

# Banff Care Home Care Home Service

Colleonard Road  
Banff  
AB45 1DZ

Telephone: 01261 815 550

**Type of inspection:**  
Unannounced

**Completed on:**  
4 October 2024

**Service provided by:**  
Banff Care Limited

**Service provider number:**  
SP2004006637

**Service no:**  
CS2003014166

## About the service

Banff Care Home is registered to provide a care service to a maximum of 56 people; and 10 of those places can be provided to adults with a learning disability. At the time of the inspection there were 43 people living in the home.

The care home is a large purpose-built property on two floors, with gardens to the side and rear. There are shared lounge and dining facilities on both floors. The home is located on the edge of the coastal town of Banff.

## About the inspection

This was an unannounced follow up inspection which took place on 2 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made during the previous inspection on 15 and 16 June 2024 and evaluated how the service had addressed these to improve outcomes for people.

During this follow-up inspection, we increased the evaluation for quality indicators as follows:

We increased 1.1, 1.3, 2.2, 3.3 and 5.1 to 'Adequate' because the service had made meaningful progress to improve outcomes for people.

We increased 4.1 to 'Weak' because the level of risk had reduced. Whilst significant improvements are still required, it was no longer 'Unsatisfactory'.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and two of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Improvement was evident in most of the areas identified during the previous inspection. As a result, people's needs were being met more effectively.
- Planned work, to make the roof watertight, had begun with temporary repairs being made to the internal areas of the home.
- People were treated kindly and had good relationships with staff, resulting in dignified and respectful care.
- Care plans had improved; however, further improvement was required to ensure changes to people's plan of care were communicated to all staff.
- Support for people who required additional calories had improved. However, staff did not always follow professional guidance to support people to eat safely.
- There were signs of improvement with the quality and assurance audits.
- Staff deployment had improved; however, further improvement was required to ensure staff are trained and competent.
- Activities in the home had improved, resulting in people living more meaningful lives.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

People were treated with dignity and respect. People living with dementia experienced improved care and support. People were supported with nutrition and had improved access to snacks and drinks.

See Requirement 1, 3 and 4 under section 'What the service has done to meet requirements made at or since the last inspection'.

See Area for improvement 1 and 2 under section 'What the service has done to meet areas for improvement made at or since the last inspection'.

Staff did not always follow the correct plan of care to support one person to eat safely. One person's care plan stated that they must be observed when eating, to ensure they did not choke. We found the person eating alone. We were concerned that this had also occurred during our previous inspection in June 2024. **(See Requirement 1)**

### Requirements

1. By 20 January 2025, the provider must ensure that people are supported to eat and drink safely.

To do this the provider must, at a minimum:

- a) Ensure people are supported to eat and drink as per professional guidance in their care plans.
- b) Ensure professional guidance, in relation to eating and drinking, is available at the point of food service.
- c) Ensure staff are aware of and follow professional guidance in the care plan.
- d) Ensure sufficient staff are made available to allow people who require support and/or observation to eat safely.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I can choose suitably presented and healthy snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

**How good is our leadership?****3 - Adequate**

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

Leaders were more visible and ensured that unplanned events were investigated and appropriate action taken to improve care when required. Improvements had been made to quality and assurance tools and audits. New audits had been developed, for example, bed rail audits. The provider should continue to embed the new audits and ensure that these result in improved safety for people.

See Requirement 2, 5 and 6 under section 'What the service has done to meet requirements made at or since the last inspection'.

**How good is our staff team?****3 - Adequate**

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

Staff numbers on duty were sufficient to meet people's needs. We observed a calm environment where staff did not appear rushed. The service had made some progress in training staff; however, further improvement is required to ensure that all staff are suitably trained. This should result in people experiencing care delivered by a competent work force.

See Requirement 7 under section 'What the service has done to meet requirements made at or since the last inspection'.

See Area for improvement 3 under section 'What the service has done to meet areas for improvement made at or since the last inspection'.

**How good is our setting?****2 - Weak**

We have regraded this key question from unsatisfactory to weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Work had commenced to make the roof watertight. This was progressing as detailed in the provider's programme of works. Leaders continued to carry out weekly environmental audits to identify areas of risk. The audit identified where temporary decorative repairs were needed. Although some rooms and communal areas remained damaged, we were reassured that many of the water-stained areas had been painted. People could be assured that the service was making efforts to maintain the environment until the roof work was complete.

Noise, caused by the roof work, was unavoidable. It was positive that the service followed its contingency plan for this when one resident became stressed due to the noise in their room. Staff supported the person to move to a quieter bedroom, until the work is complete. The provider was actively trying to lessen the impact on people, reducing stress where possible.

