

Care service inspection report

The Richmond Fellowship Scotland - North Ayrshire

Housing Support Service

65a Hamilton Street

Saltcoats

KA21 5DT

Telephone: 01294 475430

Inspected by: Mina Cassidy

Type of inspection: Unannounced

Inspection completed on: 21 December 2012



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Service provided by:

The Richmond Fellowship Scotland Limited

Service provider number:

SP2004006282

Care service number:

CS2004061326

Contact details for the inspector who inspected this service:

Mina Cassidy

Telephone 01294 323920

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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The provider continues to use a range of excellent methods to gain the views of service users. There was evidence that service users were consulted both at strategic and local level and the suggestions and views expressed had influenced changes in the service. Service users have access to excellent information about the service which was available in a number of different formats.

Service users told us they were involved in the assessment and support planning process and were able to influence how the service was provided. Service users were involved in the recruitment process and were able to comment on the performance of staff, which was part of the staff appraisal system. Service users told us that support workers were very accessible and responsive to their needs.

What the service could do better

The provider should continue to develop ways to encourage engagement from relatives and carers. The service should continue to introduce the quality assurance systems which are currently in the early stages of development.

What the service has done since the last inspection

Since the last inspection the service has introduced a number of new methods and systems to improve quality assurance and communication. This includes the introduction of cross team audits, spot checks and medication training.

Conclusion

This provider continues to be committed to delivering a high quality service where service users are able to influence the service in a way which ensures inclusion and maximises their potential.

Who did this inspection

Mina Cassidy

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.scswis.com

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

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

* 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 Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or conditions of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Richmond Fellowship Scotland which will be referred to as TRFS in this report is an organisation which provides services across a range of geographical areas.

TRFS was registered in 2004 to provide a Support Service - Care at Home and a Housing Support Service. These services are provided in a combined way and one inspection is carried out. The service is provided to adults with mental health problems, learning disabilities, autism, dementia, brain injury and physical disabilities. The service is provided in the Three Towns (Ardrossan, Saltcoats and Stevenston), Garnock Valley, Largs and Irvine. There are 6 staff teams operating from the service base located in Saltcoats.

The stated aim of TRFS North Ayrshire is to enable individuals to make their own decisions and to live as independently as possible in their own homes.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

- This inspection took place between the 29th November, 6th December and feedback on the 21st December 2012. During the inspection we gathered evidence from various sources which included visiting the office base and looking at relevant sections of policies, procedures, records and other documents including;
 - * evidence from the service's most recent self assessment
 - * a range of policies and procedures
 - * information brochure/welcome pack
 - * sample of support plans of people using the service including; support plans risk assessments, reviews and record of home visits
 - * service user surveys
 - * evaluations and action plans
 - * local and national newsletter
 - * Engage (staff newsletter)
 - support agreements
 - * records of home visits and spot visits
 - * training records
 - * training plan
 - * supervision records/planner
 - * staff appraisal system
 - * minutes of staff meetings
 - * completed care inspectorate questionnaires from service users and staff
 - * We also spoke to the manager, staff and we telephoned people who use the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under

each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

The provider had met the recommendations made in previous regulatory activity.

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

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.

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, completed in full noting strengths and areas for improvement.

Taking the views of people using the care service into account

We received twenty three completed Care Inspectorate questionnaires from service users. It was indicated in the questionnaires that ten service users were supported by staff to complete them. The responses made about the quality of service provided were generally positive. All stated they had a personal plan. One service user disagreed that their needs were detailed in the personal plan and another service user felt that staff were not fully aware of the specific needs of their condition. Twenty two service users stated that the service checked with them regularly that they are meeting the service users' needs, one service user disagreed with this. Two service users stated that staff did not have enough time to carryout the agreed support and care and two stated that they did not always know staff names

Comments in questionnaires included;

'Richmond Fellowship enable me to feel more secure in my own home'

'I feel the support makes a real difference to the quality of my life'

'I feel the support workers are reliable and helpful in all areas'

'...the staff I have know me well and they take time to understand my wishes, I appreciate this.'

We spoke with five service users by telephone all of whom were very positive about the support provided. They described the service as very reliable and staff as warm and caring. Service users told us about some of the things they would do during their support time and how staff had encouraged them to try new things and experiences. They spoke about how staff encouraged their independence and also how their confidence had been improved through the positive influence and encouragement of staff.

