

## Balmedie House Care Home Service

Balmedie  
Aberdeen  
AB23 8XU

Telephone: 01358 742 244

**Type of inspection:**  
Unannounced

**Completed on:**  
8 September 2025

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003000265

## About the service

Balmedie House care home is a care home for older people with 34 registered places. It is situated on the outskirts of Balmedie, North Aberdeenshire. The care home is a converted house, with extensive landscaped grounds and gardens. All bedrooms have en suite facilities, and there are communal rooms throughout the home for dining, relaxing, and a sensory room.

At the time of our inspection there were 27 people living in the care home.

The service is provided by Crossreach (Church of Scotland Social Care Council) and has been registered with the Care Inspectorate since 2011.

## About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 September 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with 11 people using the service and 12 of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Prior to the inspection, we asked the service to send out questionnaires to people who use the service, relatives, staff and supporting professionals. We received no completed questionnaires.

## Key messages

- People received the care and support they needed to help them look their best.
- There were some warm and kind interactions between people and staff; however, sometimes staff missed opportunities to engage with people.
- People were very happy with the taste, variety and quality of the meals.
- When people's health deteriorated, staff did not always ensure that people got the medical support they needed at the time they needed it.
- We had significant concerns that changes in people's health were not recognised or referred to appropriate professionals promptly.
- Managers look to revisit the issues with relatives accessing the home.
- Improvements continue to be needed to the quality assurance and oversight processes.
- Compliant management needs to improve.
- Staff were visible in the shared lounge and dining rooms.
- There needs to be consistency with the induction and training of staff.
- People enjoyed spending time in the lounge and dining room.
- Bedrooms had been personalised to a good standard.
- Improvements are needed to the quality assurance and oversight of the environment.
- People's care plans recorded some person-centred information.
- When a risk to people's health and wellbeing was identified, a risk assessment was in place to help manage this.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

## 2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Most people appeared well cared for and had received the right care and support to look their best. Care plans detailed people's choices for personal care; however, this did not always result in the care that they preferred. For example, one person liked a bath but was regularly prompted to shower. Some people had not been supported in all aspects of personal care such as oral care and nail care. This could impact on people's feelings of comfort, wellbeing and dignity.

There were some warm and kind interactions between people and staff; however, some interactions were less positive. At times, staff were busy and did not take time to acknowledge people. On one occasion, staff members spoke over a person and did not respond when the person spoke. This was not dignified or respectful. The provider should ensure that people are always treated with dignity and respect. **(See requirement 1.)**

Improvements were required to ensure that people can welcome their visitors with ease. We observed families and visiting professionals wait long periods at the door. Most families reported difficulties in entering the building. One family said, "It restricts when we can visit, we are never sure if it is too busy. We sometimes have to go knocking on windows to get in." Managers should discuss with people and relatives how the service will implement the 'Meaningful Connections' guidance to ensure that people can receive their visitors when they want.

Staff support, for people living with dementia, was inconsistent. Some people experienced stress and distress; and had detailed positive behaviour support (PBS) plans. However, other people who had consistently experienced stress and distress at mealtimes, did not have a PBS plan to reduce anxiety during meals. This could result in increased stress and impact on their ability to eat well. Another person, who required medication to help reduce anxiety, did not have clear guidance on when this medication should be offered. This could result in people experiencing unnecessary anxiety. **(See requirement 1.)**

People did not experience dignified and respectful care with their continence needs. One health professional told us they had visited a person, and they had not received the necessary support with their continence needs. Records indicated the person had not been supported by staff for several hours. Staff did not always recognise when people may require support to visit the bathroom, which resulted in one person experiencing an unnecessary delay in receiving the support needed to help meet their continence needs. People should expect dignified, compassionate and prompt care, to ensure that they receive the care and support needed to meet their continence needs. **(See requirement 1.)**

