

Cherrytrees - Hawick Day Care of Children

5 Noble Place
Hawick
TD9 9QF

Telephone: 01450 378 051

Type of inspection:
Unannounced

Completed on:
3 July 2025

Service provided by:
Cherrytrees Childrens Nurseries
Limited

Service provider number:
SP2003001989

Service no:
CS2008178015

About the service

Cherrytrees - Hawick is registered with the Care Inspectorate to provide a care service to a maximum of 63 children between the ages of 6 weeks and 12 years of whom no more than 21 are under 2 years. Children under 2 years must be accommodated in the Baby Room and the Beanie Room.

At the time of our visit the school aged part of the service was not in operation.

The nursery is situated in a mixed residential and commercial area of Hawick in the Scottish Borders. Close to local walks and community resources.

The building is detached, on one level and used solely by the nursery. There are three play rooms, Babies (0-2years), Tweenies (2-3 years) and Early Learning and Childcare (3-5 years) all rooms have outdoor space accessed directly from each playroom.

About the inspection

This was an unannounced inspection which took place on 30 June 2025 between 9:15 and 17:00 and 01 July 2025 between 10:00 and 14:45. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children in the nursery
- reviewed comments from 16 parents and carers
- spoke with staff and the manager
- observed staff practice and daily experiences for children
- 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 benefitted from kind and caring relationships with staff.
- Further improvements were needed to the development of support strategies for individual children.
- Play experiences for children aged 3-5 had improved but this was not consistent across the setting.
- The provider must assess the premises and make improvements to ensure it meets the needs of children.
- Play and learning environments for children needed to be better organised and resourced to provide child focussed, interesting and comfortable spaces.
- The system for staff appraisal needed to further support staff to understand their responsibilities and support their professional development.
- A range of training was needed to upskill the staff staff group to ensure that they could meet the needs of children.

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

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

Quality indicator 1.1 - Nurturing care and support.

Across the setting children were relaxed and confident with those caring for them. When children arrived in the setting they were warmly welcomed by staff who were known to them. In the 3-5 year age group children went easily to staff who supported children to have fun. Parents commented positively on some of the relationships that staff had with their children. "All the staff are welcoming and friendly." "The staff are enthusiastic and kind and really care for the children and their development." "I feel I can go to them and discuss any queries. They're always happy to give tips whether it's potty training or behaviour related."

Interactions to build strong emotional bonds with children were not consistent across the setting. Some staff were focussed on tasks and did not engage fully with children when carrying out care routines or during their play. Across all age groups a firmer understanding of child development was needed. This would provide support for children's emotional wellbeing in an age appropriate manner (see area for improvement 1).

There had been improvements to the system for personal planning. All children now had information gathered about them to help staff provide support where it was needed. However, staff were not using this information effectively. Some parents who responded to our questionnaire, indicated that they were unsure if they had reviewed information or how it was being used.

Staff had developed a Care Plan + for children who needed support with some areas of their development. However, these had not been developed in conjunction with parents. Most were not in enough detail to tell staff exactly what needed to be done. For example, one plan indicated that sign along would be used but did not say which signs should be used, another said a script would be used to help a child calm down but this script had not been developed. The Care Plan + had been reviewed but staff had not gathered evidence as part of the monitoring process. This meant that staff were unable to say with confidence that support plans were effective.

We made a requirement at our last inspection regarding personal planning and strategies for support. Part of this requirement had been fully met but two elements remained partially met (see area for improvement 2).

There were improved systems in place for safeguarding and child protection. Detailed and appropriate records were kept and senior staff shared relevant information with external professionals such as social workers. Staff had an improved knowledge of child protection through formal training and in house information sessions. We have asked the manager to continue to support staff through opportunities to discuss scenarios and ask questions. This will to ensure that they continue to understand their responsibilities to protect all children.