Taking carers' views into account

Two of the Care Inspectorate questionnaires were completed by relatives. Comments about the service were generally positive. One relative stated that there had been an issue in the past about changes to the staff team however, this had been discussed with managers and resolved. The relative felt that communication with the keyworker could be better and hoped to discuss this at a forthcoming review. The relative contacted the Inspector to stated that a positive meeting had taken place and that arrangements had been agreed to enhance communication between workers and the relative.

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: 5 - Very 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 grade achieved in the last inspection report of 22nd September 2010 was 6 - Excellent. Elements of the evidence considered for this statement were re-visited and we found that performance had been maintained this statement continued to be graded 6 - Excellent.

We concluded this from discussions with the manager, staff, and service users. Other sampled evidence included;

Participation strategy

Aims and objectives statements

Equality policy and training

Support plans

Service user reviews

Access to advocacy services

The provider's surveys, evaluation and action plans

Participation in staff recruitment

Participation in staff appraisal system

Service user and relative involvement in service evaluation/grading

Completed Care Inspectorate questionnaires

Record of home visits and other service user contacts

Local and national newsletters

The service continued to work closely with service users, relatives, staff and other stakeholders to continually review the methods used to seek the views of people and involve them in developing of the service. We saw that some of these methods

included;

- * Quality Surveys
- * Home visits and contact meetings
- * Service user forums
- * NET Steering Group (National Evaluation Tool)
- * Service user involvement in the assessment and support planning process
- * Regular reviews of support plans
- * Newsletters
- * Range of 'Easy Read' documents
- * Information packs

TRFS continued to evidence their commitment to working in partnership with people to develop services tailored to individual needs.

Service users were provided with a participation booklet informing them of the various ways they could express their views on the quality of the service and influence how the service was provided and developed. Service users could complete and submit this booklet indicating how they wished to participate in the consultation process. Some of the methods detailed included; service user reviews, surveys, recruitment, involvement in supervision, appraisal and training, focus groups, service planning and evaluation and involvement in the inspection process. We found evidence during this inspection showing examples of how these methods were used to seek the views of service users and how these views were taken into account to continually develop the service.

Service users were informed on the findings of quality surveys through easy read evaluation and action plans and also from information provided in the national and local newsletters. The evaluation of surveys showed a high level of satisfaction with the quality of service provided. This reflected the responses and comments made in the 15 completed Care Inspectorate Questionnaires we received showing that service users and relatives were very happy with the quality of service provided.

Service users told us that they had been fully involved in the support planning process. They told us that they were consulted about the areas of support required and how this support would be provided. They told us that their support plan was reviewed at regular intervals and the type of support and level of support was adjusted in accordance with the review of their support needs.

The service continued to involve service users in the recruitment process. A 'recruitment tool kit' had been developed to support service users to participate in the recruitment process. The service had developed a 'meet and greet' format which had proved very successful. Service users were consulted about the quality of staffing which was linked to the staff appraisal system.

Service user forums were used to evaluate the service using the National Evaluation Tool (NET) which informed the self assessment process for this inspection.

Areas for improvement

The provider should continue to develop methods to encourage the participation of relatives and carers.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We sampled evidence against this quality statement and graded this statement 5 - Very Good.

We concluded this from discussions with the manager, service users, relatives and staff. Other sampled evidence included;

Assessments (Personal Outcomes Approach)

Risk assessments

Support plans

Service reviews

Medication Policy and procedures

Medication records

Keyworker system

Completed Care Inspectorate Questionnaires

The service' own Quality surveys

Multi disciplinary involvement

Staff Training records

The service had policies in place to support the assessment, support planning and review process.

Evidence was available, from signed documentation and verbal confirmation, that service users had participated in the assessment and development of their support plan. Support plans were detailed and clearly showed how support was tailored to the individual's needs. Support plans provided good direction to staff and showed how service users' independence was encouraged. We could see that support plans were reviewed regularly and that service users were involved in this process.

Some service users required support to manage their personal finances. There were

clear policies and procedures in place to support staff with this process. The records we saw showed details of the financial transactions with receipts held for all purchases.

The service was currently updating the medication policy and procedures and had commenced a programme of more indepth staff training on how to support service users with medication.

Service users were supported to access local health services such as GPs and hospital appointments. Support was also provided to access health promotion services such as well women and well man clinics in addition to services and agencies which offered support to service users facing a range of other challenges. Staff encouraged service users to use local amenities and recreation services and supported them to join recreation and interest groups. Staff supported service users with transport arrangements when required.

Service users told us in questionnaires and on the telephone that the service was very reliable and that support staff were very caring. One service user stated. 'This is a very good service. I wish I could have more time but I know that is not their fault. They do everything I ask and more'.

Staff were very knowledgeable about service users they supported and spoke confidently about the different types of support required and how this would be provided.

