additional staff-led or group activities visible during this period.

- Based on our observations, white switches on white walls, and the absence of large clocks/calendars reduce visual contrast and orientation support for people living with dementia.
- Strong smells were noted in parts of the home and multiple fans on the second floor suggest ventilation/temperature concerns that may affect comfort.
- Wet floor signs and fans placed on floors present avoidable trip risks for residents and visitors.
- There is access to a small garden used seasonally (e.g., BBQs); however, the limited size and seasonal use suggest scope to increase how the space is utilised and to explore ways of enabling more regular outdoor engagement for residents.

## Patient Resident Feedback

### What has worked well

- Most residents are either Very Satisfied or Satisfied with the cleanliness of the home, the helpfulness of the staff, visiting arrangements, and the support from the care staff.
- Many residents felt positively about the meals, describing them as fair to okay, sometimes enjoyable, very good, tasty, and offering options with good flavour.
- Some activities do take place in the home, and certain events, such as “tea parties” and “bingo” were mentioned as activities residents appreciate when they occur.
- Issues and complaints raised by residents were acknowledged and resolved promptly by management. For example, when a resident reported that a hurtful remark had been made by the activities coordinator, the concern was addressed swiftly and appropriately, and the resident confirmed that the matter had been satisfactorily resolved.

### What has not worked so well

- Activities were described as becoming quiet during the holiday season, with fewer opportunities for engagement.
- Several residents expressed a desire for more outdoor activities, including trips and time in the garden, as well as more family-involved activities.
- One newer resident said they were not aware of any activities, suggesting gaps in communication or orientation.

- Although many residents praised the meals, one resident was unhappy with the food, and despite raising this with staff, no changes were made.
- Some residents would benefit from better accessibility, including the need for a smaller wheelchair and greater support for maintaining independence.
- One resident reported a language barrier with staff and said they would benefit from translation services or communication assistance.
- Another resident felt that although staff listen, they do so in a “very selective” way, implying inconsistency in responsiveness.
- A visitor stated that they did not like the environment, describing it as “unenjoyable”.

## Staff Feedback

### What has worked well

- Staff reported that they receive good support from their teams and colleagues, which helps them manage the physical and emotional demands of their roles.
- Staff found falls management training particularly useful, especially the healthcare assistants (HCAs), and infection control training was reported as beneficial by housekeeping staff.
- Many of the staff members, primarily HCAs and housekeeping staff, have been working at the home for between two and seven years, indicating stability and experience within the workforce.
- Staff described having good communication with families, which enables them to understand residents’ behaviours, preferences, and routines more effectively.

### What has not worked so well

- Staff mentioned that although they report activities such as dancing, residents say these activities do not actually happen, suggesting a disconnect between planned and delivered activities.
- Staff stated that residents miss going outside, indicating limited access to outdoor spaces or insufficient outdoor activities which could also indicate constraints due to the weather and/or season.
- Working in the dementia unit was described as physically and mentally tiring, especially due to the high level of need among residents.

- Staff noted that during sundowning, residents with dementia can become confused or aggressive as the day progresses, creating additional challenges for staff during those hours.
- Families reported issues with missing clothes, which occurs when items brought from home are not labelled, which creates difficulties for staff in managing personal belongings.

## Friends & family Feedback

### What has worked well

- Friends and family told us they were happy with the cleanliness of the home and felt that the overall environment had improved.
- Several family members felt that the home was friendly, welcoming, and had a family-like atmosphere.
- They noted that the absence of agency staff had contributed to a more consistent and stable environment.
- Many relatives said that staff go out of their way to help their loved ones and described them as accommodating and supportive.
- The complaints process was viewed positively, with relatives stating that the manager responds to and resolves issues effectively.

### What has not worked so well

- Families expressed a desire for more outdoor activities, including opportunities for residents, especially those who are wheelchair users. They want them to be taken into the garden for fresh air when the weather is good.
- They would also like to see more family-assisted or family-friendly activities, noting that the current level of activities is not always sufficient or well communicated.
- Relatives said they are not always informed ahead of time about activities or changes, and felt that the home does not do enough to meet the diverse needs of all residents. For example, one resident who used to enjoy dancing and music but is partially blind now requires more tailored support.
- One family member reported that after requesting a physiotherapy assessment, no follow-up or arrangements were made even after a month, indicating delays in responding to requests.

