

Care service inspection report

Wakefield House Care Home (Cullen)

Care Home Service Adults

Seafield Place

Cullen

Buckie

AB56 4TE

Telephone: 01542 841326

Inspected by: Derek Priest

Type of inspection: Unannounced

Inspection completed on: 3 June 2013



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Service provided by:

Craigard Care Ltd

Service provider number:

SP2004006030

Care service number:

CS2004061815

Contact details for the inspector who inspected this service:

Derek Priest

Telephone 01224 793870

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 provided a home environment for the residents. Staff interacted well with the residents and a range of activities were on offer.

What the service could do better

The care plans could be much clearer so that any bank staff were aware of how to support the resident. The service could identify how often the residents meetings were to take place and to hold them as planned.

What the service has done since the last inspection

The service has continued to provide very good care to the residents with the staff members having knowledge of how to support them. The service has maintained the high level of participation in the SVQ training for its staff.

Conclusion

This service has continued to provide a very good level of care but due to staff changes the manager reports more time "working on the floor" reducing the available time to attend to managerial task.

Who did this inspection

Derek Priest

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about 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.

Requirements and recommendations:

If we are concerned about some aspect of a service, or think it could do more to improve, 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- 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 a condition 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.

Wakefield House is registered to provide nursing and residential care to a maximum of 30 older people. The accommodation is over two levels and all rooms are en-suite. The home is situated in its own grounds in the coastal town of Cullen and it is within walking distance of the shops and town facilities.

The service aims and objectives are:

* to place the rights of our residents at the forefront of our philosophy of care and seek to advance these rights in all aspects of the environment and the services we provide

* to encourage our residents to exercise their rights to the full.

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

We wrote this report after an unannounced inspection which began on Thursday 30 May 2013 between 9am and 4pm and was completed on Monday 3 June 2013, between 9.30 am and 3.30 pm. The inspection was carried out by Derek Priest, an Inspector with the Care Inspectorate.

During the visit we gathered evidence from various sources, including written records:

- * current self assessment document
- * three Care Standard Questionnaires returned by residents
- * four Care Standard Questionnaires returned by relatives
- * five residents' care plans including daily notes
- * various policies
- * four staff recruitment and training records

Discussions with various people, including:

- four residents
- the manager
- two nurses
- four carers
- the cook
- two relatives

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.

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The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this, and with the relevant information included for each heading that we grade services under. The provider identified what it thought the service did well, some areas for development and any changes planned.

Taking the views of people using the care service into account

Three residents at the service returned Care Standards Questionnaires. All either strongly agreed with the statement that overall they were happy with the quality of care that was provided.

Four residents were spoken with during the visit. They reported that they got on well with staff and also enjoyed the meals.

Taking carers' views into account

Four Care Standards Questionnaires were returned by relatives of people using the service. All either agreed or strongly agreed with the statement that overall they were happy with the quality of care that was provided.

Two family members were spoken with at the service. They explained how the staff supported their relative and how staff had dealt with issues.

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

At this inspection, we found the service to be performing at a very good standard for this statement. We found that the service was responded well to issues raised by the residents and their relatives.

Important information about the resident's needs and lifestyle had been obtained from the resident and their relatives. This information assisted the nurse and carers to develop care plans and support the resident.

On discussion with a relative it was explained how the nurse had acted quickly when the newsagent failed to deliver their relative's newspaper. The newspaper was soon delivered and the resident was able to read their newspaper, keeping up with the news as normal.

The manager or a nurse was accessible to residents and relatives at all times to answer any queries about the care to a resident. Care staff were also available to provide information as appropriate.

Residents expressed their views and made suggestions about the meals at the service and about recent activities and entertainment. These may be on an individual basis but these issues were discussed at the residents meetings. Latterly these meetings have been held on approximately a six monthly basis.

Regular reviews of the service were held with the resident and their relatives where appropriate. Relatives were encouraged to record their involvement in the review process and to raise any comments about the service.

The service was extended recently with additional rooms being added. A process of refurbishment of older rooms had also taken place. Residents had personalised their rooms with furniture and belongs from home. One resident had a large collection of items which they liked to display in their room but this caused a risk to the resident. It had been agreed with the resident that these would be rotated ensuring that they were seasonally appropriate.