Areas for improvement

Some of the support plans we saw could contain better, more person centred information on how to support service users with their medication. We also found that the format used to track changes in medication was not always easy to follow. (see recommendation 1 for this quality statement)

Some risk assessments in service users support plans were dated from 2010 and should up-dated. There should be evidence to show that individual risk assessments are up-dated at regular intervals. (see recommendation 2 for this quality statement)

Some of the support files we saw were very full and difficult to navigate. They contained a range of historical information which could be archived in order to achieve a more current working document.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Requirements

1. Medication support plans should be detailed and person centred.
National Care Standards. Support Services - Care at Home. Standard 8: Medication
2. Individual risk assessments should be up to date and reviewed at regular intervals.
National Care Standards. Support Services - Care at Home. Standard 3: Your Personal Plan

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

Service strengths

We found the service performance for this quality statement to be 6 - Excellent. We concluded this from discussions with the manager, service users and staff. Other sampled evidence included;

Information pack

Range of formats

Easy read leaflets and evaluation feedback

Letters sent to service users and relatives

Reviews

Team meetings

Newsletters

All service users were visited before the service commenced to complete the initial assessment and to be provided with verbal information about the service. An information pack was compiled for each service user taking into account their individual requests, needs and language. Information was available in audio tapes, CDs, Braille, large print and other languages.

The provider continued to be committed to ensuring that information provided to service users was meaningful and relevant. Service users had been involved in designing some information leaflets and deciding the type and level of information they contained.

As previously stated, service users were provided with information about the various ways they could express their views and become involved in developing and improving the service.

A national and local newsletter was published which involved input from service users.

Individuals had Agreements of Support outlining the level of support to be provided.

We saw evidence of the provider writing to service users and relatives to inform them of particular events or changes to the service.

Service users were provided with a diary of support for the coming week. Arrangements had been made with some service users and relatives to receive this information by email.

Areas for improvement

The provider should ensure that service users or their representative sign Agreements of Support or record the reason why this was not possible.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very 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 areas of strengths outlined in Quality Theme 1 Statement 1 are also relevant to this quality statement.

Areas for improvement

The areas for improvement outlined in Quality Theme 1 Statement 1 are also relevant to this quality statement.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service performance for this quality statement to be 5 - Very Good. We concluded this from discussions with the manager, service users and staff. Other sampled evidence included;

Training plan
Training Records
Supervision Records
Staff appraisal system
Staff meetings
Staff Newsletter

The service had had a comprehensive range of policies and procedures to support staff in their role.

The service provided a very good induction programme for new staff which included mandatory training which included completing a number of shadow shifts. The service had recently compiled a list of mandatory training required for each staff designation.

The service was an Approved Centre for SVQ training which ensured a high percentage of staff achieving the required qualification to register with The Scottish Social Services Council (SSSC). Staff confirmed they had been provided with a copy of the SSSC codes of conduct and a copy of the National Care Standards.

Staff told us they were well supported by the manager and the management team. A new staff mentoring project was currently underway to further improve the levels of support provided by senior support staff to nominated members of the support team.

The service had a staff meeting structure which provided a variety of ways for staff to meet together to discuss a range of topics including service user needs, practice issues, changes and reviews of policies and training and development plans.

All members of staff had a personal development folder which was linked to the provider's supervision and appraisal system. This held a record of the training completed by individuals in addition to information resource materials.

Training records showed that staff had completed a range of training relevant to the needs of service users such as; moving and handling, health and safety, food hygiene, adult support and protection, medication, challenging behaviour, dementia and autism,

The organisation had a staff newsletter which provided information about new service developments. The provider also encouraged staff to be involved in the Staff Council. Staff responses and comments in the completed Care Inspectorate questionnaires were positive about the training opportunities provided, the quality of their induction and the access to management support.

Areas for improvement

The provider should ensure that all training recorded in individual staff training records can be evidenced as completed.

The provider should also show clearer links with individual staff training and development plans and the supervision and appraisal process.

The provider should ensure that staff supervision and appraisals are carried out at the frequency stated in the providers' own policies and procedures.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. As areas for development the provider should;
 - ensure that all training recorded in individual staff training records can be evidenced as completed.
 - show clearer links with individual staff training and development plans and the supervision and appraisal process.
 - ensure that staff supervision and appraisals are carried out at the frequency stated in the providers' own policies and procedures.National Care Standards Supports Services. Care at Home. Standard 4: Management and Staffing

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

We found the service performance for this quality statement to be 6 - Excellent. We concluded this from discussions with the manager, service users and staff. Other sampled evidence included;

Participation methods

Policies and procedures

Service user and relative involvement in the service

Training records

The provider's ongoing commitment to the importance of service user consultation and working in partnership with service users and relatives influenced the grade awarded in this statement.

