

## Cowdray Club Care Home Service

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Aberdeen  
AB11 6UD

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 May 2025

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2011303086

## About the service

Cowdray Club is operated by Renaissance Care (No1) Limited and is registered to provide residential and nursing care to a maximum of 35 older people.

The service is located in a large traditional building in a residential area near to the centre of Aberdeen. The accommodation is over four floors and offers a mix of lounges, dining areas and bedrooms.

## About the inspection

This was an unannounced inspection which took place on 28 and 29 April and 4 May. 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 20 people using the service and 18 of their family and representatives
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People were not consistently and safely supported to eat and drink, which increased the likelihood of nutritional needs not being met.

People's health and care needs were not consistently supported and monitored, which could negatively impact outcomes for people.

Care planning, daily recordings and reviews were inconsistent in their quality and completion, which raised concerns around whether people's needs were being met.

A new management team was in place, who had implemented quality assurance systems and processes which could benefit people.

People were supported by a staff team they knew well, which was supportive of people's well-being.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People were generally positive about the quality of food and drink. People told us they enjoyed their meals, with one person commenting, "The food has gotten much better recently, and it tastes good". Staff engaged with people during lunch and the overall atmosphere was calm. However, some people who required assistance to eat and drink were not always supported appropriately. For example, we observed one person being served a meal that had not been cut up, despite their personal plan stating support was needed. In addition, several people's loved ones raised recent concerns about their family members not receiving the correct support during mealtimes. Due to this, people were placed at risk of being unable to eat and drink safely. Furthermore, this could lead to weight loss, as observed in the weekly weights of some individuals, with some family members also expressing concern about whether their loved ones were receiving enough dietary intake. Additionally, it could negatively impact people's dining experiences, as people were not always supported in a way that promoted their dignity and well-being. **(See Requirement 1)**

People's health, well-being and hygiene needs were not always consistently monitored. For example, one person's care plan stated that pain assessments should be completed at every medication round, yet many days showed no recorded assessments. This raised concerns about whether their pain was being effectively managed. In another case, there were no bowel movement records for an extended period, with no evidence that this was followed up, such as providing appropriate bowel care or investigating potential recording errors. This could have meant the person was experiencing discomfort. Some people had extended gaps in oral hygiene records and dry toothbrushes suggested they had not been supported with oral care. Fluid intake records for some people showed very low levels, with no evidence of follow-up or intervention. One person required support with physiotherapy exercises but they were not consistently supported, even after a reminder was added to the care planning system. These issues may reflect poor recording practices but they may also indicate that people's needs were not always met. This could negatively impact people's health and well-being. (See Requirement 1 under section 'How well is our care and support planned?') **(See Requirement 2)**

People's opportunities to engage in meaningful activities were sometimes limited. Whilst some people enjoyed taking part in activities, such as bus trips and a knitting group, others told us they did not feel stimulated enough, especially at weekends. One person said, "I'm sometimes bored, I would like more to do and sometimes staff are too busy to speak to me" whilst another shared, "I'd like to go into the garden more, but I don't get the chance to". A family member also commented, "It's gotten a bit better, but people are still not occupied enough. I'd like to see more going on at weekends". As a result, people sometimes experienced a lack of engagement, which negatively impacted their overall well-being. The provider informed us that a new activities coordinator would be starting soon, with the aim of enhancing people's experiences. Expanding opportunities for social interaction and meaningful engagement is likely to have a positive impact on people's health and well-being. **(See Area for improvement 1)**

People were supported by staff to take their prescribed medication, with nurses and team leads responsible for managing and administering. However, several issues were identified with medication administration records, including missing counts. This made it unclear whether medication had been taken or if the correct amount remained. These inconsistencies placed people at risk of not receiving their medication as prescribed, potentially compromising their health and wellbeing. It was a positive step that management audits had identified these concerns and had planned actions to address them. Ensuring consistent and safe medication administration will help protect people's health and well-being. **(See Area for improvement 2)**

People who experienced stress and distress were not always supported in a consistent manner. Professionals told us that staff did not always follow some people's stress and distress support plans. Some family members felt that limited stimulation, such as fewer opportunities to spend time outdoors, contributed to increased levels of stress and anxiety. Care records also indicated that some individuals spent little time outside the home. As a result, people's distress could heighten, placing their wellbeing at risk. In addition, staff did not consistently record incidents where people became stressed or distressed. (See Requirement 1 under section 'How well is our care and support planned?') This limited the service's ability to monitor, analyse and respond effectively to people's needs. The provider should work closely with professionals, families and people to ensure that support is delivered in line with personal plans and in ways that helps reduce potential stress or anxiety. This would contribute to a calmer and more supportive environment for everyone. **(See Area for improvement 3)**

## Requirements

1. By 1 July 2025, to ensure that people's health, wellbeing and dignity are upheld, the provider must ensure that all people consistently receive the support they need to eat and drink throughout the day, enabling them to do so safely, comfortably and with dignity.