- Some relatives noted inconsistencies in staff responsiveness, situations where staff respond quickly at times but are slow or unresponsive at others.
- Friends and family reported that family meetings have stopped, even though those who attended them previously found them helpful.
- Some relatives felt the home could be more homely, suggesting changes such as re-arranging lounge furniture into smaller, more comfortable seating areas.

# 4. Full Findings

This section of the report presents detailed information on our observations and speaking to residents, their friends and family, staff and management of the home during our visit.

During the visit, we collected responses from 7 residents, 4 friends and family, 6 staff members and the manager of the Care Home.

We would like to thank the staff and management for their time and their warm welcome and cooperation.

## Observations

During our visit, our team of Authorised Representatives (ARs) made observations on Outside Area, Entrance and Garden, General Environment and Communal Space, Bedrooms, Dining room, and Lounge areas, Safety & hazard, Information Displayed on Boards, Activities and Social Inclusion, and Dementia friendliness.

### Outside Area, Entrance and Garden

- The home is easily accessible for visitors, supported by clear external signage that makes the building straightforward to locate. There is also a visitor car park, although no signage was seen directing visitors towards it.
- An iPad sign-in system is positioned to the right of the main entrance; however, there was no receptionist present to prompt visitors to sign in, making it easy for people to walk past without noticing it.
- Hand sanitiser stations were available throughout the home, including at the entrance, helping to maintain good infection control practices.
- The home itself appeared homely and welcoming, and staff were observed to be friendly. There is access to a small garden area, which staff told us is used during the summer months for activities such as BBQs.

### General Environment and Communal Space

- The home is clean, well-maintained, and nicely decorated, creating a pleasant environment for residents and visitors. The corridors are spacious, allowing for easy mobility and wheelchair access. Much of the home features attractive decor and artwork, with good lighting throughout, and the corridors and toilets are wide enough to accommodate walking frames and wheelchairs. A lift is available for residents and visitors who need it.

- However, some areas were noted to be painted in very bright colours, which may not be suitable for all residents, particularly those living with dementia. There were also strong smells throughout the home, including near the kitchen and on the residential floors. The presence of multiple fans on the second floor may suggest issues with the home's ventilation system. The temperature inside the building was noticeably warm, although this may reflect residents' preferences.
- Suggestion boxes and staff award nomination boxes were available on the ground floor near the manager's office, providing opportunities for residents, families, and staff to share feedback.

### **Bedrooms**

- All rooms were numbered and nicely named after the residents. There is also a box outside their room for them to be able to personalise if they wished.
- Bedrooms were all en-suite, clean and tidy with the provision of good facilities.
- Outside one of the resident's bedrooms, there was a signage for bus numbers which seemed out of place and perhaps would have benefited visitors to have that positioned somewhere more centrally.

### **Dining room, and Lounge areas**

- The dining rooms and lounge areas looked clean, tidy, and welcoming, and were equipped with TVs, DVDs and books for residents' use. There were also some newspapers available in the cinema room, although some were old and out of date.
- Most of the information displayed in these areas appeared to be out of date, including the kitchen menu. Meal-time menus were displayed on the activities board and had been printed and laminated in very small font, making them difficult to read.
- Overall, while the dining and lounge spaces were pleasant, the information displayed was outdated or poorly presented, and would benefit from clearer, current, and more accessible materials.

### **Safety & hazard**

- Clear fire exits and fire extinguishers were visible throughout the home, and the fire emergency procedure was displayed, helping to ensure compliance with safety standards.
- However, wet floor signs and fans placed on the floor were observed in some areas, which may present a potential trip hazard for residents, visitors, and staff.

### **Information Displayed on Boards**

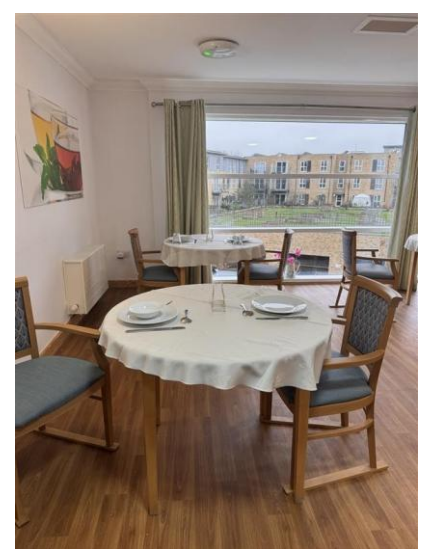
- Various boards across the home were found to be either very cluttered or mostly empty, giving some areas a sparse and unfinished appearance.
- Information displayed on the boards was often mismatched or not relevant to the intended purpose of each board, which may make it difficult for residents and visitors to find what they need.
- The activities timetable displayed had expired, and some Christmas cards were still pinned to one of the noticeboards, indicating that the boards were not being updated regularly.

