

# Prestwick After School Care Service Day Care of Children

Prestwick Community Centre  
Caerlaverock Road  
Prestwick  
KA9 2LD

Telephone: 07394 099 826

**Type of inspection:**  
Unannounced

**Completed on:**  
8 November 2024

**Service provided by:**  
Prestwick After School Care Service

**Service provider number:**  
SP2003001100

**Service no:**  
CS2003005125

## About the service

Prestwick After School Care is a day care of children's service which provide breakfast club provision from Glenburn Primary School and an after school care provision from Prestwick Community Centre. The service is registered to provide a care service to a maximum of 65 children aged 3 years to those attending primary school in Prestwick Community Centre, Caerlaverock Road, Prestwick, KA9 2LD. The service will operate Monday to Friday between the times of 2.30pm and 6.00pm during school term time and 8.00am and 6.00pm during school holidays in rooms 9,10,11 and 12.

They are also registered to provide a care service to a maximum of 30 children aged 4 years to those attending primary school in Prestwick North Educational Campus,11 Sherwood Road, Prestwick, KA9 1EY. The service will operate Monday to Friday between the times of 7.30am and 9am during school term time in the meeting room and atrium.

There are 125 children registered with the service. There were 38 children present on day one of the inspection of the after school care provision and 37 children present of day two. There were 25 children present during the inspection of the breakfast club provision.

## About the inspection

This was an unannounced inspection which took place on 6 November 2024 between 14:30 and 18:15, 7 November between 14:00 and 18:00 and 8 November between 07:45 and 09:00. 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with staff and management
- gained feedback from 22 parent/carers through Microsoft Form questionnaires
- gained feedback from two staff through Microsoft Form questionnaires
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were warm, kind and caring towards children.
- Children were actively involved in leading their play.
- The service should further develop children's personal plans to ensure they identify children's individual needs.
- To support children's health and wellbeing, the service should improve the snack time experience.
- To support children's wellbeing, the service must ensure that children have access to sufficient space to meet their care and they must always comply with the conditions set out on their certificate of registration.
- To keep children safe the service must ensure staff are recruited safely.
- To support positive outcomes for children, effective quality assurance systems should be developed and implemented.
- Staff deployment should be improved to enhance children's play experiences and help keep them safe.

## 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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 evaluated this key question as adequate, where strengths only just outweighed weaknesses

### Quality Indicator 1.1: Nurturing care and support

Staff were warm, kind and caring. They responded to children's needs using nurturing approaches, ensuring children felt emotionally safe and secure. Positive relationships between staff and children supported children's overall wellbeing. Staff took time to listen to children and provided opportunities for them to express themselves. For example, a child asked if they could introduce 'house points' at the afterschool care, as they do in school. Staff and children then discussed ways they could do this. As a result, children were happy and confident.

Staff did not always have access to sufficient information to support children's health, care and wellbeing. Enrolment forms were incomplete, and some personal plans did not identify individual needs and how these would be supported. As a result, staff were not fully aware of how to meet the individual needs of children in their care. The service should further develop children's personal plans to ensure they identify individual needs and how these will be supported. These should be reviewed at least every six months with parents to ensure they contain up to date, relevant information. This would ensure staff had the necessary information to support children's overall wellbeing. Following our last inspection, we made an area for improvement about this. This area for improvement has not been met and has been repeated (**see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Children were offered fruit for snack, and they had access to fresh drinking water. Some of the fruit had begun to spoil which created a risk to children's health and wellbeing. We observed children walking around as they ate, which increased the risk of choking. During snack time, staff were focussed on tasks and did not sit alongside children to supervise or promote a sociable experience. This meant that children did not experience a safe, relaxed, and sociable snack time. Following our last inspection, we made an area for improvement about this. This area for improvement has not been met and has been repeated (**see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Whilst children's medication was stored securely, emergency medication was not easily accessible. This had the potential to create a delay in treating children's medical needs, putting them at risk. Some records did not contain all the relevant information to support children's health needs. For example, some records did not identify signs and symptoms of when to administer medication. We asked the service to review their storage and administration of medication procedures. This would help keep children safe (**see area for improvement 1**).

