

Goldielea Care Home

Care Home Service

Dalbeattie Road
Dumfries
DG2 7PE

Telephone: 01387 730 471

Type of inspection:
Unannounced

Completed on:
14 May 2025

Service provided by:
Goldielea Care Home Limited

Service provider number:
SP2012011762

Service no:
CS2012306097

About the service

Goldielea Care Home is registered to provide care and support to 46 older people. The service provider is Goldielea Care Home Limited which is part of Advinia Healthcare Ltd.

The care home is a large period property near Dumfries situated in countryside. Accommodation is provided between two floors. There are three units, known as "the main house", "Woodlea" and "upper floor." The main house has communal areas located on the ground floor comprising of two sitting rooms, dining area, conservatory, and access to an outdoor seating area.

All bedrooms have en-suite toilet and wash basin. There are shared bathroom facilities on each floor. The small unit (Woodlea) has accommodation for 12 older people and is quieter than the main house. This small unit has its own living, dining room and access to a courtyard sitting area.

There are car parking spaces at the front of the building. During the inspection 43 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 12 and 13 May 2025. 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 17 people using the service and three relatives.
- Received nine completed questionnaires (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with one visiting professional.

Key messages

- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- The home was clean and welcoming.
- The service should continue to make improvements to the environment.
- Five areas for improvement had been met since the last inspection.
- From the findings of this inspection, we have made six areas for improvement.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We reviewed how well the service were supporting people's wellbeing. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences, and we found the standard of supporting people's wellbeing to be good.

Feedback was positive about the quality of care and support people received. Comments included "I have no complaints; I am very comfortable here" "staff are very friendly and know me well". Relatives' comments included "My mum is very happy here; I am kept well informed and always made to feel welcome".

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

People should be able to have an active life and be supported to engage in meaningful connections. The activities staff had established links with the local community and people were able to attend some community outings as well as have visits from local entertainers and school children. People told us they enjoyed these opportunities; this helps people to remain connected with the community. We saw good conversations and good relationships which meant staff knew people well to support meaningful connections.

People were able to have visitors, and we saw relatives being kept up to date by staff through the home's social media page. Resident and relative meetings took place which people told us were helpful to find out what was happening within the home. This helps to keep people informed and remain connected.

People's health and wellbeing benefited from their care and support. Visiting professionals spoke positively about the service and the care the staff team provided. Staff monitored people's health and general wellbeing and promptly passed on any concerns so these could be discussed and acted upon. These interventions supported people to keep as physically and mentally well as possible.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

People had personal plans in place which set out how their health and care needs would be met. Staff demonstrated an understanding of the needs of people. Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager had a proactive approach to driving improvement. A service improvement plan was in place which was linked to a self-evaluation based on the quality framework for care homes for older people. We discussed with the manager how to develop this further ensuring that all areas of improvements are recorded.

The service improvement plan showed the results of quality assurance work, helped the manager have oversight of the home's performance. However, timescales for some areas for improvement had not been met. For example, improvement to Woodlea garden and areas needing decoration. We were given assurance at the time of inspection that plans for this work would be commencing very soon. This will ensure a proactive approach to quality assurance and will result in better outcomes for people. (See area for improvement 1)

We found there were effective quality assurance processes in place. There was a schedule for audits to be carried out in respect of all aspects of clinical, environmental and staff practice. There was evidence that the audits had been carried out as planned. Where areas for improvement were highlighted, actions to remedy issues were identified. Personal plans were reviewed and updated regularly ensuring care was responsive to people's individual needs.

We received positive feedback on the management and leadership within the service. The staff told us they were well supported and listened to. All groups of staff had regular meetings, and the minutes showed that there was a focus on improving the quality of care provided.

People we spoke with told us the management team were approachable and effective in dealing with any issues. We saw complaints were recorded and responded to effectively and where improvements were needed, they were acted on. This reassured us there was a system of checking in place to sustain good practice and keep people safe.

Areas for improvement

1. The provider should ensure that people experience a culture of continuous improvement. This should include:

- a) Ensure that there is an effective and responsive environmental audit in place.
- b) There must be sufficient information to show actions taken and progress made until fully resolved.

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

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There had been an increase in the recruitment of staff within the service. The staff team included experienced staff who had worked in the care home for several years, and some staff who had recently started. There was minimal use of agency staff which ensured continuity for people being supported by staff who knew them well. Feedback from people was positive about staff and the care they provided. We were told "Staff are all very nice, I get help when I need it." Staff were seen to be kind and attentive with people. This meant people felt relaxed and comfortable with the support within the home.