### Activities and Social Inclusion

- During our visit, we observed one staff member painting a resident's nails in one of the lounges. No other activities were taking place at the time.
- There were visitors spending time with their loved ones in bedrooms and lounges, and they appeared to be engaging in calm and meaningful interactions. The chairs were arranged with adequate spacing, allowing families to sit together comfortably while maintaining privacy from other groups.

### Dementia friendliness

- Although the home accommodates residents living with dementia, there is a lack of consistency in dementia-friendly signage/cues throughout the building. Some signage is in place, but it is not applied uniformly.
- In several areas, white light switches were positioned against white walls, offering no contrast and making them difficult for residents with visual or cognitive impairments to identify.
- We did not observe a calendar or large-face clock, both of which are helpful visual cues that support orientation for people living with dementia.



## Patient Feedback

We spoke with 8 residents during our visit.

This section of the report contains a summary of the feedback received.

### General

- We spoke with 8 residents during our visit. Their length of stay ranged from less than a week to several years, giving us a broad range of perspectives. Most residents told us they were very satisfied or satisfied with the cleanliness of the home, the helpfulness of staff, the support they receive, and the visiting arrangements in place.
- Many residents reported feeling happy living in the home, and the majority said they had felt safe during their stay.
- Several residents told us they received an orientation when they first arrived.

### Staff

- Residents generally spoke very positively about the staff, describing them as kind, wonderful, lovely, and willing to go out of their way to help. Some residents said that staff respond quickly to their requests and are familiar with their individual preferences and routines, including morning habits, meal choices, and care plans.
- A few residents mentioned that staff sometimes sit and talk with them in their rooms, even after their shifts have finished, which they appreciated.
- However, one resident commented that staff can be “very selective” in how they listen, and another identified a language barrier, stating that translation support or communication assistance would help them interact more confidently.

### Activities

- Residents expressed mixed views about the activities available in the home. Some reported being happy with the activities offered, including games, art sessions, and occasional trips.
- However, several residents said that activities had become quiet during the holiday season, and participation levels were low. A number of residents said they would like more outdoor activities, such as garden time or outings, and more family-involved options.
- One newer resident said they were not aware of any activities, suggesting that information may not always be communicated clearly or timely.

## Environment and Food

- Most residents described the home as lovely, clean, and homely and said they were happy with the environment.
- Feedback on food was generally positive, with meals described as fair to okay, sometimes enjoyable, very good, and tasty, with options available.
- At the same time, one resident was unhappy with the food and said that no changes were made after this was raised with staff, indicating inconsistency in acting on individual feedback.

## Accessibility and Independence

- Some residents indicated they would benefit from better accessibility, including a smaller wheelchair, and greater support to maintain independence.

## Feedback and Complaints

- Residents said they feel comfortable asking questions, making requests, and raising complaints with staff.
- Fewer residents felt their concerns were followed up promptly; one resident remarked, "You may have to ask twice, but they will follow it up."
- A resident also reported that they had made a complaint previously and were happy with the outcome.

## Staff Feedback

We spoke with 6 staff members during our visit: mostly Health Care Assistants and housekeeping.

This section of the report contains a summary of the feedback received.

### General

- We spoke with staff members who highlighted several strengths within the home's workforce, as well as some ongoing challenges. Staff told us that they feel well-supported by their teams and colleagues, which helps them manage the demands of their roles. Many of them have been working at the home for between two and seven years, demonstrating a stable and experienced workforce.

### Working Environment

- Staff reported that working in the dementia unit can be physically and mentally tiring, particularly due to the high level of need among

residents. They explained that residents experiencing sundowning can become confused or agitated later in the day, which adds to the pressures during these periods.

- Despite these challenges, staff said they receive good support from one another, helping them navigate difficult or intensive shifts. They also described having good communication with families, which enables them to understand residents' behaviours, routines, and preferences more effectively.

