

# Chapter One Childcare Kirk Brae Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
31 October 2024

**Service provided by:**  
Chapter One Childcare (UK) Limited

**Service provider number:**  
SP2021000080

**Service no:**  
CS2021000134

## About the service

Chapter One Childcare Kirk Brae is a daycare of children's service situated in a residential area of Liberton, close to local transport links, shops and community services.

The service is registered to provide a care service to 36 children not yet attending primary school at any one time - of those 36 children no more than 15 are aged under 2 years.

## About the inspection

This was an unannounced inspection which took place on Monday 21 October 2024 between 09:15 and 17:00 and continued on Tuesday 22 October between 13:30 and 16:45. The inspection was carried out by two inspectors from the Care Inspectorate.

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

To inform our evaluation we:

- spoke with several children using the service
- considered feedback from five families through an online form
- spoke with staff and management
- observed practice and daily life including staff interactions with children
- reviewed documents to the care of children and the management of the service.

## Key messages

- Children experienced warm and caring interactions from staff which helped them feel nurtured and valued.
- Improvements had been made to children's mealtimes in the 3 - 5 years playroom. These should be reflected and mirrored for younger children.
- Children were not sufficiently challenged in their play, limiting their learning opportunities.
- The service had made sizeable improvements within the service. These included, children's toilets and nappy changing facilities, staff toilet and office facilities.
- There were a number of areas for improvement from the previous inspection which need to be addressed to support more positive outcomes for children.

## 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 good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

## 3 - Adequate

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

### Quality Indicator 1.1 - Nurturing care and support

Children benefited from nurturing interactions from staff. Some warm and responsive relationships had been formed which enabled children to feel safe and secure. Children were provided with reassurance, comfort and support when needed. Staff were responsive and engaged with children.

Improvements had been made to children's mealtime experience for those aged 3 to 5. Lunch time was a sociable experience, unhurried and relaxed. Children were given responsibility, and their independence was encouraged as they self-served and poured their own drinks. Staff supported children and engaged in conversations. However, this was not the same experience for younger children. They had no opportunities to develop life skills or to build their confidence, for example, to self-serve. Some capable children were provided with plastic scoop bibs and closed cups. Moving forward, the setting should continue to review and improve the lunch time experience so that the younger children are provided with a calm and social experience. The approach should be more child led and support children's current stage of development and progression. For example, providing children with appropriate utensils, cups, and a choice to wear bibs.

Sleep routines were responsive to children's needs and staff knew children's routines and preferences. This helped children rest and recharge which supported their wellbeing and overall development.

Personal plans were in place for all children and included information on how the child's needs would be met. We found that strategies of support for some children were not included in their plan. For example, approaches to support a child's social interactions were not detailed. This meant strategies identified to support peer interactions were not being used effectively. The service should ensure that any strategies identified to support individual children are followed and recorded. This would allow them to be monitored, evaluated, and support consistent practice. Children's plans need to be streamlined to ensure the information kept on the online family app, matches the information held within all key documents that make up a child's personal plan (**see area for improvement 1**).

Systems for recording medication were in place, including parental permissions, storage information and records of administration. We found some staff were unfamiliar and unable to talk confidentially about medication provided for the children they cared for. We asked the service to review how they support staff to understand their role in administering medication, and to look at training for staff, regarding children's medications to enhance staff knowledge and confidence in this area. This would promote a consistent understanding of children's medical needs and ensure their safety, health and wellbeing (**see area for improvement 2**).

### Quality Indicator 1.3 - Play and learning

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Low level storage allowed children easy access to baskets of well organised resources. This supported children to follow their own ideas. Children had some opportunities to problem solve and learn about cause and effect through loose parts play and exploring the busy sensory wall. This was introducing children to early mathematical and scientific concepts, such as fast, slow and experimenting with gravity.

