

Care service inspection report

Thor House (Care Home)

Care Home Service Children and Young People

Provost Cormack Drive

Thurso

KW14 7EJ

Telephone: 01847 896448

Inspected by: Dan MacKay

Type of inspection: Unannounced

Inspection completed on: 22 October 2012



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Service provided by:

Highland Council

Service provider number:

SP2003001693

Care service number:

CS2003008449

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Summary

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

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

We gave the service these grades

Quality of Care and Support	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 had developed very good relationships with service users and their families.

Members of staff were very knowledgeable about their service user's care and support needs and addressed these in a discreet and dignified manner.

The manager and members of staff had developed detailed personal support plans for each individual service user. These identified wide ranging holistic support needs.

All members of staff were registered with the Scottish Social Services Council (SSSC).

What the service could do better

The service needed to devise and implement an improvement plan which identified the issues and desired outcomes it planned to address to ensure delivery of an improving care service.

The service needed to review its consent to medical treatment arrangements.

The service needed to explore ways to overcome the difficulties of operating within the constraints of a physically limiting environment.

What the service has done since the last inspection

The service had undergone a structural change in the delivery of care services for people with learning disabilities. This had led to a separation of responsibilities between adult and children (and young peoples) services - the former provided by NHS Health & Social Care and the latter by the Highland Council.

A temporary manager had been appointed during the summer of 2012 to manage the delivery of respite services at Thor House to children and young people.

Conclusion

The service continued to deliver very good quality care and support to children and young people. The respite service was held in high regard.

The needs of families and children using the service have become more complex in recent years and this has presented challenges to the physical constraints of the environment within which the service is set.

Who did this inspection

Dan MacKay

1 About the service we inspected

Thor House was deemed registered with SCSWIS on 1 April 2011. The service is registered to provide respite care to a maximum of 4 adults or children with learning disabilities.

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.scswis.com.

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.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

The service aims to "meet individual needs and requirements in a safe, secure, stimulating and caring environment".

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

All references in this report will be to The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the Regulations") (SSI 2011/210).

We inspected the service during two separate site visits in September and October 2012. The Care Inspectorate's inspector was Dan Mackay.

Evidence was gathered from the following sources:

Discussions with the manager, service users and members of staff.

Care Standards Questionnaires

Staff training records

Policies and procedures

Personal support plans

Care protocols

Respite stay summaries

Daily recordings

Staff Rota

Supervision schedule

Staff supervision records

Insurance policy

Statement of Function and Objectives

Unit Brochure

Risk assessments

Medical consent

Accident records

Quality assurance arrangements

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.

Self assessment materials informed the inspection process and the contents of this inspection report.

Taking the views of people using the care service into account

There were four service users present during the inspection visits. Due to the levels of disability it was not possible to interview service users. However members of staff engaged and communicated with them in a meaningful way demonstrating the close bonds between members of staff and those staying at Thor House for short respite stays. It was clear that members of staff had developed detailed and intimate knowledge of the service users' care and support needs.

Taking carers' views into account

Two Care Standards Questionnaires (CSQs) were returned to the Care Inspectorate. Both indicated their overall satisfaction with the quality of the service provided.

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

The quality of service users and carers participation was good, but there was scope for further improvement.

The service's own self assessments noted that:

"[Whilst] completing Short Stay Summaries guests are encouraged to comment on the service provided, what they enjoy, what perhaps did not go so well and any changes they would like for their next visit".

"Carers/parents are free to make comment. Staff remain available at all times to discuss any matters arising. This can be done personally in the unit or via telephone. There continues to be a good rapport between staff and parents/carers".

The main form of parental inclusion in planning and contributing to the care of children and young people took place during the regular care reviews arranged by the service.

The service had allocated key workers to work closely with children and families to ensure their views and needs were taken account of.

The service occasionally participated in school reviews which provided useful insights which was used to inform the care and support provided during short, respite stays at Thor House.

The service provided summaries of each short stay at Thor House so that families were kept fully informed about what had taken place during each respite stay - these detailed activities undertaken, details of community outings and, where appropriate, any progress being achieved by the service users during their time at Thor House.

Areas for improvement

The unit's own self evaluations recognised the need for further engagement in the school reviews process.