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

- a) Ensure staff are available and responsive to support people with eating and drinking at all times, including during snacks and mealtimes.
- b) Ensure people have been provided with any required equipment, adaptations or support that they require to eat and drink.
- c) Promptly address any identified concerns related to weight loss through appropriate assessment and intervention.
- d) Ensure that people's personal plans clearly reflect their nutritional needs and the level of support they require.

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

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37); and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

2. By 1 July 2025, the provider must ensure that people's health and wellbeing needs are consistently assessed, met and monitored to promote positive outcomes and prevent avoidable harm.

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

- a) Monitor pain levels using appropriate, evidence-based assessment tools, and respond promptly and effectively to any signs of discomfort or distress.
- b) Support and monitor bowel health, ensuring timely follow-up where concerns are identified.
- c) Provide oral care in line with best practice guidance, ensuring this is in accordance with peoples' needs.
- d) Support with any assessed needs, such as physiotherapy exercises, ensuring these are carried out as planned and evaluated for effectiveness.
- e) Follow up on any care that is declined or not provided, ensuring appropriate action is taken to address risks and respect people's choices.

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

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

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

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## Areas for improvement

1. To support people's health and wellbeing and improve the quality of their day, the provider should support all people, including those who may lack capacity, to take part in meaningful activity that promotes purpose, stimulation and connection.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), 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 am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.9); 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).

2. To support people's health and wellbeing, the provider should improve how medication support and administration is carried out for people living in the home.

This should include but not be limited to, regular auditing, clear action planning and supporting people to consistently receive their medication as prescribed.

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

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

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

3. To support people's health and wellbeing and reduce potential stress, the provider should improve how they support individuals who experience stress, anxiety and distress.

This should include but not be limited to, seeking and applying guidance from relevant professionals, ensuring that staff consistently follow personal plans and work in accordance with agreed strategies, completing all relevant documentation accurately and promptly, and providing staff with appropriate training and guidance to respond effectively.

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

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

'I am supported to manage my emotional wellbeing, including any trauma or loss' (HSCS 1.10); and

'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 leadership?

**4 - Good**

We made an evaluation of good, for this key question As several important strengths, taken together, clearly outweighed areas for improvement.

A relatively new management team were in place. Early feedback from people and their families was mainly positive. Many expressed a sense of hope about the changes, whilst acknowledging that it was still early days. One family member shared, "Communication has improved in the past few weeks since the new manager took over. It's still at an early stage, and we do need more, but it's a good start". This reflected growing confidence in the new leadership. Furthermore, staff also provided mainly positive feedback. They described the management team as approachable and noted that improvements were beginning to take shape. One staff member said, "There's now better communication, and it's made a positive difference in how we work together. Hopefully, things will keep going like this". This suggested management were helping the team work more effectively together, which could lead to better outcomes for people. Ongoing focus from the management team on supporting people, their families and staff will be important in building on this progress. We will follow up on this at future inspections.

Management had a clear vision for improvement, with well-defined aims and objectives. Development and improvement plans were in place and showed a commitment to involving people and their families in shaping the future of the home and any possible improvements. This meant that any future changes would include the views of people living in the home and their families, supporting a more inclusive approach.

A range of quality assurance tools and systems had been introduced to support improvements. Audits were carried out across various areas, including care plans, laundry and falls. Dependency tools supported staffing decisions, and clinical analysis to support people's health and care was taking place. Complaints were logged and follow-up actions were recorded. These systems showed that management had taken steps to strengthen oversight and accountability. This meant that people living in the service were more likely to experience safer, more responsive and better-informed care.

Overall, the new management team had clear plans to improve and develop the service. Some audits had already identified concerns, including errors on medication recording sheets and incomplete review records. (See 'How well do we support people's wellbeing?' and 'How well is our care and support planned?'). However, during the inspection, we continued to find evidence that these concerns had not yet been fully resolved. The provider is encouraged to continue using their systems and processes consistently, embedding them into everyday practice to support lasting improvements. This approach should help lead to better outcomes for people. **(See Area for improvement 1)**

## Areas for improvement

1. To support continuous improvement and promote positive outcomes for people, the provider should ensure that quality assurance and improvement processes are consistently sustained and fully embedded into daily practice.

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

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



## How good is our staff team?

## 4 - Good

We made an evaluation of good, for this key question. As several important strengths, taken together, clearly outweighed areas for improvement.