People reported high levels of satisfaction with the food provided. Meals looked and smelled appetising, and people were offered choice at each meal service. People could sit with their friends at mealtimes, which enhanced the social aspect of mealtimes. Kitchen staff were knowledgeable about people's dietary needs and prepared food for people with low sugar or gluten free diets. However, some people did not get the support they needed with eating and drinking. One person's care plan did not specify the level of support they needed to eat well. This contributed to them not eating well. It is important for care plans to detail the care and support people require to eat well, to ensure that staff use this information to help inform their practices. **(See requirement 1.)**

People were not consistently supported to drink enough. While fluids were offered, and freely available, one family raised concerns with their loved ones hydration. Fluid intake records, for people who need additional support with drinking, were poorly completed. This meant that additional support needed to help people remain hydrated was not planned. This increased the risk of some people not drinking enough to remain well. An audit, carried out by leaders had identified this as an area for improvement, but this had not resulted in improved hydration for all people. **(See requirement 1.)**

People were supported to access general health care. Records indicated that people were supported with regular appointments such as the GP, dentist, and community nurse. One professional told us that staff were responsive when people needed additional support with wound dressings. However, the service was not proactive when people's health deteriorated. Staff recorded changes to people's presentation and health; however, there were significant delays in seeking medical input for some people. This resulted in potential worsening of health, comfort and wellbeing. **(See requirement 1.)**

Improvements were required to ensure people experienced maximum benefit from the medications that they were prescribed. Whilst people received regular medications as prescribed, "as required" medications, such as pain relief, did not have detailed care plans to direct staff on when to give this. Staff did not respond appropriately when one person said that they were in pain. They did not report this to the shift leader, which meant the person did not receive additional pain medication as prescribed. This resulted in this person continuing to experience pain. **(See requirement 1.)**

People's financial records were not kept well. While the service stored people's money safely, records did not match the balances held by the service. People were unable to access their money when leaders and admin staff were not in the building. People should be able to access their money when they want to. **(See area for improvement 1.)**

## Requirements

1. By 21 November 2025, you must ensure that people experience safe, dignified and compassionate care that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with pain management, continence, eating and drinking well, personal hygiene, skin care, moving safely, and with stress and distress. In particular, you must ensure that:

- a) staff responsible for oversight have the necessary skills and knowledge to assess people's health, safety and wellbeing needs, including when there is a significant change in those needs and ensure that prompt medical input is sought
- b) care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in people's health, wellbeing or safety needs, including when people may be unhappy or at risk of harm
- c) people receive assistance with their care needs at times that meet their needs and preferences
- d) people's assessments, care plans and any relevant supporting documents set out people's health, safety and wellbeing needs and preferences and how they should be met, including when there is a significant change to those needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and Regulation 5(2)(b) 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); and

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

## Areas for improvement

1. To ensure that people are protected from financial harm, the provider should review finance procedures. This should include but is not limited to reviewing how finances are audited and accessed by people.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

## How good is our leadership?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

We raised at our previous inspection that managers should improve the oversight, direction and support of the staff on the floor. The shift leaders continued to use large amounts of time with the unnecessary counting of medications. This meant that they were not visible, and this impacted on their availability to oversee and work alongside care staff. This is important for effective assessment of the quality of people's care, support and outcomes. **(See section 'What the service has done to meet any requirements we made at or since the last inspection' - requirement 1).**

There were quality assurance audits in place. Many of these had been delegated to staff who had been given added responsibilities in champion roles. Managers needed to have better oversight of these audits to ensure the accuracy and quality of the audit was assessed. Some audits failed to identify issues and when issues were identified, there was no appropriate follow up to improve standards or outcomes.

For example:

- The environment audit failed to identify areas of concern that could impact on the safety, comfort and wellbeing of people; for example, the entrapment risk of the large gaps between the mattresses and the bedheads, the trip hazard of the rips in carpets and the risk of injury from broken wall tiles.
- The medication audit failed to identify that the unnecessary counting of medications continued. This resulted in excessive amounts of shift leaders time away from people.

- The audit of food and fluid charts identified that six people were not supported to drink enough to help keep them hydrated. However, this information was not used to support better outcomes for people to ensure they were adequately hydrated.
- The kitchen audit was completed as showing 100% compliance with the cleaning and monitoring of temperatures. However, there were eight missing food temperatures taken and cleaning schedules were not done on four occasions.

