

# Stonehaven After School Club Day Care of Children

Stonehaven Community Education Centre  
Bath Street  
Stonehaven  
AB39 2DH

Telephone: 07710 515 640

**Type of inspection:**  
Unannounced

**Completed on:**  
16 June 2025

**Service provided by:**  
Stonehaven After School Club

**Service provider number:**  
SP2006008357

**Service no:**  
CS2006123466

## About the service

Stonehaven After School Club is situated within the Community Education Centre in Stonehaven, Aberdeenshire. The service is registered to provide a care service for a maximum of 60 school-aged children at any one time. Up to 51 children were present during the inspection.

The service is close to parks, a beach, local primary schools, and other amenities. The service is registered for children to have access to the outdoor hall, red and blue rooms, and a fully enclosed outdoor playground.

## About the inspection

This was an unannounced inspection which took place on 11 June 2025 between 14:45 and 18:00, 12 June 2025 between 07:20 and 08:30 and between 14:30 and 18:00, and 13 June 2025 between 07:15 and 14:30. 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.

To inform our evaluation we:

- spent time with children using the service
- spoke with seven of their parents/carers
- received 25 responses to our request for feedback from parents and staff through our online questionnaire
- spoke with staff, management, and the board of directors
- observed practice and children's experiences
- reviewed documents.

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 cared for by kind and caring staff.
- Children's overall wellbeing was not supported through the effective use of personal planning.
- Children were at significant risk of choking due to walking around the room eating at snack time. Due to the risk concerning children's safety, we issued a letter of serious concern to the provider.
- The service was not complying with the conditions of their registration for the capacity of the room.
- The outdoor hall required a deep clean and maintenance work to provide a safe and welcoming environment for children.
- Quality assurance systems needed to improve to ensure children experienced consistently positive outcomes.
- Most children appeared happy and confident while attending the club.

## 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?	2 - Weak
How good is our setting?	1 - Unsatisfactory
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

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

## 2 - Weak

We evaluated different parts of this key question as **weak** and **adequate**, with an overall grade of **weak**. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we issued a letter of serious concern to the provider.

### Quality Indicator 1.1: Nurturing care and support

Children experienced kind and caring interactions from staff. They appeared happy and confident in the service. Children advised they enjoyed spending time with staff and other children who attended from different schools across the area. Some positive relationships had been formed which helped children to feel safe and secure. Most parents agreed they were happy with the care and support their child received. A parent commented, "They all seem caring" and a child shared, "The staff are nice".

Children's overall wellbeing was not fully supported through the effective use of personal planning. Information had been gathered when children started in collaboration with families, including their basic needs, preferences, and strategies of support. Some parents disagreed that they were fully involved in developing and reviewing their child's personal plan, with one commenting, "I have not reviewed [my child's] plan since they started". Most plans had not been updated and did not contain relevant information to support children's current needs. For example, in some of the personal plans, medical information or strategies of support for those who required additional support had not been reviewed. This meant there was a potential for the information to no longer be relevant or accurate. Not all staff were fully confident in using children's personal plans to be familiar with their individual needs and preferences. This meant children were at risk of their health and wellbeing needs not being fully met. We raised this with the management team who agreed to implement a review system to ensure up-to-date information was gathered for all children (see requirement 1).

Systems for medication could be further developed to keep children safe. Healthcare plans were in place for children who required medication. However, where children required more than one type of medication, the information was recorded on the same form. This meant there was a potential risk where children could be given the wrong type or dosage of medication. Most medication was stored appropriately and consent forms were in place. Not all forms had been recently reviewed to ensure the information remained current and up-to-date. The manager agreed to audit and improve medication procedures to ensure the health and safety of children at all time (see requirement 1, under key question 3 'How good is our leadership?').

Most children did not experience safe and positive mealtimes. On the first day of inspection, children were given snack on arrival at the club. There were not enough seats available for children to sit and they were not encouraged by staff to sit down when eating. Several children were walking around the room eating and with food in their mouths which increased the potential risk of choking. There was also the potential for staff not to notice due to the high number of children and level of noise within the room. We raised our concerns with the management team and made a requirement within a letter of serious concern to the service on 12 June 2025.