The provider had a range of policies which supported the commitment to equality and respect which included; equal opportunities, anti-discriminatory practices, core values, whistle blowing and staff boundaries.

Service users were involved in compiling the Service Mission Statement which included the commitment to promoting equality, unconditional regard, acceptance, inclusion, trust and rights.

The Agreement of Support included a statement regarding 'Your rights and our promise to you'.

The service had robust recruitment procedures which involved service users. The interview process required interviewees to demonstrate, through discussion, sound values and an ethos of respect for service users and other workers.

The staff induction programme included input on core values which emphasised the rights of service users. The induction process also included information about the SSSC codes of practice and the roles and responsibilities of care staff. Service users stated that they were always treated with respect.

Areas for improvement

The provider should continue to develop current excellent practice.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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 areas of strengths outlined in Quality Theme 1 Statement 1 are also relevant to this quality statement.

Areas for improvement

The areas for improvement outlined in Quality Theme 1 Statement 1 are also relevant to this quality statement.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

We found the service performance for this quality statement to be 6 - Excellent. We concluded this from discussions with the manager, service users and staff. Other sampled evidence included;

Minutes of Staff meetings
Staff Questionnaires
Staff newsletter
Staff Council

The service had a structure of staff meetings which included specific staff teams, senior support staff meetings and management meetings. Plans were in place to introduce a new local staff forum which would include representatives from each team across all grades meeting at regular intervals. Staff representatives could share information from the forum with their specific staff team and also raise issues for

wider discussion.

Staff told us that they could make suggestions and express their views and that these views were taken into account in the development of the service.

Staff were involved alongside service users in evaluating the service using the National Evaluation Tool.

Service planning days were organised and staff were encouraged to contribute to the service development plan.

A national strategic plan had been developed for 2012 - 2015 which included input from service users and staff. An information leaflet (Our Strategic Plan - Information for our staff) had been produced. The Staff Bulletin (Engage) included information about the strategic plan and how senior managers in the organisation planned to visit local services to discuss and share the contents of the plan with them.

A staff engagement survey had been completed with an evaluation and action plan compiled and made available to staff. Information on the outcome of staff surveys were also included in the Staff Bulletin. The Staff Bulletin also included encouragement for staff to join the National Staff Council in order to take an active role in influencing the strategic direction of the service.

Areas for improvement

The provider should continue to develop current excellent practice.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We found the service performance for this quality statement to be 5 - Very Good. We concluded this from discussions with the manager, service users and staff. Other sampled evidence included;

Methods used to seek the views of service users

Quality strategy (QUEST)

Medication Audits

Care plan audits

Complaints procedure

Self assessment process
Spot visits
Cross service Audits
Health and Safety checks and audits

The service had a comprehensive range of participation methods as detailed in Quality Theme 1 Statement 1 of this report which informed the quality assurance systems.

The provider had developed a Quality Strategy 2012 - 2015 (QUEST) which was compiled with the involvement of service users, staff and other stakeholders. This re-enforced the provider's commitment to assuring quality and how this would be measured and achieved.

As previously stated, service users, staff and other stakeholders were involved in the evaluation of the service which informed the self assessment process for this inspection.

The provider had introduced spot visits which in addition to monitoring staff practice provided an additional opportunity for service users and relatives to comment on the quality of the service provided.

The provider had recently introduced 'cross service audits' where managers carried out audits of systems and processes in services where they had no management responsibility.

As part of the contracting agreements with North Ayrshire Council, the manager completed a self assessment tool to demonstrate how the service was complying with the conditions of the agreed contract.

Areas for improvement

The provider should continue to develop and improve local Quality Assurance systems and ensure that support plan documentation is up to date and fully completed. Quality assurance processes should also show that staff supervisions and appraisals are taking place in accordance with the provider's own policies.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

One complaint was received since the last inspection which was partially upheld. One requirement and recommendations were made which we found to be met. Further details on this complaint can be found on the Care Inspectorate website on www.careinspectorate.com

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 - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Statement 6	6 - Excellent
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Statement 4	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
22 Sep 2010	Announced	Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership Not Assessed
8 Jul 2009	Announced	Care and support 6 - Excellent Staffing 5 - Very Good Management and Leadership 5 - Very Good
12 Nov 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very 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.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز 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 ا اذه

本出版品有其他格式和其他語言備索。

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com