In order for quality assurance to be effective and help improve the quality of the service provided and improve outcomes, the audits completed must be accurate and used to inform change. Managers needed improved involvement and oversight of the quality assurance processes. **(See section 'What the service has done to meet any requirements we made at or since the last inspection' - requirement 1).**

The service improvement plan (SIP) should be developed. Areas identified by internal audits and observations should be included in the SIP. This will ensure that there is follow up and ongoing assessment taking place to enable the necessary improvements to be made.

The management of complaints needs to be improved. When a concern is raised with staff, there must be a system in place to ensure that this is reported to managers to ensure that the concern is followed up. We were informed of a concern and raised this with managers at the start of our inspection. It was concerning that on day two of our inspection that this concern had not been recorded and plans made to follow up on it. There must be improvements made to the management of complaints to improve the service provided and in people's outcomes. **(See requirement 1.)**

## Requirements

1. By 19 December 2025, you must ensure that the management of complaints improves to ensure improved outcomes for people. In order to do this, you must as a minimum:

- a) ensure that all staff are aware of the need to record and report any concern that is raised with them
- b) ensure that all concerns are recorded and investigated as per the providers own policy
- c) maintain records, investigation notes and outcomes of all concerns raised
- d) ensure that lessons are learnt in order to prevent reoccurrence and to ensure that people receive consistently good standards of care and support.

This is to comply with Regulations 4(1)(a) (welfare of service 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 receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4); and

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

## How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The number of staff on duty was informed by the dependency tool. Care staff were visible in the shared areas of the home. This meant they were available to assist people in those areas when it was needed. However, some people were not assisted with their care and support needs until later in the morning. This impacted on their lunch because they were provided with breakfast late morning. Managers should improve their oversight of people's outcomes and ensure that the numbers of staff and how the shift is managed is reflective of the needs of people.

The allocation of staff was completed by the shift leader. Managers should consider having oversight of this to ensure that experience and skill mix are considered when allocating staff.

The induction of some staff was not completed as per the provider's policy and guidance. This meant that some staff were not being supported and mentored appropriately through the induction process. This increased the risk of them not having the necessary skills and knowledge to do their job safely and appropriately. It also meant that any additional training and development needs were not identified.

Improvements must be made to ensure that the induction, support and mentoring of staff is consistent and reflective of the development and training needs of staff. This is to ensure that people experience consistency in their care and support. **(See requirement 1.)**

It was difficult to establish the training completed by staff because training records were poorly completed. There appeared to be inconsistencies with the completion of training, in particular for new staff. One staff member had not completed their full moving and handling training until five months after they started. This put people at risk of injury because the staff did not have the necessary skills and knowledge to support them appropriately and safely. **(See requirement 1.)**

Some staff had additional responsibilities by becoming specialists or 'champions' in an aspect of the care provision. The main purposes of these roles are to 'lead by example' and to help enhance staffs' knowledge and skills. We feel staff holding these additional responsibilities need to have a better understanding of the what the role entails. **(See area for improvement 1.)**

Shift leaders needed improved skills in their roles and responsibilities in overseeing the quality of care and support and in people's outcomes. Shift leaders were not visible on the floor and therefore were not available to support staff in ensuring people consistently received the care and support they needed. As identified in 'How well do we support people's wellbeing?', leaders failed to recognise their role in ensuring that people received prompt medical input when their health deteriorated. The understanding of the roles and responsibilities should be developed to ensure that people receive the care and support that they need and want. **(See area for improvement 1.)**

The supervisions of staff were divided up amongst the management team. This made it more manageable for supervisions to be completed within the timeframe in place. It was positive that a supervision had taken place as a result of practice and conduct concerns being identified. However, there was no record of a discussion on any additional support or training that was needed to improve practice and conduct, and there was no follow up supervision to ensure there was an assessment of any improvement. It is important that when staff practices raise concern, that additional training and support are considered, and that ongoing

monitoring should take place to ensure that the staffs' practices improve. This will support people to receive safe and consistent care and support. **(See requirement 1.)**