At the previous inspection, we made an area for improvement requesting children in all playrooms should be provided with a good range of age-appropriate play opportunities, experiences and activities. These should encourage their interests and support their overall development through play. Staff had reflected and considered the space for younger children, they had developed a baby/toddler environment, with two separate play areas. Some work had been done to progress free flow within the three to five years playroom. Families told us, "Recently I haven't been overwhelmed with the opportunities my child has been offered. I feel the room can look quite bare at pick up times" and "Staff should develop effective partnerships with parents in order to enhance the learning and development of the children with whom they work". We found playrooms were being closed off to support daily routines which limited children's play opportunities and experience failing to promote predictability within the space. The service agreed to move forward and strengthen this area of practice, by allowing children to free flow between rooms.

Staff confirmed a new planning process had recently been introduced and they were getting used to the new system. Planning was heavily influenced by long term plans. For example, focussed on intentional learning than responding to children's interest and developing their skills. Moving forward, the service should continue to develop planning approaches that are child-centred and responsive to children's interests and life experiences. Floorbooks were used to capture children's learning experiences in the setting and at home. These should be strengthened as part of the planning cycle.

Staff had introduced magic moments; to capture children's interests and learning moments, these were shared with families. The detail and quality of children's observations and next step highlight gaps in staff knowledge and understanding of how children play and learn. Moving forward, the service should take time to revisit child development and to understand how children play and learn. This would support staff to develop their observation and responsive planning skills, and allow them to better support children's play, learning and progression (**see area for improvement 3**).

Staff were down at children's height, interacting with children during their play. We observed some child staff interactions showed a lack of understanding of children's stage of development and failed to reflect children's interests which stopped children from following their own ideas or natural curiosity. The service should provide opportunities for staff to revisit child development to support their understanding how children play and learn (**refer to area for improvement 3**).

## Areas for improvement

1. To support children's wellbeing and ensure they are supported to achieve their potential, the provider should ensure children's personal plans include individual strategies of support where required. These should be regularly reviewed and updated.

Furthermore, children's plans should be streamlined to ensure the information kept on the online family app, matches the information held within all key documents that make up a child's personal plan.

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).

2. To ensure children's health care needs are managed effectively to promote their safety and wellbeing, the provider should ensure all staff are aware of their duty of care and understand the procedures in place to manage children's medication and health care needs. Staff should have the information and skills to keep children safe.

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

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

3. To support better outcomes for children, the service should take time for staff to revisit child development and to understand how children play and learn. This will support staff interactions with children, develop their observation and planning skills, and allow them to better support children's play, learning and progression.

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

'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).

## How good is our setting?

## 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

### Quality Indicator 2.2 - Children experience high quality facilities

Children and their families were welcomed into a bright and attractive hallway. Throughout the setting there was good ventilation and natural light. This contributed to the positive atmosphere that had been created.

We acknowledged the improvements made within the environment to support good outcomes for children and staff. These included improvements to nappy changing areas and children's toilet facilities to meet current standards. The sleep area and sensory area were combined, well presented, comfortable and provided a cosy space for children. The office had moved to a central space, with no through traffic, this provided a private space for staff, management, and families to meet.

Play spaces indoors were relatively well resourced and inviting. Natural furnishings, bunting and fairy lights created a calm, welcoming atmosphere. Low level windows supported children to view the world outside and promoted opportunities for conversation. Soft furnishings promoted comfortable spaces for children to rest and relax if needed.

At times free flow of the playrooms were restricted for children within the 3-5 years playroom. There were some confident children who needed more challenge and this limited their choice and experiences. The 0-3 play spaces had been merged together, to allow for two separate playrooms. However play spaces were not always open for children to explore and this restricted their ownership of experiences, choice and independence. Staff should maximise the play spaces available so children can explore and are supported to learn through a variety play experiences **(see area for improvement 1)**.

Resources were organised in a manner which allowed easy access for the children. Wall mounted resources such as, busy boards and mirrors were at low level. Loose parts and open ended materials such as, chiffon scarves, boxes, bags, promoted a level of curiosity and imagination. Stacking resources, boxes and block play promoted children's early maths skills.

