

## Gingerbread-St Cuthbert's ASC Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 May 2025

**Service provided by:**  
Gingerbread Edinburgh and Lothian  
Project Limited

**Service provider number:**  
SP2003002804

**Service no:**  
CS2006131044

## About the service

Gingerbread-St Cuthbert's ASC provides out of school care to a maximum of 25 children of primary school age. This service is part of the Gingerbread group that offer out of school and holiday care throughout Edinburgh.

Delivered from a standalone unit in the grounds of St Cuthbert's primary school, the club is located near to shops and amenities and has good transport links. The club has the use of one playroom with access to toilets as well as outdoor play spaces, including a large playground, a grass field and an outdoor seating area accessible from the main room.

## About the inspection

This was an unannounced inspection which took place on Friday 2 May 2025 between 12:25 and 18:15. The inspection was carried out by two inspectors from the Care Inspectorate. We provided feedback to the service on Wednesday 7 May 2025.

To prepare for the inspection we reviewed information about the 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 children using the service and of their family members
- received feedback from five families via an online form
- spoke with staff and management
- observed staff practice and daily life
- reviewed documents relating to children's care and the management of the service.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

Children were mainly happy and confident within the club.

Children experienced warm familiar relationships from a staff team who cared.

Children would further benefit from enhanced use of personal planning approaches and strategies to support their wellbeing.

The indoor environment should be reviewed to ensure children's play spaces are inviting. The resources and furniture should benefit children's learning, engagement and development.

Staff worked effectively as a team to meet children's individual needs.

## 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?	3 - Adequate
How good is our staff team?	4 - Good

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

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

## 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children were generally happy and secure in their surroundings. They approached staff confidently, asked questions and sought advice, staff responded in a kind and caring manner. Recent staff changes had taken place within the service, with some staff knowing children and their families well and others beginning to develop relationships. Families responded positively about the relationships they and their children had with staff. One family commented, "Staff who have been at the club for a while are wonderful. They are kind, responsible, great with the children". Overall, staff were warm, friendly and supportive. There were some instances where children's overall wellbeing and emotional needs were not fully recognised or supported. Further work was needed to ensure all staff can consistently identify and respond to children's needs. This would ensure children's emotional wellbeing and needs are met in a way that is right for them. Evidence gathered indicated that further work is needed to ensure staff are consistently attuned and respond effectively to children's emotional wellbeing and overall needs. **(See Area for improvement 1)**

Personal plans and the overall approach to personal planning should be strengthened to ensure they meet children's needs, wishes and choices. A range of documents when taken together contributed to children's individual plans. Information included permissions, contacts, dietary needs and health care plans. Some children contributed to their plans which gave them an opportunity to share their interests. Most of these had been reviewed in line with best practice guidance. However, the organisation of information across numerous documents made it difficult to fully understand children's individual needs and how best to support them. While a few individual support plans were in place, these had not been reviewed to ensure they were positively impacting children's wellbeing and safety. As a result, personal plans were not always effective to ensure children received the support they needed to reach their full potential. A previous area for improvement has not been met, we have reworded this to reflect progress made by the service. **(See Area for improvement 1)**

Overall children experienced a relaxed and sociable lunchtime. They appeared familiar with the routine, for example, handwashing before eating and choosing where to sit with their packed lunch. Staff sat with children and encouraged positive eating habits, while responding to their needs. Water was available for children to pour their own drinks and staff encouraged children to tidy away once they were finished. This promoted their responsibility and independence.

Staff were familiar with children's dietary needs and allergies. Snack choices were varied and included fresh fruit. While children enjoyed the options on offer, these were not always well balanced and nutritional. For example, children were offered flavoured crackers and tortilla chips, both of which were high in salt. We discussed where further improvements could be made to the snack menu to ensure children had more varied and nutritious snack options.

Appropriate consents and effective storage of medication was in place for children with health care needs. Documentation had been reviewed and updated according to best practice. Staff showed awareness of children's medical needs, with some able to identify potential signs and symptoms. This contributed to meeting children's overall healthcare needs. We asked the manager to review medication forms, to ensure all children have an emergency procedure in place for if the medication is not effective. This will ensure all staff across the service know, understand and can respond to children's health care needs. (See Area for improvement 1 under section 'How good is our leadership?')