## Training and Development

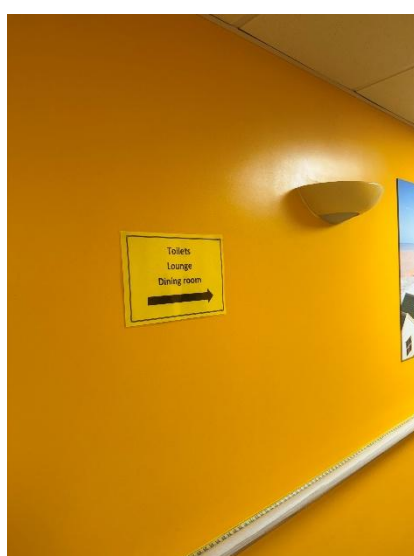
- Staff highlighted recent/refresher training as particularly beneficial. Falls management training was found to be especially useful for HCAs, while infection control training supported housekeeping staff in their daily responsibilities. Staff felt that this training helped them feel better equipped to respond safely and appropriately to residents' needs.

## Activities and Resident engagement

- Some staff reported that activities such as dancing are offered, yet this did not align with resident feedback, with several residents stating that these activities do not actually happen. This suggests a notable disconnect between activities that are planned or recorded and those that are delivered in practice. Staff also commented that residents miss spending time outside, indicating that access to outdoor spaces or outdoor-based activities may be limited.

## Family Engagement and Belongings

- Families raised issues regarding missing clothing, which staff attributed to items being brought in without labels. This creates challenges for staff when sorting and returning personal belongings. They also noted that while this is a common difficulty, they continue to work with families and encourage labelling to reduce these incidents.



## Management Feedback

We spoke with the Care Home Manager.

This section of the report contains a summary of the feedback received.

### General Overview of the Service

- The home has 91 beds, comprising 27 residential beds and 64 nursing beds. Each unit includes a dining room and two lounges (one large and one small). The service provides residential care, nursing care, dementia care, respite stays, and end-of-life care.

### Resident Experience

- **Care Planning:** Residents with capacity are involved in discussions about their care, and families are invited to six-monthly reviews. Care plans are reviewed monthly and updated immediately when a change in needs is observed, supporting responsive and personalised care.
- **Safety and Wellbeing:** Residents, visitors, and staff all demonstrate a good understanding of safety measures in place, including fire drills and safeguarding procedures.
- **Dementia Support:** The home provides stimulation for residents living with dementia through music, chats, and tailored activities, and facilitates social mixing between floors.
- **Cultural & Religious Inclusion:** The home engages with diverse religious groups, supporting the individual spiritual needs of residents, including those from minority faiths such as Jehovah's Witnesses.

### Engagement and Activities

- **Activities:** A variety of activities are offered, planned around residents' interests. Residents can suggest activities, and are encouraged to interact with others, including residents from other floors. Staff use music, conversation, and other stimulation techniques, particularly for those living with dementia.
- **Family engagement:** The manager operates an open-door policy for relatives, alongside regular scheduled meetings, supporting transparency and communication.

### Meals and Nutrition

- The home actively monitors and updates menus based on current residents' preferences, and the chef provides alternative dishes not on the menu when required. Staff also give full support to residents needing help with eating or drinking.

- While dietary needs are met, budget limitations mean some high-cost food requests (e.g., caviar) cannot be fulfilled.

### Staff Experience and Support

- **Induction and Training:** All new staff follow a structured induction programme, supported by mentors and a detailed induction booklet. Additional training needs identified during induction are followed up through HR, and existing staff are also upskilled where needed.
- **Recognition and Progression:** Staff are supported through positive staff meetings, employee of the month awards, verbal appreciation, and opportunities to develop skills for progression into higher roles.
- **Safety Awareness:** Staff are familiar with safety protocols, including signing in, ID use, evacuation procedures, and safeguarding processes.

### Community services

- **Health & GP Access:** Residents are informed about GP registration options, with the home working closely with four GP surgeries, primarily using the confederation team, enabling continuity and familiarity with visiting medical staff.
- **Responsive Medication Management:** While occasional medication issues arise, they are usually resolved quickly, demonstrating effective communication with pharmacies and healthcare partners.
- **Community Links:** The home benefits from regular visits from GPs, SALT, dieticians, as well as churches, schools, entertainers, and PAT dogs, creating a positive and stimulating environment.