The environmental audit did not currently reflect all areas of disrepair such as, stained chairs and carpets. This was not dignified or respectful and people should not be expected to use dirty furniture. The provider should ensure that the environmental audit highlights all areas of environmental deficits and take corrective action. (See Requirement 5 under section 'What the service has done to meet requirements made at or since the last inspection'.)

See Requirement 8 under section 'What the service has done to meet requirements made at or since the last inspection'.

## How well is our care and support planned?

3 - Adequate

We regraded this key question from weak to adequate, in response to the improvements that had been made since the last inspection.

The service had begun to change the format of care plans. We found the updated plans provided more detail and were easier to read. This should result in staff providing more consistent care. Further improvements were needed to ensure that changes in the care plan were communicated effectively to all staff.

See Area for improvement 4 under section 'What the service has done to meet areas for improvement made at or since the last inspection'.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 12 February 2024, the provider must ensure that people are given the opportunity and are supported to lead meaningful and fulfilling lives.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This requirement was made on 6 November 2023.**

#### Action taken on previous requirement

Recruitment had taken place to increase the number of activities co-ordinators. As a result, there were more activities available throughout the whole week. This included, exercising, afternoon tea and men's shed. This meant people were getting the benefit of meaningful activities. The outside space was well kept and inviting. Leaders should ensure that staff are aware that people can still access outdoor spaces when it is safe to do so while the roof is being repaired.

People's preferences for activities were documented and regularly reviewed. This included feedback from people. For example, one resident wished to have the 'farmer weekly' magazine. We could not see, however, that this particular request had been actioned. To improve the activity review, the service should document any actions taken on feedback from people and the outcome.

**Met - outwith timescales**

#### Requirement 2

By 12 February 2024, improvements must be made to the leadership and direction of staff to ensure that any deficits in care and poor outcomes are identified and corrective measures can then be taken.

This is in order to comply with regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 6 November 2023.

## Action taken on previous requirement

Leaders were visible throughout the home and we saw staff working well together. Senior care staff monitored people's day to day experiences, for example, call mats were appropriately placed, reducing the risk of falls. Bed rail assessment and positioning were appropriate and well documented. Improvements had been made to the frequency of welfare checks. People were supported to change their position more often which meant people were more comfortable and more likely to maintain healthy skin. People benefitted from an additional weekly manager review ensuring positive outcomes for people.

## Met - outwith timescales

### Requirement 3

By 30 September 2024, the provider must ensure that people are treated with compassion, dignity and respect.

In order to do this, the provider must at a minimum:

- a) Ensure people get the care and support when they want and need it.
- b) Ensure staff take the necessary actions when there are malodours that impact on the comfort and dignity of people.
- c) Ensure improved engagement with everyone living in the service, in particular in shared areas and those people who spend time in their bedrooms.
- d) Improve staff knowledge in their role and responsibility in treating people with dignity and respect.
- e) Ensure leaders have improved oversight of the quality of people's experiences and to take supportive corrective measures to improve outcomes.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9).



This requirement was made on 23 August 2024.

#### Action taken on previous requirement

People were treated with kindness. People and staff shared warm interactions. Staff took time to stop and chat to people, allowing for everyday interactions to improve people's day. One family member told us they were, "very happy" with the care provided. Staff were patient and took time to support people who preferred to stay in their room. One person was supported by a member of staff who read a book to them in the comfort of the person's room. People benefitted from improved interactions with staff, resulting in more compassionate care.

People could access their buzzer control with ease. Staff responded quickly when people called for help. One person told us that response times to buzzers had, "started getting better". Staff took time to support people with their needs. People did not have to wait to get the care and support they needed, resulting in more dignified care and support.

Improvements had been made to the management of malodours. Staff took corrective action when there were transient odours in the service. People benefitted from staff who considered the impact that malodour can have on their comfort, resulting in a more pleasant living environment.

Leaders were visible and worked alongside care staff to ensure people were supported well. Nurses prompted care staff to ensure people had the correct equipment to support them to remain comfortable when seated. People experienced the care described in their care plan, supporting their comfort and wellbeing.

#### Met - within timescales

#### Requirement 4

By 30 September 2024, the provider must ensure service users who are living with dementia receive safe and enabling care that promotes their health, independence and wellbeing.