The service should ensure all staff are clear on child protection procedures. Some staff were not clear on what child protection concerns might be and therefore there is potential for concerns to be missed. Staff were unclear on overall procedures, including how to escalate in manager's absence or if they felt concerns were not being heard. As a result, there was potential for children's wellbeing and protection to be compromised. A previous area for improvement in place has not been met and will remain.

### **Quality Indicator 1.3: Play and learning**

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

Children were actively involved in leading their play, choosing activities and spaces, both indoors and outdoors. Children had formed positive relationships with each other and they enjoyed playing and spending time with their friends. This supported their social development and wellbeing. Children engaged in a range of play experiences indoors. For instance, activities included drawing, creating and collaborative imaginative play with small world resources, which supported children's negotiation and imaginative skills. One family commented, "It is positive seeing my child's interest and creativity in art and craft being nurtured and supported by staff at the service". Children benefitted from staff joining in with games. For example, playing board games and football outdoors. This helped create a fun environment for children to play.

Approaches to planning took account of children's interests and linked with seasonal activities, demonstrating a commitment to making play relevant and at times engaging. The gathering of children's ideas during monthly meetings and staff providing feedback on their requests for activities like outings and gardening, further highlighted a child-centred approach. However, while children's ideas were considered, weekly play plans and activities plans were basic, with incomplete evaluations. This limited the service's ability to reflect on the effectiveness of activities and inform future planning. To foster deeper engagement and extend children's experiences we encouraged the service to develop their planning approaches to ensure a broad range of challenging experiences both indoors and outdoors.

Photo books documented a variety of children's play, including parties, creative activities and some of children's achievements. However, when speaking with the children, their familiarity with these books was limited. To make these books more valuable, the service could involve children in creating them while reflecting on their play experiences. This would help them celebrate what they've done and contribute to a sense of ownership of the books.

Children benefitted from positive and respectful interactions with staff, who were responsive to their requests. For instance, staff readily joined in games and offered calming alternatives like mindfulness when needed, involving the children in the process. Staff at times were proactive in supporting learning opportunities in the moment. One child was writing, "alphabetic girls names" a staff member engaged by helping with spelling, effectively enhancing the child's literacy skills. These positive and responsive interactions fostered a supportive play and learning environment for children.

Children had continuous access to the outdoor space throughout the session, moving freely between indoors and outdoors. This promoted their choice and independence. Children and families told us outdoor play included, crafts and games, playing in the playground and some sports such as, football, running and tennis. One family told us they would like to see more outdoor team games. Outdoors children played football, chatted and played a board game. However, a few children told us they were 'bored' later in the session. We asked the service to enhance the range of outdoor play experiences and resources. This could lead to deeper engagement in children's play, learning and development.

## Areas for improvement

1. To enable children to benefit from care and support that is right for them, the provider should review children's personal plans. These should be meaningful, working documents that support children's care. They should include strategies to support children's wellbeing and document progress made. Personal plans should be regularly reviewed with children and families to ensure information is up to date to reflect children's current needs, wishes and choices. This will contribute to ensuring each child receives appropriate care and support and their wellbeing needs are met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

## 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

Overall, the service was bright and well ventilated, staff had tried to make the most of the small space available indoors. A quiet space had been created which included a small sofa, cushions and blankets, children used this space well throughout the session. This meant there was space for children to rest and relax. One family commented, "It'd be great if the room was larger, but it's ok". Another told us, "It's more difficult if the weather is bad and everyone is indoors, my child does ask for quiet time occasionally and is provided with a cosy corner, cushions, blankets".

