

Care service inspection report

Drylaw Young Peoples Centre

Care Home Service Children and Young People

135 Easter Drylaw Drive
Edinburgh
EH4 2RX
Telephone: 0131 332 0381

Inspected by: Iain Lamb

Type of inspection: Unannounced

Inspection completed on: 13 July 2012



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	10
4 Other information	25
5 Summary of grades	26
6 Inspection and grading history	26

Service provided by:

City of Edinburgh Council

Service provider number:

SP2003002576

Care service number:

CS2003010927

Contact details for the inspector who inspected this service:

Iain Lamb

Telephone 0131 653 4100

Email enquiries@careinspectorate.com

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

What the service does well

The service has a stable staff group who display a good range of skills in supporting young people.

What the service could do better

The service should review its record keeping systems, including how personal planning documents are audited and monitored.

Personal Health Records should be put in place for all resident young people.

Maintenance issues should be dealt with promptly.

What the service has done since the last inspection

Since the last inspection, the service has continued to provide a safe, welcoming home for resident young people. Staff have continued to provide support to young people to help them achieve agreed aims.

Young people's development days have been started to enable resident young people to make comment about their care and how it could be improved.

Conclusion

Drylaw provides good practical support for young people. It is bright, welcoming and safe. The experienced staff team have developed good working relationships with the young people who live there.

Record keeping systems and the maintenance of the building should be reviewed and improved to support the work carried out by staff.

Who did this inspection

Iain Lamb

1 About the service we inspected

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.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

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 Care Inspectorate.

Drylaw Young Peoples Centre is situated adjacent to a public park on the edge of a residential area in the north of Edinburgh. Refurbished in 2006, it provides accommodation for up to seven young people in single rooms and self contained flats. Its certificate of registration states that it will:

"provide a care service to a maximum of 7 young people aged 11 - 18 years. Within this maximum number care may be provided to 1 young person aged 19 years until 29 November 2012.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

This unannounced inspection was carried out by Iain Lamb, an Inspector from the Care Inspectorate in May 2012. We visited Drylaw on the 10th and 11th July 2012 and provided feedback on 13th July.

We analysed the Annual Return and Self Assessment completed by the service prior to inspection.

We consulted with three young people who used the service.

We discussed the functioning of the service individually with assistant managers and staff members.

We spoke briefly with the cook who was fully integrated within the life of the unit.

We attended a shift changeover meeting.

We attended a meeting between staff and Edinburgh Connect.

We enjoyed lunch with young people and staff.

We received five completed Care Standards Questionnaires from young people prior to inspection.

We looked at a range of documentation including case files, health files and incident records.

We looked at all areas of the building.

Interaction between young people and staff and staff practice were observed throughout the inspection visit.

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

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was submitted as requested and contained evidence of the service's strengths as well as areas for improvement. The service could further involve young people in contributing their views to the self assessment process through their developments days.

Taking the views of people using the care service into account

Young people consulted during the inspection were mainly happy with the care they received at Drylaw and were very positive in their comments about staff. They felt well supported by the staff team and were able to identify individual members of staff who they felt they could confide in.

One young person was unhappy with their bedroom which was felt to be small and dingy with no outlook. Young people also said that when things were broken or not working, it always took a long time for them to be repaired.

Discussions about activities and holidays described a good range of local opportunities and events. Trips further afield had been planned and were looked forward to by young people. Individual young people also said that they were regularly told that money was not available for some of the activities they would like to try. One young person said that they would like to go on holiday abroad but there was no money for this.

Taking carers' views into account

Parents were not directly contacted during this 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: 4 - Good

Statement 1

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

Service strengths

We saw evidence that it was usual to have good quality discussion around the dining table at mealtimes. We observed staff and young people in relaxed discussions about a variety of subjects. Young people were encouraged to talk about what was important to them and to present their views about what could improve their lives. Staff responded to young people in a very positive way and when they did not know the answers they said they would find out. Young people we consulted during the inspection said that there were staff members they could confide in and that they trusted to support them in dealing with difficult situations.

The service had used residents' meetings to provide a forum for young people to discuss their day to day life at Drylaw in a more structured way. These meetings had been held regularly and young people's attendance had varied depending on their interests and individual needs. We saw that the issues raised by young people through these meetings had been discussed by staff and managers, with action being taken in response to requests when this was feasible and in the interests of the young people. These included changes to menus and meals, the content of activities programs and daily routines.