Children had opportunities to have a relaxed and sociable meal in the setting. Children aged 3-5 years had opportunities to develop independence and choice. They sat with friends and chatted to staff through the well organised meal time. Younger children were well supported and encouraged to develop their eating skills. The space for children aged 2-3 years was limited which resulted in children being squashed

together. We asked the manager and staff to further assess how the space for lunch was arranged for this age group, especially on busier days.

Children's health and wellbeing was well supported by appropriate medication recording procedures and information on allergies and intolerances. We have asked the manager to ensure that medication is stored with a copy of the health care plan for ease of reference. Medication cabinets needed to be large enough to store medication safely.

Throughout the day children aged 2-5 years had significant periods of time when they had access to outdoor areas for fresh air and physical exercise. Babies needed to use the outdoor area on a much more regular basis and for longer periods of time. Older children were beginning to use the local community more regularly for short outings. This helped them connect with their environment.

Quality indicator 1.3 - Play and learning

The level of play and learning had improved for children aged 3-5 years. There had been significant support from the local authority to develop systems for planning of play and learning. Staff had an increased knowledge of how to provide varied and interesting learning opportunities. Children had free flow access to the outdoor space but opportunities for learning outdoors was limited as it was poorly resourced and there was no support for literacy or numeracy. We comment on the overall outdoor environment in quality indicator 2.2.

Play experiences for children aged 2-3 years needed significant improvement indoors and outdoors. A new planning system had been introduced and whilst staff said that they understood the system it was not effective in supporting children's interests or developing emerging skills. Staff were not listening to children or using observations to develop play experiences. For example, one child was very interested in gathering objects in a large dumper truck. However, there were no resources provided for them to collect and staff tried to direct the play to talking about numbers on the trucks, which did not interest the child and was not in the context of their play (see area for improvement 3).

Some of the play opportunities had improved for babies with a greater use of real-life and natural resources which could be used in a number of ways. Staff needed to further develop the play activities outdoors to move away from single purpose plastic resources and provide more engaging play experiences. Further support for staff to understand play for this age group would help them develop the quality of play to ensure it was interesting and focussed on children's interests.

Children's development was shared with parents through the learning journals. Whilst staff were now trying to track each child's development, these documents needed further development to ensure that observations of what children were doing were of good quality and identified learning outcomes. Where next steps had been identified there was very limited information about them being monitored or met. We have re-stated an area for improvement made at the last inspection (see area for improvement 4).

Staff working with children aged 3-5 years supported some children's learning through good use of conversations to encourage thought and problem solving. This still needed embedded to ensure consistency. In the other two age groups there was a lack of understanding of how to have these conversations, often they were either not pitched at the right level or involved questioning children rather than initiating learning conversations. For example, the use of closed questions which stopped children's play and did not enhance learning. We have re-stated an area for improvement made at the last inspection (see area for improvement 5).

Areas for improvement

1. Staff should increase their knowledge of nurture and child development to enable them to forge strong relationships with children and support emotional regulation and wellbeing in an age appropriate manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.19) And 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS 1.29.)

2. Children should receive the right level of care and support. To achieve this, staff should develop support plans for children who need them. These plans should be shared and agreed with parents and regularly assessed to ensure progress is being made to achieve positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14.)

3.
Staff working with children aged 2-3 years should receive further support to enable them to plan and provide rich and varied learning experiences for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, 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 for my age and stage which stimulate my natural curiosity, learning and creativity. (HSCS 2.27.)

4. To ensure that children develop a broad range of skills. The manager should develop the procedures for tracking children's development and learning. This should include ensuring that staff understand how to carry out effective observations and make meaningful assessments of children's development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27.)

This area for improvement was made on 11 April 2024.

5. To support opportunities for extending children's learning. Staff should develop their understanding and use of effective interactions during children's play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'As a child, 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 for my age and stage which stimulate my natural curiosity, learning and creativity. (HSCS 2.27.)

This area for improvement was made on 11 April 2024.

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.