The outdoor space needed further development to promote a safe and secure space for children to explore. Management and staff were aware these areas needed improved. Children playing outdoors made the most of the natural environment however, the poorly resourced spaces limited their creativity and imagination. Areas for improvement included the bug hotel, mud kitchen and sand pit, as these were tired and overlooked. This did not send the message to children that they were important, and their play spaces mattered. Some items were damaged and required to be replaced, for example, damaged tables with cracked tops. To promote a safe, secure and rich play environment for the children the outdoor play spaces should be further development **(see area for improvement 2)**.

On the whole children in the 3 to 5 years playroom were supported to develop good hygiene habits. Children washed their hands at key points, and we saw some children being well supported in this area. Staff caring for children in the younger room, should support and encourage good hygiene practices with the children.

Daily checks of the outdoor area were carried out and were on display. However, maintenance and monitoring of the outdoor environment was not effective in making sure all areas were clean, hygienic, and well maintained to remove risks to children. Moving forward, the provider should further develop quality assurance systems to ensure that the service is monitored and assessed effectively **(refer to area for improvement 2 within 3.1)**

## Areas for improvement

1.

To ensure children are supported to learn through a variety play experiences, staff should maximise the spaces available to them. This will better support children to ownership of their experiences, make choices and to independently free flow between different play spaces.

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

'I can independently access the parts of the premises I use, and the environment has been designed to promote this' (HSCS 5.11).

2. To promote a safe, secure and rich play environment for the children the outdoor play spaces should be further development. This should include but not be limited to:

- ensuring the environment and resources are clean, well maintained and any damaged items are removed

- reviewing the resources available to ensure they are suitable for the developmental needs of the children.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27)

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How good is our leadership?

### 3 - Adequate

We evaluated this quality indicator as adequate as there were some strengths, which had a positive impact, however there were weaknesses with key areas of performance which required improvement.

#### Quality Indicator 3.1 - Quality assurance and improvement are led well

The service had faced staffing challenges, which had impacted on the continuity of care for children. These had resulted in a new manager being employed, along with most of the staff team. A new depute manager was due to start employment in the setting. The staff team had prioritised building relationships with children, families, and each other. We highlighted this would be a suitable time to review the service's vision, and values with children, families, and staff. This would support a shared vision, provide ownership, and reflect the aspirations of children, families, and staff.

The manager had planned to introduce team meetings and inhouse training for staff to support communication and to develop their knowledge. They had consulted the team on planning for these events. This showed staff were listened to and their input was valued by the manager. As a result, a positive ethos was being created in the service for all. The manager was spending time in the playrooms supporting staff and modelling good practice. Self-evaluation and monitoring of staff practice was at an early stage. For example, staff lacked knowledge and understanding of child development. Moving forward, the manager should progress with their plans to introduce further opportunities for the staff to be part of a variety of purposeful professional development, meaningful reflective conversations and ongoing self-evaluation. These should be used to support staff to bring about positive changes and improved outcomes for children **(see area for improvement 1)**.

An action plan identified specific areas for development in the service which we highlighted at the previous inspection. Although the service had worked to achieve some of the identified priorities, which had resulted in improvements to the environment, the overall desired actions were not always clear. Moving forward, the action plan should be further developed to clearly outline the services intentions, timeline, achievements, and any further expected action. This would contribute to improved outcomes for all.

An improvement plan highlighted key priority for improvement within the setting. These included, an effective planning cycle - and learning experiences and self-evaluation and monitoring of practice. Regular observations and reflection of progress within the plan would be beneficial to ensure continuous improvement. To support continuous improvements, the provider should ensure that the manager and new depute receive ongoing support in their new roles.



A quality assurance monitoring tool was recently introduced to assist the manager in monitoring the service. Monitoring was at an early stage and needed further development. There were gaps in areas covered by quality assurance systems. For example, the impact of monitoring outdoor daily checks, cleanliness of resources and maintenance of the garden areas to remove risk to children. Developing a quality assurance calendar would provide a valuable tool to support systematic monitoring and focus on improvements. The service needs to make sure systems for self-evaluation and monitoring are robust (**see area for improvement 2**).