Another resident had a double bed and a personalised room. They also had their dog staying with them at the care home. Agreements were made between the resident, their family and staff with regards to the dog. The resident and other residents enjoyed the company of the dog.

A newsletter was issued in Easter of 2012 which provided information about the new extension to the service and other information about the service.

Residents had been asked about their involvement in the recruitment process but they had declined. However candidates were introduced to residents and the interaction between them was observed and used to make the final decisions.

Areas for improvement

Although there were examples of good participation at the service it appeared that the regularity of resident meetings, questionnaires etc had become erratic. It was recommended that the service's participation strategy should be reviewed to state the methods used to obtain the views of residents and relatives. This should include:

- * resident/relative meetings
- * issuing of questionnaires
- * newsletter
- * care reviews.

The strategy should also include the frequency of these or in the case of annual items such as questionnaires, the month or quarter when they would be issued. (See Recommendation 1)

General information from these should be shared with the residents and relatives to explain what was being done. One method to do this would be through the newsletter or a "You Said, We Did" notice.

Staff at the service should also continue to consider innovative new ways to obtain the views of the residents and their relatives.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service ensure that the frequency of participation issues are carried out regularly and as planned.

National Care Standards, Care Homes for Older People, Standard 11, Expressing your views.

Statement 3

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

Service strengths

At this inspection, we found that the service was performing at a good level for this statement. We observed practice and reviewed support plans during the inspection.

A support plan was available for each resident at the service. The plan provided detailed contact information which related to them, included emergency contact details and a detailed assessment of the resident abilities.

Detailed assessments were very good which identified whether the resident was able to do independently or with support. This guided staff to areas where care plans were required to be developed. In general this process was viewed as being helpful to identify areas where support was required.

There was good information about the financial issues which concerned the resident, especially where legal authority had been granted to someone else to attend to the resident's financial dealings.

Regular reviews have taken place with residents and relatives confirming that these have been done.

Residents reported that the meals at the service were very good and that they were enjoyed.

The service employed an activities coordinator who worked with individuals and groups. A range of activities was available and a daily plan was available; but flexible to meet the needs of the resident and take account of the weather. On the day of the inspection the weather was very warm and the planned activity sessions were held outdoors. Appropriate clothing and protection was available and used. Activity records were recorded separately from the daily notes.

Care staff used equipment appropriately to assist the moving of residents. The privacy and dignity of the residents was maintained at all times. Staff were observed to knock on residents doors before entering. They also dealt sensitively for requests from residents to go to the toilet.

Good interaction was observed between care staff and the residents. Care staff supported the resident in looking after their dog.

Areas for improvement

Although the support plans contained very good personal and assessment information about the resident it was found that the care plans lacked detailed information which would explain the support that was to be provided. Some elements of this was due to the use of standardised care plans. These identified processes but did not always provide enough detail and if a part was not applicable they were still included.

The following issues were found from the five support plans that were viewed:

- * care plans did not always include dates when they were developed or a review date
- * a wound treatment plan was included but no detail - was a plan required?
- * a pain plan, no pain assessment and only referred to PRN medication but no detail of alternatives such a position change
- * plan stated weekly BP recordings, records only showed monthly at best
- * assessment stated quietly spoken, - communication plan stated "poor communication when making eye contact, listen carefully" - "ask resident to repeat" may be more appropriate
- * diabetic plan stated medication detailed as below - no medication recorded
- * weekly BM levels to be recorded - chart viewed but not weekly
- * daily notes showed that the resident used a urine bottle when in bed, but this was not recorded in the care plan
- * confusion plan - gave detail about the confusion but did not provide staff with any detail on how to avoid any triggers to the behaviour nor any distraction or diversion techniques to be used
- * pain plans did not always provide detail about the type and position of pain. More detail of PRN protocols should be added
- * use of laxatives or stool softeners were recorded as PRN but no detail of the frequency of use.

It is required that the service reviews the support plans to ensure that the care plan elements are recorded accurately and additional detail is added to provide more clarity about the support to be provided.