We followed up on this requirement on 13 June 2025. The management team had implemented a new snack routine which was a calm and relaxed experience for children. Less children were in the room at snack time and there were enough seats available to them. Staff sat with the children, however there were times when staff sat with their back to children or left the table while children were eating. Staff were more vigilant

when children were eating. There were two occasions when children left the table with food in their mouths. A few staff were not confident in engaging with children to support them in remaining seated and promoting their safety. The manager agreed to action this immediately. While there were some improvements to snack, the requirement had not been fully met and has been extended. We signposted the manager to the Care Inspectorate's 'Promoting Positive Mealtimes' practice note to support staff knowledge and skills in supporting children's safety (see section 'What the service has done to meet any requirements we made at or since the last inspection' at the end of this report).

Staff had an understanding of their role and the procedure to follow should they have any protection concerns. Child protection training was undertaken by staff annually to keep their knowledge up-to-date. Some staff had also completed further child protection training, specific to their role. We discussed how the use of chronologies should be embedded within the service. These would capture significant events in children's lives and actions taken to support children's overall wellbeing.

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

Most children were busy and engaged in their play. Children enjoyed playing board games, reading, and drawing indoors, while others spent time playing football outdoors. Play experiences promoted opportunities for children to play together and take part in different activities.

Most staff enjoyed playing and having fun with the children. They chatted as they took part in games and drew pictures together. One child shared, "I like going to the club as the staff make it fun for us inside and outside and there is always lots to do". This showed that children valued the different opportunities that were available to them. We identified that staff were not consistent in picking up on children's cues and interests. For example, on one occasion, a child asked to go outdoors and was advised by a staff member that it was not time to go out yet. Another staff member recognised children were keen to go out at this time and secured the playground before opening the area for children. We encouraged the management team to support and respond to children's interests consistently. This would further promote children's engagement in purposeful play.

Opportunities to extend children's learning or enrich play through skilful interactions were limited. Not all staff used high quality interactions, such as effective questioning, to extend children's creativity and curiosity during play. This meant that there were missed opportunities to provide challenge and empower children to progress their thoughts and ideas (see area for improvement 1).

Children benefitted from some opportunities to develop their literacy and numeracy skills. They spent time writing with stencils at the drawing table and reading books. While some children developed their numeracy skills through board games, there was scope for this to be further developed. The staff should develop resources to further promote literacy and numeracy and embed these in play experiences.

Children valued the opportunities they were given to take part in a variety of play experiences. One child commented, "There's always craft and games but sometimes other stuff to do". Children spent time drawing, reading, and building with construction kits. Staff and children took photos of play experiences and children were keen to show these to their families. A group of children spent time with a staff member building a tower with magna-tiles. Once completed, another child took their photo together with their model. Staff advised they used these to plan for children's interests and learning experiences. However, children's involvement in planning experiences was not fully evident. We encouraged the management team to reintroduce their floor book to record different experiences children had taken part in. This would encourage children to share their views and reflect on their learning and to help plan experiences they enjoy.

Opportunities for play and learning were enhanced through connections to their community. There were regular trips to visit parks, the beach, outdoor swimming pool, and other amenities. Parents felt this was a strength of the setting and that their children benefitted from exploring their community with their peers. These opportunities promoted children's health and wellbeing and connection with the local community.

## Requirements

1. By 15 August 2025, the provider must ensure that children's health, care, and wellbeing needs are met through the implementation of effective personal planning.

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

- a) All children have a personal plan which sets out what their individual needs are and how these will be met.
- b) Personal plans are reviewed and updated in partnership with parents or carers, and children where appropriate, at least once every six months or sooner if required.
- c) Staff are familiar with the information recorded in personal plans and use this to effectively support children.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

## Areas for improvement

1. To support children's learning and development, the provider and manager should ensure children experience high quality play and learning which supports them to have fun and promote curiosity and challenge, relevant to their age and stage of development.

This should include, but is not limited to:

- a) Ensuring staff are knowledgeable in supporting children's learning.
- b) Ensuring the environment is well resourced and inviting for children.
- c) Ensuring staff plan for and evaluate activities and experiences to promote challenge and interest for the children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can direct my own play and activities in the way that I choose and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning, and creativity' (HSCS 2.27).