People experienced kind and caring interactions with staff. People using the service were, in the main, positive about the staff team. Families also shared positive views, noting that staff morale had improved since the arrival of the new management team. We observed warm and friendly relationships between staff and people living in the home. For example, a team leader laughed and joked with one person during lunch, whilst another staff member shared light-hearted banter as they supported someone back to their room. One person told us, "The staff are great and are always kind to me" whilst a family member said, "The staff at the Cowdray Club really do go above and beyond in their efforts to make all the residents feel at home". These positive relationships helped promote people's mental health and emotional comfort.

People were supported by a staff team they knew well. It was positive to hear that the service did not use agency staff, which helped build consistency and trust, as people were familiar with the team supporting them. Communication amongst staff was taking place, with handovers observed and positive interactions taking place throughout the day. This supported staff to have the right information, which could lead to improved care and support.

Team meetings were held regularly and staff valued these as opportunities for shared learning. Staff training was, in the main, up to date and those we spoke to were positive about the training they received. As a result, staff felt confident and better equipped in their practice, which should help people receive more consistent and informed care.

Staff were visible throughout the home. The service had addressed concerns about staffing levels, particularly in the lounge by increasing staff presence, improving communication tools and enhancing oversight through management walkarounds and monitoring systems. These actions led to some improvements, which could help to keep people safe. However, some people and their families continued to express concerns about staffing, especially at weekends. Ongoing oversight remained necessary, so we identified this as a continued area for improvement to ensure the on-going safety of people. (See **Area for improvement 1** and section 'What the service has done to meet any requirements made at or since the last inspection')

### Areas for improvement

1. To support people's safety, comfort, health and wellbeing, the provider should ensure continued oversight of staffing levels, particularly in the lounge area.

This should include but not be limited to, maintaining a consistent staff presence during key times of the day, such as afternoons and weekends, to ensure people receive timely support and supervision.

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

'My needs are met by the right number of people' (HSCS 3.15); and

'I experience consistency in who provides my care and support' (HSCS 4.16); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

## 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.

The service was clean and fresh smelling throughout. Individual bedrooms were also well maintained and we observed staff actively working to support cleanliness across the home. However, we did notice some unclean bed linen left on beds. This was brought to the manager's attention and was addressed promptly. Ongoing attention to detail in this area will help maintain high standards of cleanliness and reduce the risk of potential health, safety or infection concerns for people. We will review this again at future inspections.

The layout of the building was difficult to navigate and there was limited signage to support orientation. Where signs were present, they were sometimes unclear or misleading. For example, one sign directed visitors to a toilet downstairs but the door signage at that location indicated it was somewhere else. People living in the home, their families and staff shared that they found the layout confusing. It was encouraging to hear that the service plans to use an assessment tool to evaluate how dementia-friendly the environment is. The results of this assessment will help guide improvements. These changes have the potential to make the environment more accessible and comfortable for people living in the home. We will follow up on progress during future inspections.

There were welcoming spaces throughout the home where people could relax and spend time. A large sitting room served as a central hub for socialising, while smaller communal areas on other floors offered quieter spaces for connection and comfort. The outdoor area was well-maintained, with a variety of seating and activity spaces available. During our visit, we spent time with two people and their families who were enjoying the sunshine in the garden and it was clear that this outdoor space contributed positively to their well-being. Some people and their families shared that they would like more opportunities to spend time outside. (See Area for improvement 1 under section 'How well do we support people's wellbeing?') Increasing access to outdoor spaces could further support the health and well-being of more people. In addition, the building was being regularly maintained by the on-site maintenance team. This included ongoing painting and decorating, with further improvements planned throughout the home. These developments will help enhance the environment, ensuring that everyone can enjoy their surroundings.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Care planning and records were maintained using an electronic system. However, staff expressed dissatisfaction with the system and some acknowledged that they were not consistently updating records. For example, we found gaps in documentation relating to stress and distress, pain assessments, fluid intake, oral care and bowel movements. (See 'How well do we support people's wellbeing?') This raised concerns about whether care and support were being delivered as planned and whether staff would have access to accurate information. While these issues may reflect poor recording practices, they could also indicate that some needs were not being met. This is an area requiring significant improvement to ensure that people's health and well-being are fully supported. **(See Requirement 1)**

People's personal plans were generally person-centred, reflecting people's preferences, routines and interests. However, people and their representatives reported that they had not seen care plans or review minutes, despite expressing a desire to do so. Some people's family members also said they had been refused access to records, even when they held legal authority to act on the person's behalf. This lack of transparency could lead to a breakdown in trust, which may affect how people and their families experience the service. The provider should work with people and their families to ensure that those with appropriate legal authority have access to any documentation and records relevant to people's care, where access is appropriate and permitted. **(See Requirement 1)**

People's care and support was being reviewed. However, review processes were inconsistent. Some reviews were overdue and in some cases, there were no reviews recorded on the system. It was positive to see that the service had an action plan in place to address this and bring reviews up to date. Regularly reviewing and documenting people's care helps ensure that records remain current and accurate. Furthermore, this also supports care delivery that reflects people's needs and wishes. **(See Requirement 1)**

People and their families expressed a desire to have access to their loved one's daily notes. However, there were mixed messages regarding family access to the system, with many families reporting they had initially been told they would be granted access, only to later be informed this was not permitted. This had caused confusion amongst families, which had resulted in some of them not feeling fully involved in the support being provided. This lack of clarity could impact trust and partnership between the service and families, which is essential for delivering person-centred care. This was discussed with the provider, who advised they would address this with people's families. We will follow this up at future inspections.