Work had been carried out in the building to meet a requirement made at the last inspection. Toilet facilities for children aged 2-5 had been improved, although the decoration of this area was still outstanding. Nappy changing facilities for this age group had also been improved. In the playroom for children aged 0-2 years a new room divider had been installed to enable multipurpose use and provide an art and craft and eating area.

There were procedures to ensure that risks were minimised through the use of risk assessments. Children told us how they kept themselves safe in the play areas and when out on walks. Entry and exit from the building was monitored by staff and emergency procedures for evacuation of the building were practiced with children to support their safety and security.

There were procedures in place to support infection prevention and control. We observed children being supported to wash their hands at appropriate times and there were discussions with older children about personal hygiene. To enhance infection prevention and control procedures we reminded staff to ensure that play resources were cleaned effectively.

Across the setting there were several areas which needed refurbishment to provide environments which were suitable and valued children's right to play in well-maintained spaces. At the previous inspection we asked for a refurbishment plan. Although this had been provided, minimal progress had been made to improve aspects of the environment to meet the needs of children and the regulations within The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). For example, there needed to be appropriate storage for cleaning equipment, and general resources and re-decoration of some areas. The structure that divided the space between the 2-3 and 3-5 year-olds should be safe and of suitable construction. Further work is needed to ensure there were suitable sinks and surfaces to support handwashing and cleaning of resources. A full and in-depth evaluation of the environment was needed to ensure that the premises continued to be developed to become a well-maintained environment to meet the care and learning needs of children (see requirement 1).

Each age group had an outdoor area, which could be accessed directly from their playroom. This enabled children to choose where they wanted to play. We discussed with the provider the need to improve the outdoor environment with regard to the open aspect of the play space. There was very limited privacy for children from the public walking by and the housing which overlooked the outdoor spaces (see area for improvement 1).

The quality of play furniture throughout the setting was good. However, staff needed to increase their knowledge and understanding regarding the layout of indoor and outdoor environments and the provision of play and learning resources. Areas for play needed to be well resourced and presented attractively to engage children's interest. There was a need to significantly increase the use of resources to support loose parts play for all age groups both indoors and outdoors (see area for improvement 2).

Requirements

1.
By 10 September 2025, the provider must ensure that the building is fit to be used for the provision of a care service.

To do this the provider must at a minimum:

- a) carry out a full assessment of the premises using current good practice documents such as Space to Grow and Thrive
- b) provide a plan to the Care Inspectorate with timescales outlining how they will ensure that the building will be made fit to be used for the provision of a care service.

This is to comply with Regulation 10(2) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1.
The provider and manager should ensure that outdoor play spaces are well maintained and provide more privacy for children's play.

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 5.19).

2.
The manager and staff should use good practice guidance to evaluate and develop indoor and outdoor play spaces for children. Spaces should be focussed on children's needs, well organised, well resourced and developmentally appropriate.

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, furnishings to meet my needs and wishes.' (HSCS 5.23).

How good is our leadership?

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 3.1 - Quality assurance and improvement are led well.

The vision, values and aims of the setting had been reviewed with staff. They linked clearly to aspects of the Getting it Right for Every Child and aspects of the Curriculum for Excellence. They were written in a story format which enabled children, parents and staff to connect with.

The manager had begun the process of evaluating the quality of the service and outcomes for children. Staff had been included in the process and some evaluation opportunities had been provided for parents. An improvement plan had been developed as a result of self-evaluation. We discussed with the manager the importance of ensuring that parents were aware of what action was taken as a result of their comments

and suggestions. As the staff understanding of self-evaluation grew they should be more involved in giving their views and comments.

Auditing of some processes such as medication, accidents and accidents had taken place. These had been effective in improving some of the systems which were in place to ensure children's health and wellbeing. To support continuous improvement the manager needed to begin the process of auditing other areas such as staff practice, experiences for children and the quality of play environments.