## How good is our setting?

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an **unsatisfactory** level of care for this key question.

**Quality Indicator 2.2: Children experience high quality facilities**

Children's health and safety was compromised due to the service not operating within their conditions of registration. The service's registration certificate states that "During the operating times the service will have the exclusive use of the outside hall and toilets, the red and blue rooms and the enclosed outdoor play area". The children were being cared for only within the outdoor hall which is registered for approximately 20 children. At the time of the inspection, up to 51 children were being cared for in this room along with seven staff which meant that the room was significantly over capacity. It was very noisy and chaotic, with children climbing on and over furniture when moving around the room. This created a potential risk for children to get upset or hurt. If children required their individual needs to be immediately met, staff may not have noticed and they would not have received the individual support they required. This meant children's safety was significantly compromised. Staff and children also used the same toilets which created an infection control risk. These significant concerns were raised with the manager and provider who took immediate action to secure access to the blue room, additional toilet facilities for the children when attending the club, and separate toilets for staff. They were also made aware of their responsibility to comply with the conditions of registration at all times. They also may need to reduce their intake if they do not have access to all areas identified on the registration certificate (see requirement 1).

Children were not cared for in a clean and safe environment. Bins in the kitchen did not have lids and were dirty and food was left uncovered which was an infection prevention and control risk. Areas of the kitchen and the children's toilets, including the floors and walls, were dirty. We advised the management team of this on the first day of inspection and staff took action to carry out a further clean of the toilets for the second day of the inspection. Infection control procedures, such as handwashing at key times, were not consistently carried out or encouraged. We were advised a cleaning routine that was previously in place was no longer carried out. The management team agreed to implement a new cleaning routine to address these concerns.

Many areas of the environment were in a poor state of repair. For example, kitchen equipment, such as the oven handle and cupboard doors, were broken or missing. Some toys were broken and children chose not to use them, which limited their experiences. Children's photographs and artwork were displayed, encouraging a sense of ownership. The paintwork was significantly chipped on walls and radiator covers around the room, which meant the overall environment did not provide children with a welcoming and well maintained space. Following the inspection, we were advised that the manager had started to plan for a deep clean and repair works to take place to provide children with a safe and welcoming environment (see requirement 2).

Children benefitted from taking part in energetic play outdoors. Many children chose to spend time in the playground, taking part in different types of physical play, such as football and riding on swivel scooters. The service had identified the need to further develop play and learning resources for outdoors and one child shared, "I would like to do some planting but we don't have the stuff to do it". Staff were in the process of organising a fundraiser to help improve outdoor play opportunities. They had involved children in this process through making posters and choosing activities. Staff were enthusiastic about developing the outdoor area further to support children's experiences.

Due to the number of children in the room, there were limited opportunities for children to access calm, quiet areas. Some children spent time on cushions in a corner, reading. However, this area was not inviting and the service should develop cosy, welcoming, quiet areas for children to rest throughout the session.

While most resources were used by children, we identified that there was further scope to develop play resources, such as embedding natural, open-ended materials. Play resources and learning areas should continue to be developed to fully support children's creativity, imagination, and problem-solving skills.

## Requirements

1. By 25 July 2025, the provider must ensure children's safety, health, and wellbeing by complying with the conditions of registration.

To do this the provider and manager must, at a minimum, ensure:

- a) Children are cared for in the areas and spaces which are on the registration certificate.
- b) Staff/visitors and children to have access to and use separate toilet facilities.
- c) Ensure that children have access to and use the toilets within the outdoor hall and community centre.

This is in order to comply with section 64(1)(b) and (3)(a) of the Public Services Reform (Scotland) Act 2010.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have enough physical space to meet my needs and wishes' (HSCS 5.22).

2. By 15 August 2025, the provider and manager must ensure children experience a clean, safe, and well maintained environment.

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

- a) Staff implement effective infection prevention and control procedures and practice.
- b) Effective cleaning practice is carried out in all areas of the service.
- c) Equipment, furniture, resources, and decoration are clean and in a good state of repair.
- d) Effective handwashing routines are embedded in practice and during key points throughout the session.
- e) Implement an action plan for remedial works to be carried out to improve the environment, materials, and resources with timescales.