The processes for safeguarding and protecting children from harm were not robust and required to be improved. Whilst some staff had received child protection training, they were unclear on the procedures to follow should a concern arise. Staff should undertake a level of safeguarding training relevant to their role, as this should improve their knowledge of current guidance and the necessary steps to take to keep children safe. Following the last inspection, we made an area for improvement about this. This has not been met and will be repeated (**see area for improvement 3 under 'What the service has done to meet any areas for**

improvement we made at or since the last inspection').

### Quality Indicator 1.3: Play and Learning

Children were meaningfully and actively involved in leading their play through planned and spontaneous experiences indoors. This supported children's independence and choice.

Children were engaged in play experiences, and they were confident to express their ideas and opinions. One child told us: "If there is something we want that is not there we can put it to the pupil council". Voting systems supported children to be meaningfully involved in some aspects of the service. This supported their self-confidence and helped children to feel that they mattered. To support play, staff consulted with children, and they had started to record children's ideas, interests and preferences in some areas of the learning environment. These were displayed for children to see when their individual ideas had been actioned. Staff had previously used floor books to evidence children's engagement in experiences. We discussed how this could be reintroduced and further developed to support a consistent approach to play and learning and further include children about decisions regarding play.

An established 'pupil council' supported children's voices to be heard. Annual elections were held which allowed children to vote for members, and the pupil council gave children the opportunity to voice their own opinions and represent their peers. Children were supported to hold regular, meaningful meetings to discuss and develop aspects of the service, and their views were valued and supported by staff. They were able to share their thoughts on several aspects of the service and help make decisions, including budgeting for toys and materials. This helped children to feel valued, respected and included in the service. Children told us: "We have meetings and look at getting things people want like fruit", "We are having an election soon and the children can vote to be on the people council".

Staff supported children to become familiar with the United Nations Convention on the Rights of the Child (UNCRC). Children worked together to review these and wrote out some of these rights which were displayed on the walls. This enabled children to become aware of their individual rights. We discussed with the service continuing to revisit these with children to ensure they are embedded in practice.

### Areas for improvement

1.

To support children's wellbeing and keep them safe the service should review their administration of medication policy and procedures to ensure they are following best practice guidance. This should include, but not limited to, written consent from parent permission to administer medication, ensuring medication is easily accessible for all staff and ensuring forms accurately reflect the medication prescription label.

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).

**How good is our setting?**

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

## Quality Indicator 2.2: children experience high quality facilities

Children had access to bright, spacious rooms with a range of resources. Some soft furnishings such as a rug and cushions were in place to support a comfortable environment for children. The service was developing this. They told us they have been in contact with 'Recycle Saturday', a member of the community who encouraged the recycling of materials and furniture that would typically go to landfill, to obtain further resources. This would support suitable rest areas for children.

Some approaches kept children safe while attending the service. For example, the staff kept daily registers of children, and there was a secure entry to the rooms. Glass door panels enabled staff to see who was at the door before opening. However, risk assessments had not been updated to reflect current risks, and on some occasions, staff did not support children in staying safe through their interactions. For example, not all children wore helmets while playing outdoors on scooters, and the lighting outdoors was poor, which put children at risk from falling. Some children were also engaged in gymnastics indoors without sufficient staff supervision or support. The service should review the risks for children and update their risk assessments to reflect this. This would help keep children safe **(see area for improvement 1)**.

Children were kept safe through some infection prevention control procedures. For example, most resources were safe and clean for children to access. Children were encouraged to wash their hands at key times such as after arriving from school and before eating. However, some outdoor sand and water trays were dirty and required cleaning before use. Tables were used for multi-purpose activities, and these were not always cleaned in between activities, and staff did not routinely wash their hands at appropriate times. We asked that the service to review this and make improvements. This would support a safe environment for children and help reduce the spread of infection.