The indoor space was busy and not well organised. The floor space was occupied by desks used by another service when the club was not operating. This layout took up a lot of space and limited children's opportunities to use the whole space. The service should ensure the space is sufficient for the number of children it is registered for. They should measure the useable space and liaise with the Care Inspectorate to see if any further action is required. The service should review and refresh the indoor play environment including resources. While games and resources were available, these were overly stacked, creating a cluttered environment. This disorganisation could impact children's ability to engage meaningfully with resources and make independent choices. **(See Area for improvement 1)**

The outdoor space was large; however, there was a limited range of resources available to children. While children were making the most of what was available and enjoying themselves, there were missed opportunities to support challenge and extend children's interests in the moment. For example, resources primarily consisted of balls, loom bands and some board games. Expanding the variety of outdoor resources such as, loose parts and natural materials would extend children's problem-solving skills, creativity and critical thinking. **(See Area for improvement 1)**

The service could strengthen the approach to risk assessing both the indoor and outdoor environments to further enhance children's overall safety. For instance, the resource cupboard was disorganised with some stacked resources on top of the unit. Although unsupervised access to the cupboard promoted children's independence and choice, this presented a risk of items falling on children when choosing resources. Outdoor checklists were completed throughout the session; however, their effectiveness was inconsistent. One family commented, "Staff are capable and conscientious, although occasionally the entrance gate could be more regularly secured". We observed, open gates when parents were in the playground, staff did not shut these to show parents that this was important. We also found a gate ajar meaning these had not been checked as often as they could have. Consequently, these inconsistencies posed a potential risk to children's overall safety. **(See Area for improvement 2)**

Systems for reporting maintenance concerns were mainly effective and actions were taken to follow up on ongoing issues. Some areas of the service, particularly the building's exterior, appeared tired and required repair. For example, the wooden frame around the perimeter had begun to rot. While the service had reported this issue and was awaiting an update on the repair, we asked the manager to take action to minimise the risks until the repair was complete.

Appropriate processes to promote infection prevention and control were in place. For example, tables were cleaned before and after snack. Children were familiar with hand washing routines, washing their hands before eating and after using the toilet. To further mitigate the spread of infection, we encouraged the service to enhance handwashing routines following mealtimes. The staff toilet needed attention, items including, mops, buckets and a hoover were not stored effectively. This increased the risk of cross-contamination and created an uncomfortable space for staff.

## Areas for improvement

1. To support children's play and learning, play spaces and resources should reflect children's current interests, be well-organised, well-maintained and attractively set up for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

2. To ensure staff and children are as safe as possible, the manager and staff in consultation with children should develop and implement effective risk assessments for the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is safe and secure' (HSCS 5.17).

## How good is our leadership?

## 3 - Adequate

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

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

Overall, the service had created a welcoming environment where children's views were respected. This aligned well with the club's vision, values and aims, which included building strong relationships within a safe and nurturing environment. One family commented, "Staff are friendly and accessible. The long term staff provide some reassuring stability". Another family commented, "Staff are kind, responsible, great with the children".

Children were involved in decision-making processes, discussions with staff and evidence gathered confirmed regular consultation took place. The service used methods such as, keyworker meetings and a, "you said, we did" approach to promote children's voices and demonstrate how their suggestions were implemented. We encouraged the service to review and document children's suggestions more promptly. This timely approach would reinforce that their ideas are truly valued and visibly demonstrate their influence on the club's activities.

Families could be more meaningfully involved in how the service develops. The manager should review current methods in seeking family feedback to better inform improvements. While some engagement existed, there was limited evidence of how families actively contributed to shaping the service. This collaboration could help ensure the service consistently meets the needs of children and families. A previous area for improvement in place had not been met, we have reworded this to reflect progress made by the service. **(See Area for improvement 1)**

The service had made a positive start to self-evaluation. The improvement plan, which was still in its early stages, appropriately identified key areas such as, promoting children's emotional well-being and building relationships with new staff and families. To support a cycle of continuous improvement the service should consider what progress is made and the impact improvements are having. This could help the manager and staff to effectively monitor improvements, assess any gaps and drive continuous improvement.