In order to do this, the provider must at a minimum:

- a) Ensure relevant care plans and assessments are person centred and used to inform staff on how best to support service users who are living with dementia.
- b) Ensure any known triggers that contribute to stress and distress are documented and known by staff.
- c) Ensure staff have the knowledge and skills to support service users who experience stress and distress.
- d) Ensure service users are supported to remain healthy and well by ensuring that they are supported with their wellbeing needs, including social needs.
- e) Ensure there is oversight and ongoing assessment of staff competencies to enable them to support service users to live well with dementia.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 23 August 2024.**

### Action taken on previous requirement

Support plans were detailed, enabling staff to support individuals with stress and distress. This included, information about behaviours and strategies that could reduce the likelihood of people experiencing increased anxiety. We observed staff engaging with people in a calm and respectful way, which supported people to remain relaxed.

Training had been arranged for stress and distress which some staff had attended and more training was planned. Whilst we were confident from our observations, that the staff on duty knew how to support people with dementia, the provider should ensure that all staff are competent to support people live well with dementia. (See Requirement 7 under section 'What the service has done to meet requirements made at or since the last inspection')

### Met - within timescales

## Requirement 5

By 30 September 2024, the provider must ensure that people benefit from effective quality assurance processes.

To do this the provider must, at a minimum:

- a) Review current quality assurance processes and tools, to ensure they meet the needs of the service. This should include but is not limited to, environmental audits and effective maintenance of the building and equipment.
- b) Ensure audits are completed by sufficiently trained individuals.
- c) Review audit frequency, to ensure they meet the needs of the service.
- d) Ensure quality assurance processes seek feedback from and are used, to improve people's experiences and outcomes.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 August 2024.**

**Action taken on previous requirement**

Improvements had been made to the quality of some audits. Care staff continued to complete mattress audits. We sampled the condition of beds and found that the audits were accurate and people's mattresses were in good condition. People benefitted from staff checks on their beds, ensuring they were clean and comfortable.

Quality assurance processes had begun to seek feedback from people and their families, resulting in improvements within the service. For example, an activity audit had been completed, seeking feedback from people, to shape future activity plans. Family members were invited to give feedback at a recent family meeting. This resulted in changes to staff breaktimes, to improve staff availability at busy times. The provider should continue to seek feedback, through quality assurance, to further enhance people's experiences.

Quality assurance processes and tools had been reviewed and were delegated to suitably qualified and skilled individuals. A new audit tool for maintenance of bedframes and bed rails was recently developed for use by the maintenance team. However, this audit had not yet been completed. Clinical lead nurses were responsible for completing a new medication audit; however, this had only been used once in one area of the home. The provider should ensure that audits are done regularly, as per their own audit schedule. We will review this at future inspections.

**This requirement has not been met and we have agreed an extension until 20 January 2025.**

**Not met****Requirement 6**

By 30 September 2024, the provider must ensure that people benefit from a culture of improvement and reflection.

To do this the provider must at a minimum, ensure that:

- a) All unplanned events, such as accidents, incidents and medication errors, are fully investigated by the leadership team.
- b) Relevant notifications are made when accidents, incidents and medication errors occur.
- c) Learning is shared with the staff team in a timely manner, to ensure staff implement learning from these events.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 August 2024.**

## Action taken on previous requirement

Improvements had been made, with leaders investigating unplanned events. Managers completed a detailed investigation following an unplanned medication event, which resulted in improvements being made to the medication ordering procedure. This procedure was communicated to all relevant staff. The provider made appropriate statutory notifications, for example to the Care Inspectorate, when required. People benefitted from a culture of learning.

## Met - within timescales

### Requirement 7

By 30 September 2024, the provider must ensure that people are cared for by staff that are suitably trained for their role. To do this the provide must review the training needs of all staff roles, enable staff to complete the necessary training and assess staff competency regularly.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This requirement was made on 23 August 2024.**

## Action taken on previous requirement

Some improvements had been made, with more staff completing training. This included, relevant training in dysphagia, dementia and adult protection. The provider had also arranged additional training for 'stress and distress' and 'skin and wound care' with several staff attending. One staff member told us, "The stress and distress training has really made me stop and think about why behaviours occur". However, there were still significant numbers of staff who required training. The provider should continue to work towards improving staff training attendance. This should result in people experiencing care delivered by a competent work force. We will review this at future inspections.

The provider had reviewed the training needs of each staff role; however, further improvement was needed. For example, at the time of inspection it appeared that there was no expectation for staff to complete continence training or palliative care training. Whilst we acknowledged that the provider was currently focussing on mandatory training, the provider should develop a clear action plan to ensure that staff complete both mandatory training and role specific training. This should result in a well-trained staff team who can provide people with improved care and support.

The provider had reviewed documents that support leaders to carry out competency assessments with staff. Assessments had a clear focus on dignity and respect and ensuring that people's welfare was observed during the assessment. Although it was positive that these had begun, further improvement was required to observe more staff, to assess their knowledge and practical skills. The provider should continue to develop competency assessments to include observation of staff competence in dementia care. This should result in people being supported by a competent staff team. We will review this at future inspections.