Children's personal information was stored safely. However important information such as children's emergency contacts was not easily accessible to staff in the event of an emergency. This created a potential risk to children's wellbeing. We asked that the service ensure this information is accessible which would enable staff to respond effectively in an emergency and help keep children safe. 2.2 children experience high quality facilities.

Children had access to bright, spacious rooms with a range of resources. Some soft furnishings such as a rug and cushions were in place to support a comfortable environment for children. The service was developing this. They told us they have been in contact with 'Recycle Saturday', a member of the community who encouraged the recycling of materials and furniture that would typically go to landfill, to obtain further resources. This would support suitable rest areas for children.

Some approaches kept children safe while attending the service. For example, the staff kept daily registers of children, and there was a secure entry to the rooms. Glass door panels enabled staff to see who was at the door before opening. However, risk assessments had not been updated to reflect current risks, and on some occasions, staff did not support children in staying safe through their interactions. For example, not all children wore helmets while playing outdoors on scooters, and the lighting outdoors was poor, which put children at risk from falling. Some children were also engaged in gymnastics indoors without sufficient staff supervision or support. The service should review the risks for children and update their risk assessments to reflect this. This would help keep children safe **(see area for improvement 1)**.

Children were kept safe through some infection prevention control procedures. For example, most resources were safe and clean for children to access. Children were encouraged to wash their hands at key times such as after arriving from school and before eating. However, some outdoor sand and water trays were dirty and required cleaning before use. Tables were used for multi-purpose activities, and these were not always

cleaned in between activities, and staff did not routinely wash their hands at appropriate times. We asked that the service to review this and make improvements. This would support a safe environment for children and help reduce the spread of infection.

Children's personal information was stored safely. However important information such as children's emergency contacts was not easily accessible to staff in the event of an emergency. This created a potential risk to children's wellbeing. We asked that the service ensure this information is accessible which would enable staff to respond effectively in an emergency and help keep children safe.

### Areas for improvement

1. To keep children safe the service should ensure they reflect current risks and update risk assessments to reflect these involving children in the process.

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 5.17).

### How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

#### Quality Indicator 3.1: Quality Assurance and improvements are led well

Children and families were not meaningfully involved in developing the service. Management and staff did not regularly seek the views of parents and children to support improvement. To foster meaningful engagement with parents, the service would benefit from creating a shared vision in consultation with parents, carers, staff and children. This would support sustained improvement.

We were concerned that there was not enough staff deployed during the morning session to care for children. This put them at risk. Children had been moved and were being cared for in a small room. This did not provide adequate space for the children attending the service and impacted negatively on their comfort and wellbeing. We made a requirement about this (**see requirement 1**).

Staff did not have regular opportunities to reflect on their practice, to identify what was going well and what needed to be improved. This meant that there were limited positive changes to the service. Staff would benefit from regular opportunities to reflect on their practice, supported by management, to identify priorities for improvement. The service should use this report to reflect on their practice and devise a meaningful improvement plan to support positive change. We signposted the service to 'A quality framework for daycare of children, childminding and school-aged childcare' and 'Self-evaluation for improvement - your guide' to support them with this (**see area for improvement 4 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Children's care was compromised as children records, policies and procedures had not been reviewed and updated to support staff. This meant that staff were inconsistent in their approach to caring for children. For example, some staff were unable to demonstrate the action they should take to report any concerns about a child's wellbeing. We asked that the management team review policies and procedures to ensure they

supported staff to carry out their role. This would support better outcomes for children (**see area for improvement 1**).

Children's wellbeing was not supported through effective monitoring. For example, areas for development raised during inspection had not been identified by the management team to support improvements. To keep children safe and support their wellbeing, the service should implement effective auditing to ensure they have the relevant information to make improvements (**see area for improvement 4 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Not all staff had been safely recruited prior to starting within the service. For example, some written references were not in place and PVG checks had not always been returned before new staff were deployed within the service. This created a potential risk to children. The service must ensure all staff are recruited safely in line with the safer recruitment guidance. This would ensure children were kept safe (**see requirement 2**).