The service had used a questionnaire for young people and their parents as part of the Health Promotion Unit they had recently undertaken. This had gathered feedback about the care and the care environment. Staff and managers had used this feedback to inform plans for the service and the content of the personal plans for individual young people.

Young people had access to an independent advocacy service and the service provider's Children's Rights officer if they wished to speak to someone outwith the service about their care. Contact information for these agencies were available for young within the service.

Young people had an identified keyworker within the staff team who was responsible for the coordination of care and planning for them. This role included the opportunity for each young person to have individual time with their keyworker to discuss any issues they may have identified and also to undertake personal tasks which supported the young person's wellbeing. Keywork sessions were also an opportunity for staff and young people to share good experiences and favourite activities.

Designated staff had organised a development day which was designed to encourage young people to assess and comment on the quality of the care they received at Drylaw. This had taken place outwith the unit and consisted of a number of fun exercises aimed at gathering feedback from young people about different aspects of their care. Following the development day, an action plan had been drawn up which reflected the main points agreed by the young people. At the time of the inspection, these were being introduced and young people told the Inspector that they appreciated the progress that had been made. It was intended to hold such development days on a regular basis and involve individual young people in their organisation.

Areas for improvement

Staff and managers should continue to build on the outcomes from the young persons' development day.

Young people should be encouraged to participate in residents' meetings.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service provider had a range of policies and procedures aimed at the promotion of the health and wellbeing of resident young people. Generally, staff were aware of their content and had used them to support the way that they looked after the young people in their care.

We saw evidence in care planning folders that documents were available for recording health issues. These included documents for recording health checks and appointments as well as their outcomes and action required to be taken by staff to support young people to stay healthy and fit.

We saw evidence that the service had live links with a variety of health agencies, which meant that young people could receive support and advice in choosing who to contact in respect of any concerns they may have about their health and wellbeing. We saw from records and heard from young people and staff that young people were helped to seek answers to questions they might have about a variety of health issues and lifestyle choices. Staff promoted healthy choices in food, activities, sexual health and drug and alcohol use. This was backed up by access to literature and publications which ensured that young people could make choices which were informed by factual information and an awareness of potential consequences.

Young people were routinely contacted by the nurse from the Looked After Children's health team (LAC nurse) and had confidential access to her at any time if they wished. The service used the services of 'Edinburgh Connect' which is a mental health team for looked after and accommodated children and young people in Edinburgh. Their aim was to promote and enhance the mental health of looked after and accommodated children. As such, they provided direct support to young people as well as a consultancy service and training to staff.

Discussions with staff showed that they had an awareness of any actions which should be taken if young people were experiencing health problems or in the event of an accident or outbreak of infectious disease. This meant that young people would promptly receive attention on the advice of NHS 24, from local medical personnel and through attendance at hospitals and clinics.

Staff received regular training in managing and de-escalating challenging behaviour. The service had its own trainer in the use of the CALM (Crisis and Aggression Limitation and Management) system and another member of the team was close to completion of the training required to become a trainer. Physical restraint had not been frequently used since the last inspection and staff said they were confident in their ability to de-escalate most situations without the need for safe holding.

Areas for improvement

At the time of the inspection, not all resident young people had properly completed Personal Health Records. In one case, there was no evidence that a resident young person had attended any health checks or routine appointments following admission to the service. (See requirement 1)

Within the Personal Health Records for some young people, there was inconsistent recording of the outcomes of medical appointments which made it difficult for staff to provide appropriate support linked to outcomes of appointments relating to health issues. (See recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. It is a requirement that the Provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service, prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met.

This is in order to comply with SSI 110 (2011) regulation 5 (1) - a regulation that a provider must develop a plan to meet the assessed needs of each service users. Timescale for compliance, 1 month from the receipt of this report.

Recommendations

1. Outcomes of health checks and appointments should be noted in young people's Personal Health Records.

National Care Standards, Care Homes for Children and Young People - Standard 4: Support arrangements

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

The strengths noted in Quality Statement 1.1 also apply to this Quality Statement.