Staff had been safely recruited, and they could tell us about their induction, which involved mandatory training. Online and practical training was available to staff, to develop their knowledge and skills. Staff spoke positively about their role within the service, and the support they received from the management team and their colleagues.

Mandatory training had a high level of compliance; we discussed looking to increase the completion of service specific courses. For example, Positive behaviour support, Diabetes awareness and Dementia awareness training. All staff completing relevant training assists the service to further support people's health and wellbeing. This ensures staff have the appropriate knowledge and skills to undertake their role and keep people safe.

Supervisions and appraisal had not been carried out regularly in line with the provider's policy. This had started to be addressed by the service. Staff we spoke to told us of recent supervisions and how they felt supported by the leadership team. Some observations of practice were being carried out regularly in relation to infection prevention and control, no other observations took place. We raised with the management team that implementing a programme of observations of staff practice would further provide valuable feedback to staff on the care they provide. This helps identify any further learning needs and supports staff's learning and development. (See area for improvement 1)

Staff communication was supported through team meetings and daily staff handovers, this encouraged staff to be knowledgeable about people's needs. We observed good communication and team working in handovers where people's needs were discussed and appropriate actions agreed. This ensures effective communication to keep people safe and have better outcomes for people.

Staff arrangements were informed by use of the providers own dependency pathway which included staffing ladders, people's dependency, and staffing tools. This was regularly reviewed to ensure peoples individual dependency needs were up to date. The manager had good oversight of staffing needs ensuring this incorporated people's needs, building layout and what people told the service in relation to staff arrangements. To reassure both staff and relatives how staffing arrangements are assessed this should be shared with people with further opportunity for feedback . This ensures communication is transparent and everyone is involved.

The rota reflected the use of this dependency pathway and staff were visible supporting with people's needs. However, staff told us there can be times it is difficult to spend time and have a chat with people. Especially people who preferred to spend time in their room. We discussed this with the management team and suggested the service refer to The Care Inspectorate's Safe Staffing and Self Evaluation to allow for compassionate care and meaningful interactions with people. Safe staffing programme: Information for adult services Care Inspectorate Hub. This would enhance people's experiences and sense of wellbeing. (See area for improvement 2)

Areas for improvement

1. The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

2. To support people's wellbeing and social inclusion, the provider should review the staffing arrangements in the home. This to ensure staff have time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

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

And 'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The service had made investment in improving parts of the environment. Most communal areas were seen to be clean and spacious. The first floor of the home was recently reopened with use of a small dining area and kitchen facilities for people. There was refurbishment taking place in the home at the time of the inspection, with painting taking place in one of the smaller living areas. Some new flooring was in place and new furniture had been ordered. This will improve the quality of the environment for people to enjoy.

Parts of home could be more inviting for people to use. For example, the conservatory and hairdressing area that was also used for storage. We were informed during the inspection of plans for a café area on the ground floor and a lounge area on the first floor. Ensuring all areas of the home are inviting and well maintained will promote use for people with others or to enjoy a smaller space for time alone.

The home had garden areas surrounding the building with one safe enclosed area for people to enjoy independently. We observed people enjoying spending time in this area. All surrounding garden areas and garden furniture were not seen to be well maintained. This was raised this at the time of the inspection. The provider confirmed maintenance works for the garden and furniture were due to begin. An outdoor courtyard within a smaller living area had not been made safe for people to use. People and relatives had continued to feedback to the service their wishes for this to be made safe. This area has not been accessible for people for some time. The provider confirmed dates for this work to start at the time of the inspection. People should be able to move freely around the home including well maintained outdoor spaces. This promotes people's wellbeing and independence. (See area for improvement 1)

Maintenance records were in place, seen to be well managed and issues addressed promptly. Regular safety checks and servicing was taking place for the environment and equipment. This kept people safe. Domestic, catering and laundry staff-maintained cleaning records and took pride in their work. The environment and

equipment were generally cleaned to a high standard and well maintained. This ensured people were able to enjoy a clean and comfortable environment.

The service had an environmental plan in place. There was identified areas for environmental improvements that had been on the plan for some time. For example, improved colour contrasting and lighting in areas. Some areas identified had not been added to the plan. Areas of the plan were not detailed enough in relation to including all environmental needs throughout the home, priorities, updates, and completion. A timely response is needed to ensure people experience a high-quality environment. Regularly sharing this plan and updates reassures people environmental needs are a priority. (See area for improvement 1 - How good is our leadership?)

Since the last inspection, improvement had been made to ensure the home was dementia friendly. An assessment tool was used, and some areas had been actioned. However, further improvement is needed. This will promote people's independence and offer greater choice. (See area for improvement 2)

Areas for improvement

1. So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge,
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

2. The service provider should improve the facilities in order to support people to get the most out of life:

- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs.