## Requirements

1. By 18 November 2024, the provider must ensure that children have access to sufficient space to meet their care and wellbeing needs. To do this, the provider must, at a minimum:

Comply with the conditions set out on their certificate of registration.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the 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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 9 December 2024, the provider must ensure that children are kept safe and protected from harm.

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

- Ensure that staff are safely recruited.
- Ensure that management and staff are confident in identifying, responding and reporting child protection concerns.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010) and 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24), 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understating of their responsibilities' (HSCS 3.20); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).



## Areas for improvement

1. To ensure positive outcomes for children the service should ensure all policies are up to date, have clear procedures and are reviewed regularly to reflect current best practice and guidance.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

#### Quality Indicator: 4.3 Staff Deployment

Staff were compassionate and caring towards children. They had built strong relationships with children and families, and their interactions supported children to develop their confidence. For example, by offering praise. As a result, children felt valued and secure. Parents commented: "Staff have great relationships with families and kids".

Staff deployment could be improved to support children's needs. For example, there was not enough staff positioned outdoors to supervise children and support play. This impacted on the quality of children's play experiences and increased risks. Most children we spoke to told us outdoors was their favourite place to play. We asked the manager to review this to ensure children's safety. Following the last inspection, we made an area for improvement about this. This has not been met and has been repeated (**see area for improvement 5 under 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

Whilst staff were supportive of children, they did not have clear roles and responsibilities within the service. This meant that some issues were not quickly identified and resolved. For example, children were engaged in gymnastics which was not supported by staff. Allocating clear roles would help staff understand their specific duties and enable them to focus on areas that need attention. This would support better outcomes for children (**see area for improvement 1**).

Whilst some staff had undertaken training, this had not led to improvements within the service. Staff would benefit from further training to help develop their knowledge and skills. This would support improvements within the service (**see area for improvement 2**).

## Areas for improvement

1. To promote positive outcomes for children the service should ensure staff have designated roles and responsibilities to support them to take ownership and make improvements.

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

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

2. To support children's wellbeing, care, play and learning, the provider should ensure staff are skilled and competent to support meeting the needs of the children. This should include, but not be limited to ensuring staff receive relevant training to support them in their role.

This is to ensure that care and support is consistent with 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).

## 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

To ensure children's individual health and wellbeing needs are met, the provider should further develop children's personal plans. This should include, but not be limited to, using recorded information that identifies how they will meet a child's needs and ensuring personal plans are reviewed at least once in every six month period.

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

**This area for improvement was made on 14 November 2023.**

#### Action taken since then

We found that registration forms were in place. However, all information required to support children's wellbeing was not included.

Management had visited other out-of-school care services to support the development of children's personal plans, but this had not led to any improvements. Personal plans did not have strategies to support children in their play and learning. Therefore, this area for improvement has not been met.

#### Previous area for improvement 2

To support children's health and wellbeing, the provider should improve snack and mealtime experiences. This should include, but not be limited to:

- a) ensuring adequate supervision while children are eating;
- b) ensuring mealtimes are relaxed, unhurried and sociable; and
- c) providing children with opportunities to develop their independence, for example by serving their own snacks and pouring their own drinks.

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).

**This area for improvement was made on 14 November 2023.**

#### Action taken since then

Children could choose one piece of fruit or bring a snack from home, such as crisps. Some fruits available to children were spoiled and we spoke with the staff about checking fruit in the bowl before the children arrived. Snack time was rushed as children wanted to play and some children walked around while eating snack with no staff intervention. Staff were task focused and only sat with children for a short period of time which did not support a relaxed sociable experience for children. Therefore, this area for improvement has not been met.

#### Previous area for improvement 3

The provider must ensure children are safeguarded; the provider must ensure the manager and staff have the skills, knowledge and experience appropriate for the role in which they are employed to protect children from harm.