The leadership structure in the service consisted of the manager with no additional leadership support in the service. The manager was in the process of beginning to delegate some responsibilities to the playroom co-ordinators in order to try and build leadership capacity and support for playroom staff. To help with this process we have signposted the manager to leadership modules from the Scottish Social Services Council.

Parents who responded to our questionnaire confirmed that communication with the setting had improved. They felt they received a good range of information about their child and what was going on day to day and what was planned for the future. Parents indicated that they felt they could be involved in the setting through attendance at the stay and play sessions or helping on outings.

There was some evidence in floor books of how children influenced some of the play activities. We asked the manager to support staff to hear the voice of the child. This would ensure children's feelings, thoughts and views were heard, recognised and would enable them to take an active role in any decision-making which concerned them. Documents such as Voice of the Infant: best practice guidelines and infant pledge.

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3 - Staff deployment.

The manager recognised the need for sufficient staffing to meet the needs of children. Staffing levels supported routines and activities during the day and took account of staff wellbeing.

Across the 0-3 age group there were many daily routine and care tasks that staff needed to carry out. On the whole staff communicated with each other to ensure that supervision levels were appropriate but some staff took a considerable length of time to carry out tasks. This meant that some of the staff/child interactions were not of a consistently high calibre as some staff prioritised tasks over being engaged with children.

The manager had carried out staff appraisals. These had been a starting point for the professional development of the staff team. The appraisal process needed to be developed and linked to observations of practice and a joint understanding of expectations about roles, responsibilities, performance and professional development (see area for improvement 1).

Some staff had been proactive about additional training or taking opportunities to engage in the voluntary information and training sessions. These were supported by the manager and involved the sharing of good practice information and discussion. The manager needed to carry out a training needs assessment. This would assist in identifying where the gaps in practice across the staff team lay. Some staff were aware of current good practice documents but there was little evidence that they were influencing staff practice. We have re-stated an area for improvement made at the previous inspection (see area for improvement 2).

Staff were provided with child free time update recordings in personal plans and learning journals. This ensured most of these documents were up to date. However, the quality of the observations and the understanding around the use of personal planning needed further improvement.

Staff who responded to our questionnaire felt satisfied in their role and indicated they had opportunities to influence the service. There were opportunities for the staff to meet and discuss the service at whole team and individual room meetings. The manager should continue to develop these meetings, which would support staff to develop a shared understanding and approach to providing a high-quality service.

Areas for improvement

1.

The manager should develop the procedure for professional development and review meetings. These should share assessments of staff practice, developed a shared understanding of roles and responsibilities and identify areas of strength and areas for further professional development.

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.)

2.

To support children's health and wellbeing and further develop and strengthen the staff team's skills, knowledge, and experience. The manager should develop a targeted training programme to address gaps in staff practice and enable staff to develop their knowledge and skills.

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.)

This area for improvement was made on 11 April 2024.

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

Requirements

Requirement 1

By 31 May 2024, the provider must ensure all children receive planned care and support to reach their full potential.

In order to achieve this the provider must, at a minimum:

- a) develop strategies for support for children who need them
- b) ensure that strategies for support are regularly assessed to ensure that evidence-based assessments can

be made

c) ensure that chronologies for personal planning and child protection are able to give an overview of significant events, actions taken or to be taken and communications with external agencies.

This is to comply with Regulation 4(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: '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 requirement was made on 11 April 2024.

Action taken on previous requirement

a) Although staff had developed a Care Plan + for some children who needed support with areas of their development not all children who needed support had strategies noted in their personal plans.
b) Some of the strategies for support were not clear enough nor had they been monitored effectively.
c) There were improved systems in place for safeguarding and child protection. Detailed and appropriate records were kept and senior staff shared relevant information with external professionals such as social workers. Staff had an improved knowledge of child protection through formal training and in house information sessions.