The service had issued an online parent survey to families. This was due to matters raised directly to the service by specific parents, about the ongoing challenges and changes in staffing. We found the management team had not collated or responded by providing feedback to families for some time. We discussed the importance of conducting surveys and responding to feedback from families in a timely manner, to improve practice and enhance family engagement.

Families drop their children off at the door of the service and pick them up from the hallway. We received a mixed response from families regarding their connections with the staff team, with many commenting about the number of changes in the staff and lack of consistency in the service for their children. Families comments included, "Staff are very friendly and helpful with sending updates throughout the day via Family and give detailed handovers at pick up time" and "Only at drop off are you able to hear about your child's day" and "We get parents evening occasionally but it would be nice to come in and see the children play and learn more about their play." We have directed management to Care Inspectorate's practice note 'Me my family and my childcare setting (2024)'. This could support the service to move forward and develop this area of practice to strengthen connections and work collaboratively with families.

## Areas for improvement

1.

To enable all children to have opportunities to develop and learn at an appropriate pace, the provider should ensure that all staff enhance their understanding of how children develop and learn. This should include, but is not limited to, staff revisiting their knowledge, participating in meaningful reflective conversations, ongoing self-evaluation and further training and development on how young children play and learn.

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' (HSCS 3.14).

2. To ensure consistently positive outcomes for children, the provider should further develop suitable quality assurance systems to ensure that the quality of the service is monitored and assessed effectively.

This is to ensure 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.)

## How good is our staff team?

4 - Good

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality Indicator 4.3: Staff deployment

Staff relationships were positive, they were flexible, and they communicated well with one another throughout the day. As a result, they were able to support children's individual needs. For example, additional staff moved between spaces and the manager provided support for staff breaks. This promoted a positive culture and atmosphere where staff were confident to ask for support when required.

A new kitchen assistant, with years of experience had been employed in the service. The manager confirmed they were a valuable member of the team. We observed engaging interactions and warm approach with children. Staff confirmed the new addition to the team had provided them with great support. This had contributed to the smooth running of snacks and mealtimes and supported staff to spend their time engaging with the children.

The new staff team had begun to build positive connections with each other. Further time was needed to fully develop as a new team, address gaps in staff skills and knowledge and to develop a consistent approach with children. Moving forward, the service should consider the importance of staff having time to plan for children's needs and learning. This would support better outcomes for children.

Skilled and qualified staff had moved rooms they work in to support staff deployment. This approach to staffing within the service was outcome focused. Staff told us, they were supported by management and their colleagues in the wider team. The new manager was working with staff to create open, honest relationships and to promote their wellbeing. Positive daily posts were shared with staff in a manner which encouraged enthusiasm.

Throughout the inspection staff were open to feedback, receptive to quality improvement discussions and open about challenges that they had faced as a team. Management should share the whistleblowing and confidentiality policies with staff as they were unaware of these. This would support staff to feel confident in their practice and understand their roles and responsibilities as registered workers.

## 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

All children should receive caring support during the mealtime experience, which should be relaxed and unhurried. Staff should focus on the children and not be task oriented. In addition, children should be provided with proper utensils to eat their meals. This would support staff to feel confident in their practice and understand their roles and responsibilities as registered workers.

This area for improvement has not been met. To support the service to bring about these improvements, we have reworded this area for improvement. Please see 'Key Question 2: Children experience high quality facilities'

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

'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible (HSCS 1.35)

**This area for improvement was made on 1 September 2023.**

#### Action taken since then

Children in the 3 -5 years playroom experienced a well supported, relaxed, sociable unhurried lunch time. Children were provided with proper utensils to eat their meals. Moving forward the service should roll out the good practice and mirror the mealtime experience for the younger children.

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

#### Previous area for improvement 2

Children in all playrooms should be provided with a good range of age-appropriate activities, play opportunities and experiences, to encourage their interests and support their overall development through play.

