

# Green Tree Nursery Day Care of Children

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Smithton  
Inverness  
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**Type of inspection:**  
Unannounced

**Completed on:**  
20 June 2025

**Service provided by:**  
Green Tree Nursery Ltd

**Service provider number:**  
SP2016012685

**Service no:**  
CS2016346063

## About the service

Green Tree Nursery is a day care of children service situated in the Smithton area of the city of Inverness.

The service is registered to provide a care service for a maximum of 75 children up to and including primary school aged children.

The service is situated in a residential area near to local schools, shops, woods and other local amenities. Children are cared for in purpose built accommodation over two floors. On the ground floor two to five year old children have access to two large playrooms. The rooms open directly onto enclosed outdoor areas. Babies up to two years of age are cared for on the first floor. Babies have access to a large playroom and a sleep room. School aged childcare is provided in another first floor room.

Adults support babies to access outdoor experiences.

Each of the playrooms has access to a kitchen area and toilets or nappy changing facilities.

## About the inspection

This was an unannounced inspection which took place on Wednesday 18 June, between 08:45 and 16:30, and Thursday 19 June 2025, between 07:45 and 15:30. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four family members of people using the service;
- reviewed 25 responses to our MS Forms survey of family members of people using the service;
- spoke with staff and management;
- observed practice and daily 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 supported by staff who were calm and were obviously fond of them.
- Parents were very complimentary of the staff team.
- The service had a lack of understanding and knowledge in relation to meeting some children's dietary requirements.
- Some areas for improvement had been identified by management but the pace of change was too slow and had not led to significant improvements.
- There were significant gaps in the areas covered by the quality assurance processes in place. This impacted negatively on some children's experiences and had potential to place children at risk of harm.
- Staff deployment did not always take into account the mix of staff skills, experience and knowledge to positively influence children's outcomes.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
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 made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of children may be compromised.

### 1.1 Nurturing care and support

Most children experienced warm, nurturing approaches. This offered children reassurance and supported overall wellbeing. Staff used soft, calm tones when speaking which helped foster a sense of calmness in playrooms. There were some inconsistencies in staff responsiveness meaning that children's cues for meaningful interaction were sometimes missed.

Overall, most children's care, support and wellbeing benefitted from the information recorded in personal plans to meet their basic needs. Personal plans were reviewed regularly with parents within timescales. However, some recorded information for staff to effectively support children in relation to allergies did not correspond between personal plan documents for some children. This meant that some children's ongoing needs were not met effectively which had the potential to compromise their health and wellbeing. An area for improvement made at our last inspection in relation to personal planning had not been fully met (see section, What the service has done to meet any areas for improvement we made at or since the last inspection). Due to the potential for significant impact on children's health and wellbeing, we have made a requirement in relation to personal plans. **(See requirement 1).**

Arrangements in place for snack meant that there were few opportunities for children aged from three years upwards to be involved in the preparation of snacks. This meant opportunities for the development of independence skills and other learning opportunities were limited. Not all children were actively encouraged to stay well hydrated out with snack and meal times. Babies had homely snack and lunch time experiences. Staff were attentive to ensuring they were well supervised and eating safely while talking to them encouragingly. Three to five year olds had a poorer quality lunch experience. There were insufficient staff to supervise these children as they ate. Staff were often task focussed and meant they were not alert to ensuring that children ate safely. We found there was a lack of understanding and knowledge in relation to meeting some children's dietary requirements. This led to a child eating food that did not comply with their dietary needs. We highlighted this issue to the manager who took immediate steps to resolve this situation

Children were supported to develop independence in their personal care. Staff demonstrated an awareness of individuals who needed support with this aspect of their health and wellbeing. Babies and younger children experienced personal care, such as nappy changing, which respected their privacy and dignity.

Children's health and development needs benefitted from the good arrangements in place for sleep. These were in line with best practice guidance for safe sleep. Parents' wishes had been taken into account in relation to sleep routines for babies and younger children so that they received the opportunity for rest as and when needed. Children were supported to sleep safely through comforting, nurturing interactions. Babies and younger children were well monitored by staff as they slept.