Quality assurance systems should be improved, particularly systems for auditing and reviewing paperwork and the environment. For example, incidents, risk assessments and child protection procedures for staff need strengthening. While systems existed for updating key documents, such as children's personal and healthcare plans, the information within them was inconsistent and did not always promote positive outcomes. We have reworded the previous area for improvement in place to reflect the progress made. **(See Area for improvement 1)**



The approach to supporting staff development should be improved. Senior leaders maintained a staff training overview focused on core areas such as, first aid and child protection. However, more training is needed to aid staff skills in promoting children's wellbeing and implementing support strategies. At times staff missed opportunities to promote positive wellbeing in children. Also, newer staff had engaged in limited training and development opportunities, while the manager provided some support further training was needed to address gaps in skills and support staff to develop the knowledge needed in key areas of practice. For example, children protection procedures. All staff including the manager should be better supported to review and reflect on their practice. An appraisal had been undertaken for one staff member, which identified strengths and areas for support. However, documentation was incomplete and no next steps had been identified. Regular support opportunities could facilitate crucial self-reflection on staff strengths and the identification of future training needs. (See Area for improvement 1 under section 'How good is our staff team?')

### Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service, the manager and staff team should ensure robust self evaluation and quality assurance is taking place. This should be well organised, so it is achievable, reviewed and monitored over time.

This should include but not be limited to,

- a) monitoring the impact of personal plans and ensure timely reviews
- b) ensure all children have an emergency procedure in place should their medication not be effective
- c) use of a range of best practice guidance for benchmarking the service against and inspiration for improvement
- d) inclusion of family views to inform self evaluation.

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).

### How good is our staff team?

**4 - Good**

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

### Quality Indicator 4.3: Staff deployment

Effective levels of staffing contributed to positive outcomes for children. Staff had lots of time to meaningfully engage the indoor and outdoor space. Families agreed there were always enough staff in the service to meet their child's needs. One family commented, "there is always staff around". Another told us, "I can see the kids are always within the eyesight of the staff". Consequently, children's needs were met as there was enough staff present and available to respond to them.

Children benefitted from a warm and caring staff team who were developing positive and supportive relationships with each other. They worked well together to create a positive, fun atmosphere. While some staff were qualified with a range of strengths and experience, we encouraged the service to use information gathered from staff appraisals to support the team in extending their knowledge, skills and overall development. This would ensure continuous professional growth and further enhance the quality of care for children. **(See Area for improvement 1)**

Unplanned and planned absences were managed well, meaning children experienced consistent and familiar adults. This promoted children's sense of security and familiarity. Recent vacancies had been filled with staff who demonstrated genuine enthusiasm for their roles and for building relationships with the children. Gaps in shift patterns were managed by familiar covering staff. This meant children experienced continuity of care and support.

Staff demonstrated flexibility across the afternoon, deploying themselves in both indoor and outdoor spaces to effectively support children. The relatively newly formed team were aware of where to place themselves which meant children were mostly insight. They communicated well when tasks took them away from their responsibilities. As a result, children were effectively supervised which contributed to their overall safety. We discussed with the service continuously reviewing the balance qualified and unqualified staff across indoor and outdoor spaces. This approach will provide valuable opportunities for new staff to learn and extend their skills and knowledge by observing positive practice.

The provider and senior managers should review the induction process for new staff. This process should comprehensively cover core areas of practice and begin promptly to ensure staff can effectively implement key procedures, particularly child protection and whistle blowing. This is to ensure staff have the necessary knowledge and skills to promote consistently positive outcomes for children and families. **(See Area for improvement 1)**

## Areas for improvement

1.

To support and strengthen the skills, knowledge and experience of the staff team, the provider should ensure that effective arrangements are in place for inducting and developing the staff team. Induction and ongoing support processes for all staff should comprehensively cover core areas of practice.

This should include but is not limited to,

a) Ensuring new staff are supported to develop the skills they need through professional learning, modelling of good practice and supportive mentoring.

b) Developing the skills and competencies of existing staff, including supporting the manager in their role.

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

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

### Requirements

#### Requirement 1

By 29 February 2024, the provider must ensure children's health, welfare and safety are secured each day by being cared for by the right number of staff.

To do this the provider must at a minimum consider:

- a) The needs of children attending the service as outlined in their personal plans and risk assessments.
- b) The mix of experience, knowledge and skills in the staff team.

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 needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 18 April 2025.**

#### Action taken on previous requirement

Children's health, welfare and safety was secured as there were enough staff present to meet their needs and respond to any change's needs. Staff knew children well, meaning their needs could be considered and acted upon. This helped to keep them safe and engaged.