(See Requirement 1)

It was also noted that the reviews had been held regularly but the notes were very brief. There was also very few reviews which involved the local authority care management. It was suggested that more detail is recorded as part of the review process, (possibly following the council's review format) and that the service should contact the care managers about reviews to ensure that they are included.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service provider must ensure that the care plans are accurate and reflect the actual support that is provided to the residents.

In order to achieve this, the service provider must ensure that:

- a) care plans should record when the plan was developed and the frequency of reviews;
- b) where elements of standardised care plans do not apply, these should be deleted;
- c) where recordings are required these should be completed as planned;
- d) more detail is recorded for the use of PRN medication.

This is to comply with SSI 2011/210 Regulation 5(2)(b) - Personal Plans

Timescale: within six months as part of the review process

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

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

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

At this inspection, we found the service to be performing at a good standard for this service. During this assessment we observed care practices related to the safety of the service, spoke with staff and reviewed documentation regarding safety issues.

The care home was clean and free from odours. The home was well maintained and retained the recently refurbished appearance. New laundry facilities appeared an improvement from previously.

On observation of staff they were viewed to use equipment appropriately to maintain the safety of the residents and themselves. Staff members reported issues to the handyman or recorded this information in the maintenance book.

Records showed that there had been regular maintenance and servicing of the hoists, lifts and the central heating system.

The checking of the hot water outlets was discussed with the handyman. He reported that these were done randomly throughout the care home. He reports that the water was within the acceptable guidelines. He also advised that the water systems had recently been checked. The tank has to be drained and disinfected. He was also aware that showerheads will need to be disinfected on a three monthly basis also.

The service was in the process of having an external consultant carry out a Health and Safety review of the service.

Recent visits to the service had been made by the Grampian Fire and Rescue Service. The replacement of a smoke detector in the smoking room and better recording of emergency lighting records were reported by the manager as having been done.

Portable Appliance Testing (PAT) was carried out by the handyman.

Areas for improvement

During the visit it was found that no current risk assessments were available for the premises. The manager reported that a Health and Safety audit was due to take place by an external consultant and that a risk assessment document would be included at that time. It was however identified that a risk assessment document should be available which was amended following any change to the building or service. (See Requirement 1)

Health and Safety Policies were available at the service which had been personalised for the service. However these were not dated and it was uncertain as to when these had been developed. A number of old health and safety folders were also present which could cause confusion when staff are looking for guidance. It is recommended that these documents are reviewed, current documents are identified and dated when developed. (See Recommendation 1)

As the handyman reported, the implementation of Preventing Legionella was being addressed. It was however recommended that the service should develop a recording system to ensure that all necessary checks are recorded as advised. (Recommendation 2)

It was also noted that at the last Environmental Health Officers visit a number of issues were reported as requiring attention. As the service had not requested a return visit to reinstate their certificate it appears that work was still outstanding. From discussion with the manager and the cook there was still work to be done with the extractor fan and the installation of a fly screen for the skylight. It is recommended that this work is implemented soon. (See Recommendation 3)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 3

Requirements

1. The service provider must ensure that a comprehensive written Health and Safety policy is in place and that written risk assessments are carried out throughout the premises.

This is to comply with:

SSI 2011/210 Regulation 4(1)(a) Welfare of Users

Timescale: One month from receipt of this report.

Recommendations

1. It is recommended that the manager reviews the health and safety documentation to ensure that only the current applicable documents were available and that these were dated as being current documents.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment

2. It is recommended that an appropriate recording system is developed to maintain records in relation to legionella testing.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment

3. It is recommended that actions identified at the previous Environmental Health Officers visit are implemented to ensure health and safety issues at the premises.

National Care Standards, Care Homes for Older People, Standard 4, 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

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

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

At this inspection, we found the service to be performing at a good standard for this statement. We looked at staff recruitment files and training records for the previous year and plans for the current year.

Safe recruitment practices were being met at the service. Appropriate references and PVG checks were being made.

Training records were viewed for 2012 which showed that many staff had attended SVQ, Fire, Caring for Smiles, gastronomy, Moving & Handling, Dementia Framework, Continence and Catheter training, falls and Prevention of Infection. Many of these training events were DVD based.