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

'As a child, I can direct my own play and activities in the way that I choose and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

**This area for improvement was made on 1 September 2023.**

#### Action taken since then

Children had a range of age appropriate play activities, play opportunities and experiences to encourage their interests and support their overall development through play. We discussed with the service children who needed to be more challenged in their play. The service agreed to move forward and strengthen this area of practice.

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

#### Previous area for improvement 3

Planning focused more on intentional learning than responding to children's interest and developing their skills. To ensure outcomes for children improve through the development of an effective planning cycle, staff should be supported to develop the planning cycle and ensure it is responsive and meaningful. Parents should be fully involved and kept up to date with their child's play, learning and progression.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

**This area for improvement was made on 1 September 2023.**

### Action taken since then

New planning cycle in place, but this is in the early stages. Planning needs to be more responsive to focus on the individual interest of the children, rather than themed based planning. The service have agreed to reflect on and further develop the planning cycle. There is work to be done on developing the staff teams understanding of child development.

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

### Previous area for improvement 4

To ensure children are supported to learn through a variety play experiences, staff should maximise the spaces available to them and ensure these spaces are set up. This will better support children to make choices and to independently free flow between different play spaces."

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

'I can independently access the parts of the premises I use, and the environment has been designed to promote this' (HSCS 5.11).

**This area for improvement was made on 1 September 2023.**

### Action taken since then

The service had merged 0-3 space together however this needed more work to support children to make choices and to independently free flow between different play spaces. The 3 - 5 years play spaces were opened at specific times during the am and pm session therefore not continued free flow.

**This area for improvement has not been met.**

**To support the service to bring about these improvements, we have reworded this area for improvement. Please see 'Key Question 2: Children experience high quality facilities'**

### Previous area for improvement 5

To support children's wellbeing, the provider should ensure indoor and outdoor environments are safe because they are well looked after. This should include, but is not limited to:

Removing the equipment and resources being stored in the staff toilet.

Improving the garden spaces.

Implementing a system to support the regular cleaning of resource and equipment.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 1 September 2023.**

#### Action taken since then

All equipment had been removed from the staff toilet.

Management were implementing a system to support the regular cleaning of resource and equipment, however this was not effective.

Garden spaces still needed to be improved. This area for improvement was known to staff and is part of the nursery improvement plan.

**This area for improvement has not been met and remains in place.**

**Please see 'Key Question 2: Children experience high quality facilities'**

#### Previous area for improvement 6

Self-evaluation and monitoring of staff practice needs further developed to ensure systems and processes are robust. The meaningful process will help staff to feel more engaged, confident, and motivated to take ownership, learn new skills and initiate change.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 1 September 2023.**

#### Action taken since then

Management were developing and trying to implement quality assurance and monitoring systems however these are not yet robust. This will take time as the service had been focusing on the new staff and improvements within the environment.

**This area for improvement has not been met and remains in place.**

**Please see 'Key Question 3: Quality assurance and improvement are led well'**

#### Previous area for improvement 7

The provider should develop and implement an action plan to improve the quality of children's toilets, nappy changing and hand washing facilities. These improvements will need to meet the required standards. This will support good infection control and the health and wellbeing of children.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

**This area for improvement was made on 1 September 2023.**

## Action taken since then

Toilet and nappy changing areas had been improved.

Toilets downstairs had improved and were more child friendly and appropriate for young children. These areas supported good infection control and the health and wellbeing of children.

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

## Previous area for improvement 8

The provider must ensure the deployment of staff throughout the nursery supports good quality outcomes for children.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 1 September 2023.**

## Action taken since then

The majority of the time the deployment of staff throughout the nursery supported good quality outcomes for children.

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

## Previous area for improvement 9

The provider should ensure professional development for the staff team, is further developed through more frequent opportunities for reflection and practice discussions at team meetings, regular planning meetings, support and supervision sessions and through peer and management observations.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 1 September 2023.**

## Action taken since then

We acknowledged some of this has been started, however further time is needed to make sure professional development of staff is having a positive impact on outcomes for children.

**This area for improvement has not been met and remains in place.**

Please see 'Key Question 3: Quality assurance and improvement are led well

## 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 good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good



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