We have deemed this requirement to be met. However, we have included an area for improvement in quality indicator 1.1 - nurturing care and support, to further develop support strategies and ensure that they are developmentally appropriate, monitored and evaluated.

This requirement was met.

Met - outwith timescales

Requirement 2

By 31 May 2024, the provider must ensure that children's health and wellbeing is maintained. To do this the provider must ensure that nappy changing and toilet facilities which meet good practice guidance.

To achieve this the provider must, at a minimum:

a) ensure that nappy changing areas and toilets are not used for storage of general resources
b) that the equipment, flooring and walls can be cleaned effectively.

This is to comply with Regulation 4(1)(a) and (d) (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: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment (HSCS 5.24)

'If I require intimate personal care, there is a suitable area for this, including a sink if needed (HSCS 5.4)

This is to comply with best practice guidance, Nappy changing facilities for early learning and childcare services: information to support improvement' (Care Inspectorate: 2018).

This requirement was made on 11 April 2024.

Action taken on previous requirement

Work had been carried out to improve the toilet facilities and ensure that they could be easily cleaned.

On the day of our visit resources were not stored in toilet areas and children's clothes and nappies were stored appropriately.

This requirement was met.

Met - within 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

To ensure that discussions with families can take place to offer support and monitor children's wellbeing. The manager should assist staff to develop their skills and confidence when interacting with families.

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

This area for improvement was made on 11 April 2024.

Action taken since then

We observed the handover between staff and parents. Staff were more confident in this role and parents commented positively about the information that they received from staff at the end of their child's day and throughout their time in the service.

This area for improvement was met.

Previous area for improvement 2

Children's health and welfare needs should be met by sleeping arrangements which meet current good practice. Information should be provided for parents to outline how good practice will be achieved and maintained.

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 11 April 2024.

Action taken since then

Sleeping arrangements for children were suitable to meet their needs. Children no longer slept in buggies and information was shared with parents regarding the approach to safer sleeping habits.

This area for improvement was met.

Previous area for improvement 3

To support opportunities for extending children's learning. Staff should develop their understanding and use of effective interactions during children's play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'As a child, 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 for my age and stage which stimulate my natural curiosity, learning and creativity. (HSCS 2.27.)

This area for improvement was made on 11 April 2024.

Action taken since then

Staff working with children aged 3-5 years extended some children's learning through thoughtful questions and discussion. This needed to be more consistent across all age groups.

This area for improvement has been re-stated in this report.

Previous area for improvement 4

To ensure that children develop a broad range of skills. The manager should develop the procedures for tracking children's development and learning. This should include ensuring that staff understand how to carry out effective observations and make meaningful assessments of children's development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27.)

This area for improvement was made on 11 April 2024.

Action taken since then

There were now some systems for tracking children's development and learning. Local authority tool-kits had been used for children aged 3 - 5years. The quality of observations and understanding of child development needed to improve to enable all staff to identify significant learning and assess children's progress.

This area for improvement has been re-stated in this report.

Previous area for improvement 5

To ensure that children have access to well organised and maintained facilities, which promote good quality care environments. The provider should submit a plan for refurbishment, with timescales, to the Care Inspectorate.

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

state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22.)

This area for improvement was made on 11 April 2024.

Action taken since then

A plan for refurbishment had been submitted by the provider. Very limited action had been taken with regard to starting or completing any of the work on the plan. We have commented on the need to improve the overall environment in quality indicator 2.2 - Children experience high quality facilities.

We have replaced this area for improvement with a requirement in this report.

Previous area for improvement 6

To support children's health and wellbeing and further develop and strengthen the staff team's skills, knowledge, and experience. The manager should develop a targeted training programme to address gaps in staff practice and enable staff to develop their knowledge and skills.

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.)

This area for improvement was made on 11 April 2024.

Action taken since then

Some staff had engaged with training and being responsible for their professional development. Further work was needed by the manager to identify gaps in knowledge and develop a training plan.

This area for improvement has been re-stated in this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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