This gave us confidence that they accurately reflect individual needs.

Where residents were at risk of dehydration, targets had been set for daily intake of fluid however, the quality of daily recordings was variable which made it difficult to establish if the target had been achieved. Elements were not in keeping with best practice and records could be improved further. (See area for improvement 1)

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Risk assessments were kept up to date and showed actions to keep people safe. We saw assessments completed for those who had health needs that were at risk of harm, such as falls, skin breakdown or poor dietary intake. This keeps people safe from harm and ensures good outcomes for people.

We found people had future planning wishes recorded. Discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

Areas for improvement

1. In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

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

So people experience better choice at mealtimes the provider should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the arrangements for group dining and serving of meals, so as to be able to respond to individual preference/needs better.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning". (HSCS 1.33)

This area for improvement was made on 11 September 2024.

Action taken since then

We found visual menus on display at mealtimes and saw staff to offer visual choices of options available. The menu displayed alternative options for people, and we saw where this was used. People were given choice about where to sit at mealtimes and people's views and preferences were discussed as part of resident of the day. People gave positive feedback about their mealtime experience.

This area for improvement has been met.

Previous area for improvement 2

To support people's wellbeing and social inclusion, the provider should ensure meaningful connections and person-centred support is reviewed to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- (a) develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals.
- (b) consider any staff training needs.
- (c) the review of care plans dedicated to meaningful connection must assess and evaluate the experiences and outcomes from the person's perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, '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); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

This area for improvement was made on 11 September 2024.

Action taken since then

We found improvement in people's personal plans to show individual preferences, life history and what matters to people. The activity coordinator had taken time with people to understand what people enjoy and record engagement and outcomes of activities offered. We have reported on this further under Key Question 1 – How well do we support people's wellbeing?

This area for improvement has been met.

Previous area for improvement 3

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 11 September 2024.

Action taken since then

The manager had completed a self-evaluation for core assurances and meaningful connection. Feedback had been obtained through various meetings, resident of the day and surveys. Actions had been displayed within the home.

Staff leadership had increased, and staff were clear of their roles and responsibilities although this was still an area the service was working on, linking this with staff learning and development. We have reported on this further under Key Question 2 – How good is our leadership?

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that people experience a culture of continuous improvement. This should include:

- (d) Ensure that there is an effective and responsive environmental audit in place.
- (e) There must be sufficient information to show actions taken and progress made until fully resolved.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) '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 11 September 2024.

Action taken since then

Further improvement is needed in this area to ensure timescales and clearer recording is met. We have reported on this further under Key Question 2 – How good is our leadership? and Key Question 4 – How good is our setting?

This area for improvement has not been met.

Previous area for improvement 5

The service provider should review the staffing arrangements in the home to ensure that there are sufficient staff numbers available to meet the health and care needs of the people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

This area for improvement was made on 11 September 2024.

Action taken since then

Staffing within the home had improved with less use of agency staff. People gave positive feedback about staff, and we found people's care needs were met. Although this area for improvement has been met, we have made a further area for improvement in relation to meaningful connection. We have reported on this further under Key Question 3 – How good is our staff team?

Previous area for improvement 6

The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 11 September 2024.

Action taken since then

Although there had been improved and staff told us about their supervision arrangements, we found supervision had not been carried out in line with organisational policy for all staff. We have reported on this further under Key Question 3 – How good is our staff team?

This area for improvement has not been met.

Previous area for improvement 7

The service provider should improve the facilities in order to support people to get the most out of life:

- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.

- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

This area for improvement was made on 11 September 2024.

Action taken since then

Kitchenette facilities were made available in each area and access to drinks and snacks were available. Improvement is still needed to ensure the home is dementia friendly, we have reported on this further under Key Question 4 – How good is our setting?

This area for improvement has not been met and has been reworded to reflect the findings from this inspection.

Previous area for improvement 8

So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

This area for improvement was made on 11 September 2024.

Action taken since then

Work was still to be carried out within 'Woodlea' courtyard and garden maintenance was still to progress. We have reported on this further under Key question 4 – How good is our setting?

This area for improvement has not been met.

Previous area for improvement 9

The provider should ensure personal plans are updated to reflect people's changing needs. This will ensure care is person-centred and outcome focused to provide guidance for staff on how best to support people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 11 September 2024.

Action taken since then

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

This area for improvement has been met.

Previous area for improvement 10

In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

This area for improvement was made on 11 September 2024.

Action taken since then

This was still an ongoing area for improvement, the home continued to monitor and support staff with learning and development in this area. We have reported on this further under Key Question 5 – How well is our care and support planned?.

This area for improvement has not 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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