Medication records were reviewed regularly with parents and information contained in these was accurate. This supported medication to be administered at the right time to benefit children's health and wellbeing needs. Methods of storing medication were not yet effective to help staff identify individuals' medication. For example, where children had the same types of prescribed medication, these were not separated into

individual storage. As a result, there was the potential for individuals' medication to be mixed up. Rescue medication was not stored in accordance with best practice to support easy access in an emergency situation. Auditing processes were not yet effective in managing the storage of medication in line with best practice guidance. As a result an area for improvement in relation to the management, storage and administration of medication remains in place. (see section, What the service has done to meet any areas for improvement we made at or since the last inspection).

### 1.3 Play and Learning

Overall, children of all ages had fun while playing and were mostly supported to follow their interests. Some staff were skilful in using high quality interactions to extend children's ideas, learning and vocabulary. We found that some staff missed children's cues to interact and engage them meaningfully in activities. This meant that not all children's play and learning was benefitting from high quality interactions to extend knowledge and understanding. We suggested the process of staff practice monitoring could with individual feedback, support the service to develop staff skills and knowledge where there was an identified need.

There were some opportunities for children to develop skills, knowledge and understanding in literacy and language. Babies and toddlers enjoyed regularly hearing and singing action songs and rhymes. Three to five year olds were read stories regularly. This opportunity tended to be adult led, for example, at set times rather than on demand. This approach did not always fulfil children's interests and needs. There was scope to develop a wider range of mark making activities for children to promote development of fine motor and early writing and skills. This included providing opportunities for children to make choices about how and where they wanted to draw and make marks.

Some play and learning opportunities were planned to reflect children's interests. Opportunities for children to experience and explore numeracy knowledge and skills though play could be further developed. There were few opportunities on offer for children to count, measure or engage in language related to numeracy. Younger children lacked some basic sensory and messy play opportunities. There was at least one sensory activity offered for babies and toddlers each day. This was at an adult directed time with activities such as playdough, water and sand play only sometimes on offer. This led to some developmentally appropriate experiences being limited for some children. As a result we made an area for improvement. **(See area for improvement 1).**

During our inspection, three to five year old children were being supported to experience and connect with the wider community. A group of children visited the manager's croft to learn about and interact with some farm animals. Some high quality interactions, such as effective questioning and use of vocabulary enabled the children to describe their experiences.

Children's progress in development and learning was not yet consistently recorded in observations. The service was at the early stages of developing their approaches to planning for and recording observations of children's skills, knowledge and understanding. We found that some children had more observations recorded than others. Observations of babies' experiences demonstrated how staff were supporting next steps. Many observations of older children did not include next steps. Where next steps in learning and development were identified, this was not reflected in intentional planning. This meant that there was the potential to miss opportunities to plan meaningful experiences and activities that support children's stage of development and current interests. Some planning was recorded in floor books but this was not yet effective in supporting individuals' development and progress. The service should now continue to develop a cohesive approach to responsive and intentional planning which takes account of individuals' interests, progress and next steps.

During breakfast and out of school care, not all children enjoyed experiences which were personalised or

sufficiently challenging for their stage of development. This led to some children not being meaningfully engaged in play and activities. For example, opportunities to play outdoors were not supported during our inspection. **(See area for improvement 1).**

## Requirements

1. By 19 September 2025 the provider must ensure individuals' specific health and wellbeing information, as documented in personal plans, is understood and followed correctly by all staff.

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

a) Recorded information about individuals' needs, and how to meet these effectively, is accurate and corresponds between personal plan documents.

b) All staff demonstrate knowledge and understanding of information recorded in personal plans.

c) All staff understand and implement strategies effectively and consistently to meet children's health and wellbeing needs.

This is to comply with Regulation 4(1)(a) 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:

"My care and support meets my needs and is right for me". (HSCS 1.19).

## Areas for improvement

1. To enable and support all children to reach their full potential, the management team and staff should, as a minimum, ensure play spaces offer a range of resources and materials. These should challenge and stimulate children's development and learning, and reflect their current interests and curiosities.

This should include, but is not limited to, increasing the range of sensory play experiences, loose parts, open ended and natural materials available to foster imagination and creativity.

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

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

## How good is our setting?

### 3 - Adequate

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

#### 2.2 Children experience high quality facilities

Children were cared for in a modern, purpose built setting. This provided opportunities for good ventilation

and lots of natural light in playrooms. Rooms were neutrally decorated with some homely touches. Thought had been given to providing plenty of space for babies and toddlers to safely develop gross motor skills such as walking.