The service had just issued its latest survey of service users, though only two had been returned at the time of the current inspection visit. The service's previous improvement plan had been devised in 2005 and was, therefore, out of date.

The service needed to adopt a more proactive approach to surveying the views of the various stakeholders involved with Thor House. Open style questions should be asked inviting views about ways in which the quality of care and support could be further improved. An improvement plan needed to be devised and implemented. A recommendation is being raised about this.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service needed to devise and implement an improvement plan based on the surveyed views of service users and other stakeholders about ways in which the quality of care and support could be further developed.

National Care Standards, Short Breaks and Respite Services, Standard 11 - Expressing Your Views

Statement 3

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

Service strengths

The quality of care and support was very good.

The service's own self assessments noted that:

"Senior staff have undertaken the new SVQ Medication Unit and this training will be rolled out to the rest of the staff."

"At shift changeover periods staff have the opportunity to raise and discuss any concerns about individual's well being and we work at length as a team to keep those in our care safe".

Two Care Standards Questionnaires were returned to the Care Inspectorate both indicating that, overall, they were happy with the quality of care received.

Thor House had put in place detailed holistic care plans for each service user. The comprehensive care planning arrangements included risk assessments; manual handling assessments; and medication treatment guidelines.

Annual reviews were convened on a regular basis. Where possible the manager attended education department reviews.

There was evidence of multi agency working to address the sometimes complex support needs of children and young people who used Thor House.

Respite bookings were scheduled in advance but, wherever possible, the service endeavoured to be flexible and accommodate more urgent bookings.

Detailed respite summaries were provided to families so that they could be kept informed of activities undertaken during the respite/short stay placements.

When necessary, additional staffing was deployed to ensure the service could be run safely. This necessitates the deployment of additional night staff, on occasion.

The service was working with other allied professionals to plan transitional arrangements for young people moving on to adult services.

Members of staff had developed alternative non-verbal communication skills to work with children who had complex needs. Various members of staff had developed considerable knowledge and expertise of their service users having worked in situ for a number of years.

Areas for improvement

The service's own self evaluations recognised the need to ensure that "all staff are offered the SVQ Medication training".

It was noted during the inspection that Thor House did not have a suitable disability-friendly vehicle to transport children and young people with additional mobility support needs. A recommendation is being raised for the service to explore ways how it can best resolve this difficulty and continue to support service users to maintain their lifestyles.

It was noted that a number of the placements to Thor House were from families outwith the county of Caithness. This meant that children and young people had episodes when they could not access education services. The service needed to consider how best to manage those out-of-county placements - which made up the bulk of the respite bookings at Thor House - to ensure continuity of educational provision. The possibility, for example, of buying-in tutoring input was explored during the inspection feedback session. A recommendation is being raised about this.

The service needed to review its current consent to medical treatment pro forma to ensure it bore the correct authority. When undertaking this review reference should be made to legislation and current best practice guidance. A recommendation is being raised about this. (The service's manager was advised to make reference to Volume 2 Children Looked After by Local Authorities (Scotland's Children The Children (Scotland) Act 1995 Regs and Guidance. P. 15 Para 56 talks about these differing according to legal status, capacity etc. These need to be set out in each care plan. The legal ref in SSI 1996/3262 Reg 13).

The service should obtain a copy of 'Holding Safely' (a guide for residential child care practitioners) and the policies and procedures associated with it.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The service to explore ways how it can best resolve the lack of a disability-friendly vehicle to transport children and young people with additional mobility support needs.

National Care Standards, Short Breaks and Respite Services, Standard 4 - Positive Experiences, Standard 8 - Making Choices, Standard 17 - Daily Life.

2. The service needed to consider how best to manage those out-of-county placements - which made up the bulk of the respite bookings at Thor House - to ensure continuity of educational provision.

National Care Standards, Short Breaks and Respite Services, Standard 1 - Informing and Deciding ; Standard 3 - Legal Rights; Standard 4 - Positive Experiences, Standard 8 - Making Choices, Standard 17 - Daily Life.

3. The service needed to review its current consent to medical treatment pro forma to ensure it bore the correct authority. When undertaking this review reference should be made to legislation and current best practice guidance.

National Care Standards, Short Breaks and Respite Services, Standard 14 - Keeping well - healthcare.

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 findings in this statement are similar to those reported on in Quality Statement 1.1.