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 that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.24).

## How good is our leadership?

**2 - Weak**

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



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

The aims of the service included providing a caring environment where all children are welcomed and accepted. These aims were shared on the noticeboard with parents. The service's aims had not been updated recently. We encouraged the service to review the aims and objectives with staff, children, and families to help ensure they reflected the current aspirations of all stakeholders.

There were some opportunities for parents to be involved in the development of the service. Parents advised that they had recently seen an improvement in their involvement, with one commenting, "Having the sign out table has been great to have a dedicated person there when picking up". Staff advised that following parental feedback, this had been an improvement priority to further involve parents and children in decision-making. The manager advised they were in the process of setting up a children's committee to promote their interest in carrying out different roles and responsibilities. This would support children and their families in being meaningfully involved in developing the service.

As identified during the inspection and throughout this report, quality assurance, self evaluation, and improvement plans were not embedded in practice to promote high quality outcomes for children and families. A quality assurance calendar was in place, however there were significant gaps in ensuring children's safety, health, and wellbeing. Effective and regular audits of staff practice, environment, and key documents, such as personal plans and medication, were not carried out to ensure children were kept safe and well. Detailed feedback was given in relation to the leadership role and the management team acknowledged this was an area of development and agreed to take action (see requirement 1).

Policies were in place to support the effective running of the service and ensure that children's needs were met. While staff were knowledgeable about these, most required updating to reflect current guidance and legislation. We raised this with the manager who agreed to update these to contribute towards providing a quality service for children.

The provider and management team advised they were committed to making the necessary improvements. They demonstrated positive engagement throughout the inspection process and took immediate action to address some of the concerns identified, as well as engaging in support visits from the Care Inspectorate. Following the inspection, we were advised recruitment for a deputy manager was in progress. This would support the management and team to drive forward improvements.

**Requirements**

1. By 15 August 2025, the provider must ensure children's safety and wellbeing and that they experience high quality outcomes and experiences.

To do this the provider must, at a minimum:

- a) Develop effective quality assurance processes that promote children's health, safety, and wellbeing.
- b) Undertake meaningful engagement with children and families to identify and action the improvements that are required.
- c) Undertake a cycle of self evaluation based on the quality framework and implement an improvement plan.

d) Ensure management and staff are aware of their responsibilities, using best practice guidance and national frameworks and implement this in their practice.

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 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?

**2 - Weak**

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

### Quality Indicator 4.3: Staff deployment

Children were cared for by staff who were committed to their roles. Some parents described staff as "friendly", "approachable", and "accommodating". However, most parents felt that while they had a positive relationship with a few staff, they were not familiar with them all. Parents commented, "I have a strong relationship with a select few members of staff" and "I only know a few of the staff by name and not much about them". We raised this with the manager, who advised they would consider further ways to support families in becoming familiar with staff to support the continuity of care for children through working together.

Staff were respectful to each other and most staff worked well together. Staff advised they enjoyed working at the setting and valued opportunities to spend time supporting the children. Most staff felt that there had been many positive changes recently and that they were valued and supported by management and the staff team. They valued the mix of skills across the team and some positive approaches were in place to support this. Familiar staff were allocated to specific school pick ups and drop offs, to promote consistency for children and contributed to developing positive relationships.

Recruitment of staff did not consistently meet best practice guidelines. When sampling recruitment information, we identified that during the recruitment of staff and board members, sufficient references had not been sought and the required recruitment checks had not fully been carried out. This meant that there was a potential for staff who were not suitable or skilled for the role to be employed. A new chairperson had been identified and the appropriate checks had not been carried out. We discussed this with the provider and manager and signposted them to 'Safer Recruitment Through Better Recruitment' 2023 guidance (see requirement 1).

The management team and board of directors advised they worked closely together. Staff spoke positively about the working relationships that had been formed and how this contributed to supporting children and their families in accessing a quality service. There were a few occasions where the service did not notify the Care Inspectorate as required. We discussed this with the provider and signposted them to the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. Notifying the Care Inspectorate of significant incidents supports discussions with providers that promote children's safety and wellbeing. The provider and manager agreed to take the necessary action and define clearer roles to support the overall care and support children received (see requirement 1).