The service was continuing to develop the play environments both indoors and outdoors. Some spaces reflected children's current interests, with some appropriate resources and materials to support learning. There were limited resources to support imaginative and role play outdoors. As a result, children were not engaging with the opportunity to use their imaginations or role play with resources such as the mud kitchen. Children's creativity and fine motor skills would benefit from increased opportunities to explore a wider range of mark making and craft materials. Increasing the use of loose parts and open ended materials could create problem solving opportunities and add challenge to this type of play. We suggested that the service looks at providing a balance of play invitations across the playrooms including the outdoor area. For example, there was scope to increase literacy and numeracy opportunities, particularly outdoors. This would support children's curiosity, imagination and creativity.

Children made good use of their local community through regular walks and trips to see the farm animals at a local croft. Staff highlighted how beneficial these were and children really enjoyed their time within their community. Children travelled to and from trips in the service's local mini bus and car. Discussions were made with management around the awareness of best practice around use of car seats in front of car as well use of front seats in the minibus. It was agreed that the manager will take responsibility around this and be clear to parents and have consent forms in place.

We found a number of infection prevention and control issues which had the potential to impact negatively on children's safety, health and wellbeing. Concerns included inadequate supervision of toilets to support pre school children with hygiene routines. We found that children were not well supervised to wash their hands at key times during their day including after a visit to the croft and toileting. This increased the risk of cross contamination and the spread of infection. As a result an area for improvement in relation to the infection prevention and control practices remains in place (see section, What the service has done to meet any areas for improvement we made at or since the last inspection).

## How good is our leadership?

## 3 - Adequate

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

### 3.1 Quality assurance and improvement are led well

The setting's vision, values and aims had been shared with families, who were encouraged to make comment and contribute. Parental engagement was being developed through stay and play visits which was still at an early stage. Drop off and collection were mostly conducted at the main door. This meant there limited opportunities for parents to see their children playing and interacting in their playrooms.

Quality assurance processes were not effective in identifying and addressing improvements that would have the greatest impact on children's outcomes and experiences. Improvement priorities did not always reflect the needs of the children. There were significant gaps in the areas covered by the quality assurance processes in place. For example, monitoring of staff practice monitoring was not yet in place as well as staff deployment around lunchtimes did not meet the children's needs and had the potential to compromise their care. This meant children's experiences across the day were not effectively monitored and evaluated in the service was ineffective and had the potential to compromise children's wellbeing. As a result an area for improvement in relation to quality assurance processes remains in place (see section, What the service has

done to meet any areas for improvement we made at or since the last inspection).

Monitoring of staff practice was in early stages of development. There were not meaningful opportunities to support staff to reflect on and develop their practice. This meant children's experiences across the day were not effectively monitored and evaluated. Effective systems were not yet in place to support staff to reflect on their practice and the service as a whole. This led to children experiencing inconsistent support to make progress. Monitoring of staff practice was not yet having a measurable impact on children's outcomes. Opportunities for staff to reflect on their practice, for example, through support and supervision, were not yet sufficiently regular to positively impact on making improvements in the service. This limited the overall ability of the service to improve outcomes for children.

## 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. Without improvement as a matter of priority, the welfare or safety of children may be compromised.

### 4.3 Staff deployment

Some children's outcomes and safety were affected by staff deployment which did not take account of the routines, activities and staff skills mix across their day. Staffing was not outcome focused and this led to gaps in effective supervision for some children at key times of their day. (See section, What the service has done to meet any areas for improvement we made at or since the last inspection, area for improvement 5). Some staff were not proactive in highlighting and finding solutions to gaps in ratios to improve this. This increased the potential for some children's outcomes and safety to be compromised, for example, during snack and lunch times. An area for improvement made at our last inspection in relation to staff deployment had not been fully met (see section, What the service has done to meet any areas for improvement we made at or since the last inspection). Due to the potential for significant impact on children's needs, safety and wellbeing, we have made a requirement in relation to staff deployment. **(See requirement 1)**.