To achieve this at a minimum:

- a) ensure the manager and staff are competent in and knowledgeable about national, local, and the service's own child protection procedures, and Getting it right for every child (GIRFEC);
- b) ensure the manager and staff are competent that any concerns identified will be report it to the correct person and the relevant authorities timeously;
- c) ensure effective systems are in place to document child protection records, and appropriate actions have been taken; and
- d) complete a child protection audit for all children attending the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understating of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 14 November 2023.**

#### Action taken since then

Staff had a basic understanding of Child Protection procedures, but they had not completed relevant recent training to refresh their knowledge and skills. There were no clear procedures in place to support staff to safeguard children. Policies required to be developed with clear procedures and further training was required to support staff to keep children safe. Therefore, this area for improvement has not been met.

#### Previous area for improvement 4

To ensure positive outcomes for children the provider, manager and staff should ensure effective quality assurance systems are developed and implemented. To do this, they should at a minimum:

- a) implement a monitoring calendar to outline when specific tasks will be undertaken and any impact on practice. Monitoring should include observations of staff practice and documentation, including but not limited to; children's personal plans, infection prevention control procedures, medication records, accidents and incidents;
- b) monitoring of staff practice should routinely be carried out and embedded to identify strengths and any areas for further improvement;
- c) the manager should organise regular, formal staff meetings to facilitate review of quality in the service with staff; and
- d) the manager should give staff time to plan and develop areas and skills and knowledge.

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); and 'My environment is secure and safe' (HSCS 5.17).

**This area for improvement was made on 14 November 2023.**

### Action taken since then

Whilst there was a monitoring calendar in place, it had not helped to identify areas for improvement. There was no evidence of staff training and personal reviews taking place and no evidence of staff meetings. Therefore, this area for improvement has not been met.

### Previous area for improvement 5

To ensure children have opportunities for high-quality interactions with staff, the provider should ensure staff are deployed effectively to engage more meaningfully with children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16).

**This area for improvement was made on 14 November 2023.**

### Action taken since then

There was some evidence of staff engaging meaningfully with children. One example was during the pupil council meeting and when making crafts. This could have been improved across the setting, such as during outdoor play and snack time, to support children's safety. Therefore, this area for improvement has not been met.

### Previous area for improvement 6

The provider should ensure that children are cared for by staff who have been appropriately recruited. This should include, but not be limited to, completing safer recruitment checks within the appropriate timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that people who support me have been appropriately and safely recruited' (HSCS 4.24).

**This area for improvement was made on 14 November 2023.**

**Action taken since then**

We reviewed staff recruitment files. Key elements of the process had not been completed, with staff starting work in the service before all required checks had been completed. The service must update and implement a safer recruitment policy and procedures. Therefore, this area for improvement has not been met and we have made a requirement about this.

**Previous area for improvement 7**

To ensure children feel valued and secure, the provider should increase opportunities for children to have fun and be involved. This should include, but not be limited to, planning for their own play and learning experiences.

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).

**This area for improvement was made on 14 November 2023.**

**Action taken since then**

Children were actively encouraged to voice their opinions and actively participate in the service. Some children were part of a pupil council and met regularly to discuss what they and their friends wanted or needed in the service. We saw evidence that children had asked for new scooters, and these were provided. Children had the choice of where they would like to play. For example, indoors and outdoors. Children were confident, happy and settled in the service. They were having lots of fun, particularly outdoors. This area for improvement has been met.

**Previous area for improvement 8**

To support children's physical and emotional wellbeing, the provider should increase opportunities for children to access the outdoor environment.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

**This area for improvement was made on 14 November 2023.**

**Action taken since then**

Children played outdoors for most of their session. The activities included playing on scooters, drawing on the wall with stones and climbing. One child, told us it was fun, healthy, and good exercise. Therefore, this area for improvement has been met.

**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	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	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 iartras.

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.