Areas for improvement

The service should continue to process issues raised by young people at their development day.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

The service provider had a range of policies, procedures and systems in place to guide and inform staff practice in relation to maintaining a safe environment for resident young people. This meant that staff we consulted during the inspection visit were aware of their roles and responsibilities in keeping young people safe and were able to demonstrate ways in which they did this. The Assistant Unit Manager confirmed that all staff working in Drylaw were fully registered with the Scottish Social Services Council (SSSC) which provided evidence that they were suitably qualified and experienced to care for the resident young people.

Risk assessments were used to help staff to address the individual needs of young people in relation to their behaviour, lifestyle choices and preferences. We saw that risk assessments had been updated in response to significant events in young people's lives such as episodes of challenging behaviour which had resulted in them being held safely by staff.

The service provider had a Child Protection policy and procedure in line with those set out in the Edinburgh & Lothians Child Protection Procedures. Staff had received training in relation to this and regular updates had been provided as required. Child Protection information and guidance for staff was readily available within the house. Posters and notices provided information and contact details for independent advocacy services for young people, so that they could seek independent support or advice in relation to their safety or wellbeing.

Staff had received 'Child Exploitation and Online Protection' training through the police which helped them to support young people to use the internet safely. This had also kept staff informed of the different ways in which young people used technology and how this affected their lifestyle.

Systems were in place to record all incidents and accidents within the house. This allowed staff to monitor the individual needs of young people and the ways in which they could be supported to keep themselves safe. Recording systems included opportunities for young people to comment on incidents they had been involved in and what could be learned from them. Incident and accident recording systems prompted staff to adjust individual risk assessments where necessary.

We saw that there were systems in place to report property maintenance issues and that staff and managers regularly carried out checks on the building, including specific checks on potential hazards. The cook was fully trained in food hygiene and the kitchens were regularly checked by the relevant Environmental Health department.

Staff were aware of a potential development of a public skate park adjacent to the premises and were seeking information about it. This was being done to ensure that the potential risks to resident young people from such a development could be properly discussed and dealt with.

Areas for improvement

Incident and accident records did not consistently provide evidence of a meaningful debriefing process for young people and staff. Where possible, opportunities should be taken to support those involved in incidents to seek to understand what had happened and how future incidents could be avoided or handled differently. (See recommendation 1)

Keyworkers should involve young people more directly in reviewing the content of their risk assessment whenever this is required. Changes in behaviour and the level of perceived risk to residents should be the subject of regular discussions within designated keytime and the resultant risk assessment should be used as a live document to reflect issues, concerns and achievements. (See recommendation 2)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Debriefing for young people and staff should be given a higher priority and be consistently used as a means of increasing understanding and learning from incidents that have occurred.
National Care Standards, Care Homes for Children and Young People - Standard 7 Management and Staffing.
2. The system for involving young people in the drawing up and reviewing of their personal risk assessment should be examined to encourage individual residents to participate more fully in a realistic risk assessment process.
National Care Standards, Care Homes for Children and Young People - Standard 9 Making Choices

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

The premises had been fully refurbished in 2006 and provided a mix of individual bedrooms, flats and a bedsit. All resident young people had their own toilet and bathing facilities. Communal areas were bright and airy with a variety of different areas where young people could gather in groups for different activities or spend time on their own if they wished. There were rooms which could be used for confidential conversations with friends, relatives or staff.

Young people used the communal areas for a variety of activities and said that they felt comfortable and relaxed at Drylaw. Most of the young people said that they were happy with their bedroom or flat.

Staff kept the premises as clean and tidy as they could and had carried out a number of minor repairs and decorating tasks. Young people were encouraged to learn how to look after their own rooms and contribute to keeping the house as pleasant a place to live as possible.

Areas for improvement

We saw that a number of areas of the premises had cracked and broken plaster which was unsightly and a potential hazard. Maintenance records showed that many maintenance issues were not promptly dealt with and staff had contacted the service provider's property maintenance department repeatedly to have issues dealt with. Staff and young people consulted during the inspection expressed frustration that delays in having repairs carried out affected day to day life in the house. (See recommendation 1)

One of the bedrooms was small and had one small window which was so high on the wall that the young person who lived there was not able to see out. The young person who lived in the room expressed the opinion that it was like "living in a cardboard box" and that the bedroom "had been made out of a toilet." (See recommendation 2)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should review the system for carrying out maintenance work when notified by the service to ensure that repairs are carried out promptly.

National Care Standards, Care Homes for Children and Young People - Standard 5:
Your environment

2. The provider should review the use of bedrooms within the service and consider whether all the rooms comply with the spirit and content of the National Care Standards, Standard 5 - your environment.