The quality of service users and carers' participation was good, but there was scope for further improvement.

The service's own self assessments noted the following strengths:

"Outside in the play-area there are three individual sand trays which are all wheelchair accessible, a climbing frame and a trampoline which is sunk into the ground for easy access.

We have a three wheeler bike which has appropriate safety aids for any guests aged eight years and upwards.

The Summer House continues to be used by Respite & Day Centre as a Multi-Sensory or chill-out area to relax and unwind.

Staff inform the manager of any repairs that need to be carried out within the Unit. Any service users that require a specific bedroom possibly due to their Autism Spectrum or Physical needs i.e. the bed that is lowered to the floor level, staff ensure these are met."

Areas for improvement

The service's own self evaluations noted the following: "Shortage of appropriate beds that lower to the floor. Trampoline and climbing frame needs repaired due to storm damage - this is in hand."

The service needed to put in place a current improvement plan which identified ways in which it intended to further develop the quality of the environment - both indoors

and outdoors - at Thor House. The improvement plan should be based on the surveyed views from stakeholders about ways in which the environment could be further developed.

During the inspection it was noted that the respite service was under considerable pressure due to the physical constraints of the building. Some examples included:

Members of staff spoke about the inadequacy of sleep over provision when additional night care staff needed to be deployed. This had led, on occasion, to staff sleeping in the lounge on makeshift arrangements.

The inspector could see that one of the bedrooms, which was not booked, was being used as a storage area for various hoists and mobility aids. Members of staff reported a lack of sufficient storage arrangements.

The duty staff sleep-in room was congested with a wide range of storage paraphernalia which impacted on the purpose of the room to provide the senior member of staff with a dedicated off-duty area.

The small staff office was also being used as a room in which staff made up a wide range of medicines for looked after children and young people (some of whom had specific healthcare issues). The centre requires a suitable dedicated area to store and administer medication in accordance with current procedures and guidelines.

The service's improvement plan should explore ways to address the considerable physical constraints which have, at times, a detrimental impact, on the quality of the service provided. A recommendation about the need to devise and implement an improvement plan was raised in Quality Statement 1.1 of this inspection report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

The service's own self assessments noted the following strengths:

"Weekly fire checks and water tests are carried out.

Regular risk assessments on all activities within/out the building are undertaken, monitored and updated as required and held on individual files where appropriate.

Violent Incident forms/reports are now loaded onto CareFirst so that all involved in the care of the individual can use for reference. Accident forms are filled in and acted upon when required.

Fire Awareness training is delivered to all staff and now incorporate Fire Extinguisher training, carried out by the Health & Safety Officer and the unit's manager, as the Responsible Safety Officer.

Regular inspections are carried out by the relevant agencies i.e. Fire Officer, Gas Engineer, etc. and all electrical and Moving & Handling Equipment is inspected and maintained annually and certified.

Staff receive relevant training on the use of all Moving & Handling equipment and attend Moving & Handling Refreshers every three years.

Staff have plenty of opportunities to practice in CALM Physical Intervention Techniques.

Staff are all aware of the importance of reporting any problems or damage to the appropriate person.

Staff continue to receive information from parents/carers regarding any new equipment and where needed an Occupational Therapist will provide training in its use".

Areas for improvement

The service's improvement plan needed to consider ways of ensuring the safety of the practice of staff making up medicines within the confines of the staff office. This practice, given all the other activities taking place in this office area, has the potential to compromise the safety of medicines which are being prepared to be administered to children and young people. The current arrangements are far from ideal. A recommendation has been made earlier in this inspection report about the need to devise and implement an improvement plan which should make better provision for the safe preparation and administration of medicines to children and young people. The service should consider seeking clinical governance advice when reviewing the current arrangements.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The findings in this statement are similar to those reported on in Quality Statement 1.1.

The quality of service users and carers' participation was good, but there was scope for further improvement.

Those responding to the Care Inspectorate's Care Standards Questionnaires (CSQs) indicated that they did have a key worker (although one indicated that they had no choice in selecting that member of staff).

Both respondents said that "all of the time" staff listened to them at Thor House.

Areas for improvement

One respondent indicated in the CSQs that they felt they never had a say in the running of the service.