Communication between staff was inconsistent. This led to inconsistencies in the quality of children's support and care. For example, when asked, staff caring for older children were not able to tell inspectors how many children they were responsible for at a given time. Not all staff were making good use of walkie talkies to enable effective supervision, particularly for three to five year old children playing in the outdoor area. This had the potential to impact on the safety and wellbeing of children.

Overall parents were very positive about their relationships with staff. They told us via MS survey;

'Staff are approachable, kind and caring to my child'.

'Friendly staff , Children enjoy it, lots for them to do'.

'Always friendly greeting, goodbye. Feel like everyone at the nursery knows my child and us as parents. My child is always happy going into the service'.

'Friendly team who know our kids well. All their health and wellbeing needs attended to well, as well as a strong theme of play'.

Appropriate arrangements were in place to maximise and manage staff attendance. This helped support



staff to understand the impact of absence on children's experiences and outcomes. As a result, children benefitted by being cared for by familiar staff with whom they had developed attachments.

## Requirements

1. By 19 September 2025 the provider must ensure deployment of staff supports children's needs, safety and wellbeing at all times.

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

- a) Staff breaks and tasks are well planned around busier times of the day, such as snack and meal times.
- b) Staff demonstrate a proactive approach to identifying and finding solutions to gaps in ratios.
- c) Staff are aware of the movement of children between areas and communicate effectively to enable appropriate levels of supervision at all times.

This is to comply with Regulation 4(1)(a) 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 high quality care and support based on relevant evidence guidance and best practice". (HSCS 4.11).

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

## Areas for improvement

### Previous area for improvement 1

To support positive outcomes for children, the provider should ensure that personal planning enables each child to receive appropriate care and support to meet their needs, and:

- a) ensure personal plans set out children's current needs and how they will be met;
- b) ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs;
- c) ensure personal plans are regularly reviewed and updated in partnership with parents.

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).

**This area for improvement was made on 12 September 2024.**

## Action taken since then

Some children's identified needs were not being met effectively. Recorded information about children's care did not always correspond between personal plan documents. This meant there was an increased risk of children's wellbeing and health being compromised.

Not all staff were aware of or fully understood the details and strategies recorded to support children's needs. This led to a child not receiving the correct care to support an identified need in relation to allergies.

Children's personal plans had been regularly reviewed within timescales. Not all personal plans were meeting children's ongoing needs effectively. This was because some records had details that were not consistently or accurately transferred to documents, such as chronologies. This meant there was the potential for important information to be missed which could enable needs to be met with the right support at the right time. As a result, there was the potential for there to be a significant impact on children's health and wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How good is our care, play and learning?'

## Previous area for improvement 2

To support the health and wellbeing of children, the manager should ensure that medicines are stored and managed in accordance with best practice guidance. This should include but is not limited to:

a) ensuring that staff are knowledgeable and competent in relation to safe record keeping and administration of medication;

b) implementing an effective system for management to audit and review the storage, management and administration of medicine.

This is to ensure that medicine management practices are consistent with the Care Inspectorate document: "Management of medication in daycare of children and childminding services."

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

"I experience high quality care and support because people have the necessary information and resources".(4.27)

**This area for improvement was made on 12 September 2024.**

## Action taken since then

Children's health and wellbeing was supported by medication records which were accurate and regularly reviewed with parents. This supported medication to be administered at the right time to benefit children's health needs.

Methods of storing medication were not yet effective to help staff identify individuals' medication. For example, where children had the same types of prescribed medication, these were not separated into individual storage. As a result, there was the potential for individuals' medication to be mixed up. Rescue medication was not stored in accordance with best practice to support easy access in an emergency situation. This meant that auditing processes were not yet effective in managing the storage of medication in line with best practice guidance.

This area for improvement has not been met and remains in place.

### Previous area for improvement 3

To keep children healthy and safe, the service should ensure that effective infection prevention and control practices and routines are in place and consistently practiced.

This includes but is not limited to, ensuring that:

- a) staff are knowledgeable and competent about all aspects of infection prevention and control, including appropriate use of PPE;
- b) children are supported so their handwashing hygiene and routines are effective and following infection prevention and control guidance.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: "Health protection in children and young people settings, including education."