National Care Standards, Care Homes for Children and Young People - Standard 5:
Your environment

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

The strengths noted in Quality Statement 1.1 also apply to this Quality Statement.

Areas for improvement

Managers should continue to make use of the feedback about staffing issues which was gathered from young people in residents' meetings and their development day.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service had an experienced staff team who were qualified and registered with SSSC as required. Discussions with staff provided evidence that they were aware of the needs of the young people in their care and how these needs should be met. There had been little staff turnover for some time and we saw evidence of teamwork and an understanding by staff of the needs of the resident young people. This had helped them to form meaningful relationships which young people said they appreciated.

Some members of the staff team had undertaken training beyond that required for registration with SSSC and others were in the process of extending their skills and knowledge. Records showed that formal supervision sessions were prioritised with staff also supporting each other to find time for specific tasks. Documentation, records and personal plans provided evidence that a very good range of skills were present within the staff and management team and that these had been used to good effect in supporting young people to grow and develop while living at Drylaw.

Staff were seen to be present in sufficient numbers and staff rotas demonstrated that this was the norm, although there had been situations where staff worked extra hours to cover absences when needed. Young people and staff consulted during the inspection confirmed that there were always sufficient staff to provide support and an appropriate range of activities for the resident group.

Staff team meetings took place regularly and provided a forum for discussions about the care of individual young people as well as opportunities to discuss wider practice issues.

Individual staff members had taken responsibility for specific tasks such as the Young People's development days. There were also themed activities provided by staff such as reading in conjunction with the linked 'reading champion' which provided opportunities for young people to develop their literacy skills through enjoyable events.

Areas for improvement

Recording and personal planning systems had not been consistently used by all staff. Files containing background information and assessments on young people were not all complete. 'Core files' were kept in an upstairs office but there was not one for each resident young person. According to staff, one young person had arrived 'without paperwork' so there was no core file for them. (See recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Staff should properly maintain records in line with the responsibilities of their post and the agreed role of keyworker.
National Care Standards, Care Homes for Children and Young People - Standard 7 Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The strengths noted in Quality Statement 1.1 also apply to this Quality Statement.

Areas for improvement

Managers should involve young people more directly in the compilation of the service's self assessment.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service provider had a range of measures in place to monitor the quality of care provided at Drylaw. Corporate line management and information sharing systems meant the service was accountable through several different systems for ensuring that care was provided within the provider's values and corporate targets. The service had links with professionals from other departments within the local authority who also worked with the young people who lived at Drylaw.

The care of resident young people was subject to statutory reviews which were carried out in line with current legislation.

Staff supervision was carried out and a system for annual appraisals of all staff had started to be used.

Staff meetings were held and members of the staff team were encouraged to take responsibility for different aspects of the running of the service.

The service's line manager visited regularly and staff and young people said that they were aware of this.

Areas for improvement

There was no evidence that record keeping was regularly audited by managers, to ensure that personal plans were of a consistent standard and up to date. (See recommendation 1)

In individual consultations with staff during the inspection, they consistently said that the service's computer links to the provider's system were unreliable and slow which made information-sharing difficult and time-consuming. (See recommendation 2)

A variety of styles of record keeping were in use including electronic systems and handwritten notes. The sharing of information across a range of media was time-consuming for staff and prone to misinterpretation and repetition of tasks. (See recommendation 3)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. An audit process should be introduced for personal planning documents to ensure that they are consistently updated and maintained to an appropriately high standard.
National Care Standards, Care Homes for Children and Young People - Standard 7 Management and Staffing.
2. The Provider should review the current computer systems including hardware and ensure that staff have effective tools to enable them to record and share information.
National Care Standards, Care Homes for Children and Young People - Standard 7 Management and Staffing.
3. The systems in use in the unit for gathering, sharing and storing information should be reviewed to ensure that staff time used for administrative tasks is as effective as possible.
National Care Standards, Care Homes for Children and Young People - Standard 7 Management and Staffing.

4 Other information

Complaints

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

Enforcements

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

Additional Information

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

6 Inspection and grading history

Date	Type	Gradings
17 Dec 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
8 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
11 Mar 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed

Inspection report continued

		Management and Leadership 4 - Good
16 Jun 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
3 Mar 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
13 Jun 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com