### Safeguarding and Risk Management

- The home has raised the majority of safeguarding themselves over the past year, demonstrating transparency. Learning is taken from each case, resulting in changes to processes and monitoring when needed.
- Infection prevention measures include the use of PPE and access to services for testing residents entering or leaving hospital.

### Challenges Identified

- **Hospital Discharges:** The home has experienced issues with residents being discharged from hospital, resulting in the need to raise safeguarding alerts in some cases.
- **Variable Falls Incidents:** The number of resident falls fluctuates monthly based on residents' mobility needs, with some periods showing an increase.

### Opportunities for Development

- **Strengthening Hospital Discharge Coordination:** Given the recurring challenges with discharges from hospitals, there may be opportunities to strengthen communication pathways or develop joint protocols with NHS partners.
- **Falls Prevention:** As falls patterns vary month-to-month, enhanced predictive monitoring or targeted physiotherapy sessions may support stability for residents with mobility needs.

### Overall

- The management interview indicates a well-run home with strong practices in resident engagement, staff support, community connections, and transparent safeguarding. While challenges exist, particularly around hospital discharges and fluctuating falls, the home shows a commitment to learning and continuous improvement.

## 5. Recommendations

Healthwatch Hillingdon would like to thank the service for the support in arranging our E&V visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

### Reception and Visitor Sign-In

The iPad sign-in at the entrance was easy to miss without a receptionist; signage to the car park was unclear.

**Recommendation 1:** Improve wayfinding and prompts at all entrances by adding clear sign-in instructions and car-park signage, with visible prompts to ensure every visitor signs in.

### General Environment

#### *Outdoor Access (Garden & Community)*

Residents and families consistently asked for more time outdoors, including access to the garden and trips, with specific concern that wheelchair users should be supported to get fresh air; staff echoed that residents miss going outside.

**Recommendation 2:** Systematically increase safe outdoor opportunities; enable routine garden use and arrange supported outings by ensuring access for wheelchair users and those with higher support needs.

### *Odours & Ventilation*

Strong smells were noted in parts of the home and multiple fans were in use on an upper floor, indicating possible ventilation issues; the home also felt notably warm at times.

**Recommendation 3:** Address sources of odour, review ventilation where fans are frequently needed, and calibrate temperatures with residents to maintain a comfortable baseline.

### *Laundry & Personal Belongings*

Where families reported missing clothing, commonly linked to items arriving without labels, creating avoidable difficulties in returning belongings.

**Recommendation 4:** Provide name-labelling on admission and routine labelling checks, and tighten laundry tracking so items are promptly returned to the correct resident.

## Information Boards, Menus and Visibility of What's On

Information boards were cluttered or empty, included expired materials (e.g., old timetables, cards), and menus were placed on the activities board in very small font, reducing legibility and clarity.

**Recommendation 5:** Standardise all boards so they are current, decluttered and relevant, and display menus and timetables in large, high contrast print at the appropriate locations.

### *Meals and general follow up*

Most residents were positive about meals, but one resident reported dissatisfaction and that nothing changed after raising it; families asked for better responsiveness to requests (e.g. physiotherapy, which also shows a wider pattern of follow-up gaps).

**Recommendation 6:** Strengthen the “you said, we did” loop for catering; log meal feedback, act on it, and communicate outcomes, while reviewing menu variety against current preferences.

## Activities and Social Inclusion

Residents reported that activities became quiet during the holiday period, a new resident was not aware of activities, and families want more family-involved options; staff also described a gap between activities planned (e.g., dancing) and what residents actually experience. During our visit we observed only one activity taking place.

**Recommendation 7:** Ensure the activities programme is reliably delivered and clearly communicated to all residents (including new admissions) and families, with regular review to close the gap between planned and delivered sessions and to expand meaningful, family-involved options.

## Communication, Language and Listening

A resident reported a language barrier with staff and another felt staff “listen very selectively,” pointing to inconsistent communication experiences.

**Recommendation 7:** Introduce practical communication supports (translated cue cards, pictorial aids, key phrases) and reinforce active listening expectations in supervision to ensure concerns are fully understood and addressed.

## Dementia-Friendly Orientation

Dementia-friendly features were inconsistent, with white switches on white walls and a lack of large clocks and calendars, which can hinder orientation.

**Recommendation 8:** Install consistent dementia-friendly signage and contrasting switch plates, and provide clear orientation cues (large-face clocks, calendars) across all units.

## Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V

## Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.



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