Legal documents were in place and could be found in some people's personal files. However, Adults with Incapacity (AWI) documentation, was missing for some people, creating potential risks due to unclear legal authority or decision-making capacity. It was positive to see that the provider had already identified this issue and acted to obtain the necessary documents. Ensuring that legal documentation is in place helps to safeguard people and supports decision-making that reflects people's rights and best interests. **(See Requirement 1)**

## Requirements

1. By 1 July 2025, the provider must ensure that all personal plans, daily notes and associated documentation are accurate, up to date, accessible and reflect people's current needs, preferences and legal status.

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

- a) Review and update all personal plans regularly to reflect people's current care and support needs.
- b) Ensure daily notes are completed consistently and accurately, clearly reflecting all health and care needs, including the care provided, interventions undertaken and outcomes observed. Documentation should routinely include, where appropriate, records of stress and distress, fluid and nutritional intake, oral care, bowel movements and pain assessments.
- c) Ensure that Adults with Incapacity (AWI) documentation, is valid, accessible and clearly referenced in personal plans.

d) Ensure that people and their legal representatives are meaningfully involved in the development and review of personal plans and are given appropriate access to care records in line with legal authority.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and

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

'I am supported to understand and uphold my rights' (HSCS 2.3).

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

### Requirements

#### Requirement 1

By 10 March 2025, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

In order to do this, the provider must:

- a) Develop managers' and staffs' skills in recognising, investigating and responding to complaints or allegations of abuse.
- b) Ensure that residents and their representatives are provided with a copy of the revised complaints procedure and are aware of how to raise concerns or complaints.
- c) Ensure all complaints, incidents, accidents and allegations must be fully investigated. Written responses should clearly detail the findings of the investigation, actions taken and lessons learned to improve outcomes for individuals.
- d) Staff adhere to the local adult support and protection procedures when necessary.

To be completed by: 10 March 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'.

This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210).

**This requirement was made on 30 January 2025.**

#### Action taken on previous requirement

Quality assurance systems and processes were in place to support positive outcomes for people. (See 'How good is our leadership') Management responded to and recorded complaints, accidents and incidents. People and their families were aware of how to raise concerns if needed and management investigated issues brought to their attention. The service were also making Adult Support and Protection (ASP), referrals when required. As a result, we found that the service had improved its quality assurance and improvement systems to support positive outcomes for people.

Due to these improvements, this requirement has been met. However, to ensure sustained oversight and continued progress from the new management team, we identified this as a continued area for improvement and will follow it up again at the next inspection. (See 'How good is our leadership?' and Area for improvement 1)

## Met - outwith timescales

### Requirement 2

By 19 April 2025, the provider must demonstrate residents' health, welfare and safety by reviewing the staffing in communal areas.

In order to ensure people are confident that staff respond promptly, including when they ask for help, the service should:

- a) Ensure adequate staff supervision of communal areas.
- b) Ensure that staff respond promptly when people summon assistance.
- c) Ensure people using the service have access to call bell devices or can contact a member of staff at all times.
- d) Senior staff should adequately oversee people's care to ensure a consistent high standard of care.

To be completed by: 19 April 2025

This is in order to comply with:

Health and Social Care Standard 3.17: 'I am confident that people respond promptly, including when I ask for help'.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 26 February 2025.**

### Action taken on previous requirement

Staff were visible throughout the home. However, most people and their families raised concerns about staffing levels, particularly at weekends. Some staff also reported occasional shortages in busier areas of the home. The provider had taken steps to address these concerns. They had increased staffing levels to improve oversight in the lounge, particularly during the afternoon and evening. The service was auditing nurse call bell response times and people had ways to call for support such as, using the alarm call system. Senior staff carried out walkarounds and walkie-talkies were introduced to improve communication amongst staff. The new management team was also now overseeing people's care and support. As a result, we found that the service had made some improvements, to support sufficient staffing levels.

Due to these improvements, this requirement has been met. However, to ensure sustained oversight and continued progress, we identified this as an area for improvement and will follow it up again at the next inspection. (See 'How good is our staff team?' and Area for improvement 1)

## Met - outwith timescales

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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