## Requirements

1. By 19 December 2025, you must ensure that the induction and training of staff is consistent and reflective of skills, knowledge and competency of the staff. This is in order to ensure that people experience consistently good standards of care and support by a knowledgeable and skilled staff group. In order to do this, you must as a minimum:

- a) ensure that all new staff have completed the induction that is needed to meet their role
- b) ensure that mentors and/or managers have assessed if additional support or training is needed prior to signing off the induction documentation
- c) ensure that all new staff have completed the mandatory moving and handling training prior to supporting people to move
- d) managers must ensure that there is clear oversight of staff training to enable clear identification of training not completed and a plan put in place to ensure that all staff have the necessary training
- e) managers must ensure that when concerns are identified with staff practice, that an assessment is made of the need for additional training or mentorship.

This is in order to comply with section 7(1)(b) of the Health and Care (Staffing) (Scotland) Act 2019; and

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

This is to ensure that staffing 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).

## Areas for improvement

1. Improvements should be made to the staff understanding and awareness of their roles and responsibilities. This will help ensure a consistent approach to the care and support provided.

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); and

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People had access to a large lounge and dining room. These were very grand rooms and were decorated and furnished to a high standard. People praised the grandeur of these rooms and took pleasure in telling us how using these rooms enriched their lives.

There was an additional quiet lounge; however, we felt that this could have been used more. Staff should ensure that people are offered the opportunity to access this room; in particular, those people who preferred a quieter environment.

The sensory room had not been developed since our last inspection. Managers said that there was consideration of different uses for the room. It is important that people are included in the discussions about the change of purpose of areas of their home. Managers ensure that the changes to the home are what people want.

The service had added a bookcase to the lounge and ensured that it was stocked with books, puzzles and other items. This enabled people the opportunity to help themselves to items that would occupy their time.

The corridors downstairs had been painted and there was new artwork on show. The paint had brightened this area and improved the light. The new artwork was positioned at an appropriate height and was of familiar local landmarks. These focal points were of interest to people and were the topic of conversation with two people we spoke with.

Bedrooms had been personalised. People had been supported to bring items in from home and this helped create familiar and comforting bedrooms. In larger bedrooms, these were arranged to help create sleeping and living areas. This enabled people in these rooms to enjoy visits from family and friends in their own lounge.

There was some signage in place, however, this should be revisited. In some areas orientation was difficult due to a lack of signage and the number of doors. It is important for people and visitors to independently find their way around the home.

There were sufficient domestic staff on duty and the home on the surface appeared clean and dust free. However, the cleanliness of the showers was not to an acceptable standard. Metal grills which covered the shower trays were dirty and not lifted to ensure that the shower tray and drainage had been cleaned to the necessary standard. The standards of cleanliness of the showers caused offensive odours in one and increased the risk of cross contamination. This was a risk to the comfort, dignity and wellbeing of people.

**(See requirement 1.)**

Some areas of the home were worn and in bad state of repair. For example: rip in corridor carpet, which is a trip hazard, rip in the bench seating, which makes keeping the seating clean enough, broken tiles that risk people cutting themselves, water damage to walls upstairs. The quality assurance and oversight processes in place had not identified these and other concerns. People should live in a well maintained and safe environment. **(See requirement 1.)**

Essential maintenance checks of equipment were taking place. However, the information was difficult to

access. It was positive that managers had identified that the records kept evidencing these checks needed to be tidied and filed better. Managers should plan to revisit and have ongoing checks of maintenance documentation.

Water temperature checks were not fully completed. Shared shower temperatures were recorded but there were none recorded for the en suites with shower facilities. It is important for all temperatures to be checked ensure that they remain within the safe heat limits.

There were inconsistencies with the flushing of unused water outlets. This is completed to ensure that water does not stagnate in these outlets. A long-standing unusable shower room and sink, and unoccupied bedroom sinks, were not routinely flushed. This increased the risk of water in these areas stagnating. Managers should revisit and have ongoing checks of the completion of the flushing of unused outlets.