The service needed to survey its various stakeholders (service users, their carers and families, care managers and other professionals) about ways in which they felt the quality of staffing at Thor House could be further improved.

A recommendation about the need for the service to devise and implement an improvement plan has already been raised in Quality Statement 1.1 of this report. The improvement plan should indicate ways in which the service intended to improve the quality of the staffing at Thor House.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The quality of the staffing was very good.

All relevant members of staff were registered with the Scottish Social Services Council (SSSC).

Those on duty at the time of the inspection visits who were able to contribute to the inspection, expressed high levels of satisfaction with their work and were clearly very committed to the service and its service users.

Members of relief staff had conditional registration with the SSSC, subject to attaining the necessary qualifications within defined timescales.

Regular staff training in CALM (restraint holding techniques) was provided and routinely updated.

Staff reported that they had "very good" access to training opportunities.

The service was developing personal development plans' (PDA) for each member of staff. These identified strengths and weaknesses and highlighted areas of development for each member of staff. The service had 8 contracted employees and 18 relief members of staff. The PDA process had recently been introduced and was intended to be reviewed for each employee on an annual basis.

The service's statement of functions and objectives detailed the role of the key worker in supporting the implementation of individual service users' care plans.

Detailed staff training records were examined. These highlighted a range of training initiatives including: Moving & Handling; First Aid; SVQ Induction; CALM training updates; HNC and Autism Spectrum Disorder Awareness training.

The service's self assessments noted: "One staff member has nearly completed her HNC, two staff have just started the HNC, two staff are starting their SVQ 3, the two Seniors have completed their PDA in Medication with the rest of the staff ready to do this as it is rolled out. [The manager] had completed her Management & Leadership Award in October of last year. Senior staff have access to Care First and all contracted staff have access to Care Knowledge".

Areas for improvement

The service's own self assessments had identified the following areas of development: "On going professional development. Aim to access refresher training to maintain best practice and adhere to legalistic framework. Restart regular staff meetings. Staff to

update Continuous Personal Development forms".

To continue to maintain the very good standards of staffing within Thor House.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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 findings in this statement are similar to those reported on in Quality Statement 1.1.

The quality of service users and carers' participation was good, but there was scope for further improvement.

Areas for improvement

The service's own self assessments recognised the need to "try to involve parents/ carers into more active participation with the Unit".

A recommendation about the need for the service to devise and implement an improvement plan has already been raised in Quality Statement 1.1 of this report. The improvement plan should indicate ways in which the service intended to improve the quality of the management and leadership at Thor House.

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's self assessments noted the following:

"Staff follow the Codes of Practice as set down by the SSSC. All staff work to these principles and other policies and procedures of the workplace.

Having regular inspections also ensures the quality of the service we provide.

All staff have the relevant training or qualification (or working toward) to undertake the duties required for their position.

By having regular reviews we are able to involve the service user/parent/carer in the quality of service they expect us to provide.

Short Stay Summaries after a visit give the guest the opportunity to give their opinion on what they have enjoyed, or not, or anything that can be improved on for their next visit. If they have any grievances that can't be resolved after speaking with staff they can fill in a complaints form. Questionnaires that are sent to parents/carers/guests give the opportunity for feed back on the service we provide. Inspection Reports are easily available for all to read".

A new supervision schedule was being devised and implemented at the time of the inspection visits.

A new senior carer had been appointed and, together with the new interim manager, ways of delegating specific tasks and responsibilities were being devised.

Areas for improvement

The service's own self assessments had identified that: "reviews not happening on a regular basis for some guests". This, in itself, was an issue which the service's quality assurance arrangements needed to identify and redress.

The service had undergone a structural change in the delivery of care services for people with learning disabilities. This had led to a separation of responsibilities between adult and children (and young peoples) services - the former provided by NHS Health & Social Care and the latter by the Highland Council. A temporary manager had been appointed during the summer of 2012 to manage the delivery of respite services at Thor House to children and young people.

The service needed to look at its internal quality assurance arrangements to ensure it had put in place appropriately robust systems to ensure quality assured consistency and conformity to the operational needs at Thor House.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

6 Inspection and grading history

Date	Type	Gradings	
1 Feb 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
10 Sep 2010	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
4 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed

Inspection report continued

1 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 5 - Very Good
17 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
14 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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本出版品有其他格式和其他語言備索。

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