The service had filled vacancies and the team were working well together to support children's health, welfare and safety. For example, they provided effective supervision to keep children safe. Staff were friendly and responsive, helping to create a sense of familiarity and warmth for children.

Overall, children's health, welfare and safety needs were secured. Therefore, this requirement has been met. However, we have made areas for improvement to address the areas of practice which should be strengthened to ensure children experience consistently positive outcomes.

While some progress had been made in relation to children's personal plans, to strengthen personal planning approaches we have made an area for improvement. (See Area for improvement 1 under section 'How good is our care play and learning?')

While progress had been made in relation to staff deployment, we have made an area of improvement to ensure staff are supported to further develop their experience, knowledge and skills. (See Area for improvement 1 under section 'How good is our staff team?')

**Met - outwith timescales**

## 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

The service should ensure all personal plans capture details of all children's needs, interests, dislikes and wishes as well as any strategies of support which are discussed with parents or carers. Plans should be positively and sensitively worded to include all children attending the service. Each child should have their own plan, stored according to data protection guidelines and all plans should be reviewed every six months or earlier as and when things change. This will allow the service to reflect and plan for the changing needs of each child over time.

This is to ensure 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 18 January 2024.**

#### Action taken since then

All children had a personal plan in place, information included permissions, contacts, dietary and health care information. These were stored according to data protection guidelines. Most plans with key information had been reviewed by families in line with best practice guidance. However, some plans did not capture details of all children's needs, interests, dislikes and wishes. While a support plans were in place for children these were not used as a working document to provide consistent support in meeting children's overall needs.

**This area for improvement had not been met**, we have reworded the area for improvement to reflect progress made. (See Area for improvement 1 under section 'How good is our care, play and learning?')

#### Previous area for improvement 2

The service should ensure that all staff are clear on child protection procedures. This should include but not be limited to, an understanding of when to share information with other professionals in order to keep children safe from harm. Staff should also have a clear understanding of where to store confidential information so that they meet best practice guidelines and required data protection guidelines.

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, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 23 June 2025.**

#### Action taken since then

Some staff were unclear on child protection procedures and how to escalate a concern if the manager was absent. Newer staff had not been provided with a comprehensive induction to support them manage a concern in line with the service's procedures. Two signs with different information were displayed to support staff manage a concern, this could lead staff being unsure who they should report a concern to. All children's confidential information was stored securely and in line with best practice guidelines.

**This area for improvement had not been met.** We have identified a further area for improvement to address the areas of practice which should be strengthened to ensure all staff have the necessary knowledge and skills to protect children. (See Area for improvement 1 under section 'How good is our staff team?')

#### Previous area for improvement 3

To support children's wellbeing and promote the continued development and improvement of the service, the manager and staff team should ensure robust self evaluation and quality assurance is taking place. This should be well organised so it is achievable and reviewed and monitored over time.

This is so that improvement is focused in the places that will have direct impact on improving outcomes for children.

This should include but not be limited to,

- a) Monitoring the impact of personal plans and medication needs and ensuring timely reviews.
- b) Use of a range of best practice guidance for benchmarking the service against and inspiration for improvement.
- c) Inclusion of family views to inform self evaluation - the development of a clear improvement plan to guide the team and enable them to review improvement over time.

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

**This area for improvement was made on 18 January 2024.**

#### Action taken since then

Some progress had been made to self evaluation and quality assurance processes. However, these needed to be strengthened to ensure all areas of the service are monitored, reviewed and improvements made accordingly. See the main body of the report 'How good is our leadership?'.

**This area for improvement has not been met,** we have reworded the area for improvement to reflect progress made. (See Area for improvement 1 under section 'How good is our leadership?')

## Previous area for improvement 4

To allow children the opportunity to view photographs of themselves more clearly, we recommend that the service provide colour photographs to display.

National Care Standards 3 Early Education and Childcare up to the age of 16 - Health and Wellbeing.

**This area for improvement was made on 23 August 2016.**

### Action taken since then

Photo books captured children's play and experiences within the club. For example, seasonal parties and activities they had been involved in. See main body of the report, 'Quality Indicator 1.3: Play and learning'.

**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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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