## Requirements

1. By 19 December 2025, you must ensure that people experience care in an environment that is safe, well maintained, clean and hygienic. In order to do this, you must as a minimum:

- a) ensure the premises, furnishings and equipment are safe, clean, and in a good state of repair
- b) ensure that there are effective quality assurance processes in place that help identify any environmental concerns and that these concerns are used to inform the SIP
- c) ensure that a realistic timeframe and programme of works is in place to address the areas of concern identified in the environment quality assurance processes
- d) ensure that there is improved staff awareness of their roles and responsibility in reporting any concerns they identify with the fixtures and fittings in the home
- e) processes are in place to consistently maintain a safe and healthy standard of cleanliness throughout the care home and regular quality assurance checks of the cleaning undertaken are in place.

This is to comply with regulations 4(1)(a) and (d) and 10(2)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that staffing 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 well is our care and support planned?

**3 - Adequate**

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

Care plans were in place for people, and many plans had been reviewed regularly. Anticipatory care plans were in place and detailed people's advanced wishes, should their health needs change. Risk assessments were in place when a risk to people's safety, health and wellbeing was identified. For example, a falls risk

assessment was in place when a person was at a higher risk of falling. It was positive that these risk assessments were updated after any fall that took place, which should reduce the risk of future falls and injury.

Some plans contained person-centred information such as when, and how, people preferred support with personal care. However, other care plans did not give sufficient information. For example, there was no care plan for supporting one person's stress and distress. Another care plan stated a person's support with meeting their continence needs; however, this did not result in the support needed for them to find a toilet. Insufficient information in care plans can result in inconsistent and unplanned care and support. **(See requirement 1 in 'How well do we support people's wellbeing?')**

Care reviews took place, and families told us they could be involved in reviews. Leaders had good oversight of when care reviews were due. However, reviews did not always inform people's experiences. For example, one person stated at their review they preferred a bath, but staff continued to prompt a shower. Care reviews should result in care plans that meet people's needs and wishes. **(See requirement 1 in 'How well do we support people's wellbeing?')**

Daily records were completed by staff using an electronic recording system. However, supporting documentation for example, fluid intake charts and weight charts were not always completed. This may result in missed opportunities to intervene promptly should a person become dehydrated or lose weight. **(See requirement 1 in 'How well do we support people's wellbeing?')**

Legal documentation, detailing when a person had a welfare guardian, were in people's care plans. Families praised the service for communicating changes in people's health and wellbeing. This aspect of care planning resulted in positive communication between the people and their families.

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

### Requirements

#### Requirement 1

By 1 October 2024, you must ensure quality assurance processes are effective and reflective of the experiences of people and staff practices. In order to do this you must as a minimum;

- a) ensure that the leaders on duty provide staff with clear direction and support so that service users experience care that meets their needs
- b) put in place a robust quality assurance system to ensure that the quality of the service users' care and support is subject to ongoing assessment and when areas of improvement are identified these are acted on
- c) ensure that an appropriate action plan is put in place where an area for improvement has been identified, together with a system to ensure that the action plan is implemented
- d) provide evidence that actions taken are being monitored and have supported improved outcomes for service users.

This is in order to comply with regulations 3, 4(1)(a) and 15(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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 19 August 2024.**

#### Action taken on previous requirement

The service had not made the necessary improvements to meet this requirement.

Information about the action that still needs to be taken is included in key question two - 'How good is our leadership?'.

**This requirement remains in place with a new timeframe of 19 December 2025.**

**Not met**

## 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

Managers need to ensure that they implement changes to ensure that people experience consistency in the taste, presentation and quality of their meals.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

**This area for improvement was made on 15 November 2024.**

#### Action taken since then

Meals looked and smelled appetising, and people were offered choice at each meal service. Kitchen staff were knowledgeable about people's dietary needs; for example, food was prepared for people with low sugar or gluten free diets. People reported high levels of satisfaction with the food provided.

**This area for improvement has been met.**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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