Newly recruited staff spoke positively about their induction and how this had supported them in understanding their responsibilities. Staff valued the opportunity to spend time getting to know children within the service and become familiar with the different duties they would undertake. Most staff had completed core training and advised this had supported them in their role, such as following child protection procedures. We identified that some core training, such as infection prevention and control procedures, were not being effectively followed. We encouraged the manager to consider having opportunities for staff to revisit training at their support and supervision meetings, to keep their knowledge and understanding fresh and up-to-date. The manager agreed to action this.

## Requirements

1. By 25 July 2025, to promote the safety and wellbeing of children, the provider must ensure there are clearly defined roles and responsibilities amongst the provider, management team, and staff.

This must include, but is not limited to:

- a) The provider and manager have a clear understanding and implement best practice guidance and quality framework to support high quality care.
- b) Ensure that the Care Inspectorate are notified within required timescales of certain events or changes to the service in line with guidance.
- c) Ensure that recruitment and selection of staff meets the legislative and regulatory requirements in relation to safer recruitment.
- d) Ensure relevant individual proposals are submitted on the Care Inspectorate digital portal to allow suitable background checks to be carried out.

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 that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

### Requirements

#### Requirement 1

This requirement was made following a complaint investigation.

By 5 August 2024, the provider must improve the care and support provided to children who require additional support. The provider must ensure staff use effective strategies of support to help children feel nurtured and meet their full potential.

To do this the provider, must at a minimum:

- a) Ensure any strategies used by staff are consistent, sensitive, and effective.
- b) Ensure all staff have a clear understanding of the appropriate and effective strategies to be used with individual children.
- c) Support staff to develop their knowledge, skills, and practice in relation to working with children who require additional support.
- d) Provide staff with opportunities to develop their understanding and practice in relation to supporting children's behaviours and emotional wellbeing.

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 that: 'As a child or young person I feel valued, loved, and secure' (HSCS 3.10).

**This requirement was made on 7 June 2024.**

#### Action taken on previous requirement

Staff were confident in discussing strategies of support for children who required additional support in order to meet their needs. A key worker system was in place for these children, and positive relationships had been formed between children and staff.

Some staff had completed training in relation to supporting children's individual needs and this had been shared at team meetings, to support in upskilling the team. Consistent approaches were in place to ensure children received nurturing care and support, in line with their needs. For example, children who found waiting challenging, were supported by being able to access toys that were of interest to them while they waited.

The manager must now make sure children's personal plans reflect the most up-to-date information (see requirement 1, under key question 1 'How good is our care, play and learning?').

### Met - outwith timescales

#### Requirement 2

By 13 June 2025, the provider must ensure children are kept safe at meal and snack times.

To do this the provider must, at a minimum:

- a) Ensure children are effectively supervised and supported by staff during meal and snack times.
- b) Ensure staff have the knowledge and understanding of safe mealtime experiences and implement this in practice.
- c) Ensure that staff support children to understand and take appropriate actions to prevent the potential risks of choking.

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 that: '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).

**This requirement was made on 12 June 2025.**

#### Action taken on previous requirement

Staff implemented a temporary change in the snack routine to reduce the number of children in the room at one time on arrival to the club. This meant that there was sufficient space for children to eat their snack.

Staff sat with children and some were confident in encouraging children to remain sitting down when eating, to promote children's safety. However, this was not consistent across the team and some staff did not meaningfully engage with children to support them in remaining seated when eating. This must be consistent across the team to continue to promote children's safety and support children in developing their understanding of safe snack times.

While improvements had been made to the snack experience, further consideration needs to be given to staff knowledge and skills in supporting children's safety through snack time to reduce the risk of choking. The management team agreed to take action to address this immediately.

**This requirement has not been met and we have agreed an extension until 25 July 2025.**

### Not met

## 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 good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate

How good is our setting?	1 - Unsatisfactory
2.2 Children experience high quality facilities	1 - Unsatisfactory

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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