Care staff confirmed that Fire, Moving and Handling and Caring for Smiles has been the training that they receive regularly.

The majority of staff had completed or were in the process of completing their SVQ qualifications in care.

Areas for improvement

It was noted that only one staff member had attended an Adult Protection training event and that was some years ago. It is required that all staff receive Adult Support and Protection Training and that the manager should also attend Level 2 training in this subject to enable them to investigate Adult Protection issues at their service. (See Requirement 1)

The manager confirmed that training had mainly been provided on DVDs but would prefer more group training, but this had been difficult to arrange. It was however identified that the service should identify the mandatory training required by all staff members and the frequency of refresher courses. This would assist in the development of a training plan for the service. (See Requirement 2)

No details of a formal induction plan were available for use with new staff members at all levels. It is recommended that these are developed to demonstrate that staff members have been able to demonstrate competency in all aspects in the care that they are providing. (See Recommendation 1)

On discussion with care staff they appeared unaware of the need for them to register with the Scottish Social Services Council (SSSC). Current guidance states that they should submit their application to the SSSC by the end of September 14. The staff at the service should be kept informed about these arrangements.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The service provider must ensure that all staff members receive training in relation to Adult Support and Protection, with the Manager receiving additional training to enable them to investigate any allegations on this issue.

This is to comply with:

SSI 2011/210 Regulation 15(a) Staffing

Timescale: One month from receipt of this report to arrange a programme of training; three months for completion of training.

2. The service provider must ensure that staff members are appropriately trained and competent to meet the needs of the service users.

In order to achieve this, the service provider must;

- a) Develop a training plan for the service
- b) Identify mandatory training for all staff members
- c) State the frequency of refresher training taking account of statutory requirements

This is to comply with:

SSI 2011/210 Regulation 15(a),(b)(i)(ii) Staffing

Timescale: One month from receipt of this report

Recommendations

1. It is recommended that the service develops an induction programme for all staff groups which would demonstrate that staff members have achieved an acceptable level of competency to enable them to carry out their duties appropriately:

**National Care Standards, Care Homes for Older People, Standard 5,
Management and Staffing Arrangements**

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

This Quality Statement has been reported as part of Quality Theme 1, Quality Statement 1.

Areas for improvement

Any Recommendations or Requirements have been reported as part of Quality Theme 1, Quality Statement 1.

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

At this inspection, we found that the service performed at a good standard for this statement.

We found that a monthly dependency scale was being used and recorded in each residents file. This was based on 20 areas being checked.

Regular reviews of the medication system had commenced by the Community Pharmacist.

An annual audit of Health and Safety was due to be done by an external consultant.

The service had all their equipment serviced appropriately. The servicing company contacted the service prior to the due date to advise them when they would be visiting.

Areas for improvement

On the first day of the visit to the service the manager was unavailable as she had to cover the previous night shift. The manager reported that due to staffing issues she had been covering more shifts and that the nurses were not receiving their allocated administration hours. Although these issues may be alleviated by the recruitment of more nursing staff it is important that the manager complies with the staffing schedule which states that 80% of the week must be supernumerary.

The policy & procedures form appeared to have been reviewed with a disclaimer being added at the beginning of the folder to say that all policies had been reviewed in January 2013. However it soon became evident that this was not accurate as the Principles, Aims and Objective document related to 22 residents, prior to the building of the extension. Other minor discrepancies were also noted. Whilst this may have been a mistake it is important that these issues are addressed. It would be better if policies could be reviewed as part of a quality assurance plan which would include this and other regular issued such as financial audit, medication audit, care planning audit, health & Safety audit and all other checks including those already identified in Quality Theme 2 Statement 2. Therefore it is recommended that a Quality Assurance Plan is developed for the service. (See Recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service develop a system which would identify the programme of audit throughout the year for the service. This would identify any issue and enable timely actions to be made.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
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	4 - Good

6 Inspection and grading history

Date	Type	Gradings
19 Jun 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
25 Nov 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
3 Jun 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed

Inspection report continued

21 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
23 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 5 - Very Good
4 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
14 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak

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 iarrtas.

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।

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com