**This requirement has not been met and we have agreed an extension until 20 January 2025.**

## Not met

**Requirement 8**

By 20 January 2025, the provide must ensure that people live in a safe and well-maintained property.

To do this the provider must, at a minimum:

- a) Ensure the roof is safe and watertight.
- b) Ensure people remain safe and actions are taken to minimise disruption throughout the planned works.
- c) Notify all relevant stakeholders of any anticipated delays to the works being completed on schedule.
- d) Ensure that work is completed internally, to repair any new and historic damage to electrical and fire systems, people's rooms and communal areas within the service.

This is in order to comply with: Regulation 4(1)(a) (Welfare of users) and Regulation 10(2) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

**This requirement was made on 1 October 2024.**

**Action taken on previous requirement**

This requirement was not assessed at this inspection and will be evaluated on or after 20 January 2025.

**Not assessed at this inspection**

## What the service has done to meet any areas for improvement we made at or since the last inspection

**Areas for improvement****Previous area for improvement 1**

Improvements should be made to ensure that people received the diet that was right for them.

In order to do this the provider should:

- a) Ensure that information on people's prescribed altered textured diets, is known by staff and that staff support people to eat meals and snacks that are the right texture.
- b) Improve the fortifying of meals at the point of service.
- c) Improved provision of high calorie snacks and drinks to people who have lost weight or who are at risk of losing weight.

d) Improve the availability of snacks in the home to enable people to help themselves to snacks when they want.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I can choose suitably presented and healthy snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

**This area for improvement was made on 23 August 2024.**

### Action taken since then

Staff were knowledgeable about people's needs around eating and drinking. Supplements for fortification and thickening were available in dining rooms. Snacks were freely available for people to help themselves, including high calorific snacks. A snack trolley was also available which had various snacks suitable for everyone. This meant people were receiving a diet which met their needs.

Overall, there was clear information on people's diets, for example, allergies and assessments for textured diets. This information was in folders in dining rooms. However, this was not available for all people. The service should ensure all people's information, including assessment and guidance, is available and easily accessed by staff.

One individual who was at risk of choking was seen eating unobserved which was contrary to their support plan. The service must ensure people's assessed needs are always followed. (See Requirement 1 under section 'How well do we support people's wellbeing?')

**This area for improvement is no longer in place and has been incorporated into a new Requirement under section 'How well do we support people's wellbeing?'.**

### Previous area for improvement 2

Improvements are needed to ensure that effective protocols, used to inform individuals' medication management, are in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 23 August 2024.**

#### Action taken since then

There was improvement in the recording of as and when required medication and its effectiveness. We saw covert pathways with details showing how the medication was disguised. One individual care plan identified as and when medication could be disguised; however, there was no plan in place. When raised with management, they took the right action immediately. Therefore, people were benefitting from receiving medication in a way which supported their needs.

**This area for improvement has been met.**

#### Previous area for improvement 3

To ensure that people have sufficient staff to meet their needs the provider should ensure it uses their chosen staffing tool and/or method to inform decisions around staffing, based on the current needs of individual people and the skill mix of the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 23 August 2024.**

#### Action taken since then

Staffing was sufficient to meet people's needs. Staff did not appear rushed and people did not have to wait for the care they needed. The provider regularly updated their staffing tool to ensure this gave up-to-date information to inform staffing numbers. We sampled individual people's staffing assessment, which reflected their current level of need. Leaders considered staff numbers and skill mix when allocating staff in the home, to meet the needs of different areas of the home. For example, more staff were placed on the ground floor to ensure people's needs were met during a period of short-term absence. People benefitted from staff numbers that met their needs.

**This area for improvement has been met.**

#### Previous area for improvement 4

To ensure people benefit from care that meets their current needs, the service should ensure that when people's health needs change, care plans are updated and that these changes are communicated with staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 23 August 2024.**

## Action taken since then

The provider has recently reviewed the format of care plans. Updated care plans in the new format, were detailed and easier to understand. This should result in staff delivering more consistent care. We acknowledged that many care plans have yet to be transferred to the new format. The provider has a plan in place to continue reviewing all care plans. This should ensure there is up to date information available and reflective of people's needs.

Care plans were reviewed following unplanned events, for example, when one person's dietary needs changed. Most staff were aware of the change in the person's care. There had been a failure in communication, which meant one member of care staff was not aware of the updated plan of care. The provider should continue to develop communication methods, to ensure staff are aware of changes in people's care.

**This area for improvement has not been met and will be reinstated.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

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

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।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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