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

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

**This area for improvement was made on 12 September 2024.**

### Action taken since then

Children's health and wellbeing was not always supported by effective infection prevention and control measures. For example, during a trip to visit and feed farm animals, there was not an opportunity for children to wash their hands thoroughly on site with warm water and soap. Hand sanitiser was used but children were not supported to use this effectively and regularly during the visit. This had the potential to compromise children's health and wellbeing. Handwashing on return to the setting after the trip was not well supervised, leading to children not washing their hands effectively before eating. This further increased the risk of compromising children's health and wellbeing by cross infection.

Children's health and wellbeing was supported during personal care, such as nappy changing. Staff used PPE appropriately to help enable good hygiene. Since our last inspection some pictures and decorations had been removed from nappy changing areas. These had been replaced by laminated pictures which could be easily cleaned.

In general, handwashing routines were not consistently supervised to ensure effective hand hygiene. As a result, a significant number of children were not washing their hands well at key times of their day. For example, before and after eating, after touching animals and after playing outdoors. This had the potential to increase the risk of cross infection and to compromise children's health and wellbeing.

This area for improvement has not been met and remains in place.

## Previous area for improvement 4

To ensure that children benefit from improvements which have the greatest positive impacts on their experiences and outcomes, the service should ensure that they have clear, robust quality assurance processes in place.

This should include but is not limited to:

- a) regular opportunities for staff to reflect and self-evaluate practice and improvements;
- b) regular, formal monitoring of staff practice to identify good quality skills and practice as well as training needs;
- c) providing staff with constructive feedback to support them to fully meet children's needs;
- d) regular monitoring of the quality of children's experiences and care;
- e) Auditing all children's information recorded, including medication information, ensuring this corresponds between recording formats.

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 12 September 2024.**

### Action taken since then

The service is in early stages of supporting staff to engage in regular opportunities for reflection and self-evaluation.

- a) Whole team meetings once per term. Self-evaluation practice is in early stages and there is improvements to be made in relation to self evaluation toolkit e.g identifying specific actions, who is responsible, timescales for review.
- b) Monitoring of staff practice was in early stages. There was a structure in place for reflective conversation with staff. Staff practice monitoring was not yet in place. This meant children's experiences across the day were not effectively monitored and evaluated.
- c) Staff were not yet receiving constructive feedback to effect improvements. Some times staff reflections are vague e.g. Impacts of training. Makaton training – did not see in practice. This meant that children's needs were not always fully met e.g. effective, safe supervision while eating. This led to other pressures which affected children's experiences e.g. staff deployment 3-5 lunch, out of school care e.g. effective supervision and support of handwashing, nappy changing room doors open during changing.
- d) Monitoring of children's experiences not yet evident – unless we've missed something. Some environmental auditing but still scope to increase children's choice of experiences and increase literacy and

numeracy experiences. Plus snack and lunch limited opportunities for older children to be involved and to develop independence.

e) Children's information had not been effectively audited. This resulted in impact on children's care. e.g. allergy information was inconsistent across recorded information for individuals.

This area for improvement has not been met and remains in place.

#### Previous area for improvement 5

To support continuity of care with regard to children's safety and wellbeing at all times, the provider should ensure that staff are deployed appropriately across the day.

This should include, but is not limited to planning staff breaks around busier times of the day such as snack and meal times.

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

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

**This area for improvement was made on 12 September 2024.**

#### Action taken since then

Some children's safety and wellbeing was compromised when staff were not deployed appropriately at busier times of the day. For example, children in the three to fives playroom were not effectively supervised during lunch time. Whilst lunch was served only three out of four staff were available. This meant the room was over ratio at this time. Other members of staff became task focused. They did not identify and highlight gaps in children's supervision. As a result, they did not take appropriate action to ensure staff deployment met children's needs. For example, some children ate lunch without an adult to supervise safe eating, to encourage them to eat well and to have a sociable experience.

Staff deployment for children attending out of school care did not meet their needs and had the potential to compromise their care. The staff ratio was not within guidelines for some of the session. This meant there were limited play opportunities, and for outdoor play were not supported. With limited play options some children became restless and were not meaningfully engaged in activities.

Staff deployment affected children's needs being met effectively as supervision of serving of fruit led to cross contamination for a child with a food allergy. Potential to impact on wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How good is our staff team?'

## 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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
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?	2 - Weak
4.3 Staff deployment	2 - Weak

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