

## Care service inspection report

### Nisbet Centre

### Support Service Without Care at Home

108 Raploch Street

Larkhall

ML9 1AJ

Telephone: 01698 884924

Inspected by: Barbara Montgomery

Type of inspection: Unannounced

Inspection completed on: 16 July 2013



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## Service provided by:

South Lanarkshire Council

## Service provider number:

SP2003003481

## Care service number:

CS2003047863

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The Nisbet Centre offers service users a very good range of ways to express their views and be involved in the planning and delivery of the service.

Assessments and support plans gave staff good detail about service users needs and preferences.

Activities were a good balance of mental stimulation, physical exercise, socialising and entertainment.

The purpose built premises gave people a pleasant and well equipped environment in which to spend the day.

### What the service could do better

The centre needs to give some attention to the presentation of surveys results and ensure that information on public display is current.

The Council needs to review and revise its risk assessment format.

Councils surveys should ask a question about awareness of complaints procedures.

A monthly complaints register would help managers to keep track of any concerns or complaints and inform overall quality assurance.

### **What the service has done since the last inspection**

Previous recommendations about survey results, action plans and support plans had been progressed.

The centre now had more staff in response to increased frailty and incidence of dementia. A tool for assessing and monitoring dependency levels had been introduced.

The assisted bathroom had been fully upgraded and tracking installed.

A new and more straightforward support plan format had been introduced.

### **Conclusion**

As noted in previous reports the Nisbet Centre offers a friendly and welcoming environment. Service users and families spoke well of the service here.

Day care services for older people in South Lanarkshire were being reviewed because of the increased level of need among people who attend daycare including an increased incidence of dementia. In response to this the Nisbet Centre now had more staff and more specialist equipment and adaptations.

Previous recommendations had been met and any new recommendations we have made are to improve an already very good service.

### **Who did this inspection**

Barbara Montgomery

# 1 About the service we inspected

The Nisbet Centre is a purpose built day care support service for older people including some who have dementia, It is owned and managed by South Lanarkshire Council. It shares some services with an adjoining Council care home. The service operates five days each week, and provides support for up to twelve service users at any one time. On the day of the inspection visit seven service users were attending. The service's stated aims are to 'provide, as part of a care package, a flexible, stimulating and supportive environment, which enables service users to remain in the community.'

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), now known as the Care Inspectorate, took over the work of the Care Commission, including the registration of care services. This meant that from 1 April 2011 this service continued its registration under the new body.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

The inspection, which took place in June 2013 was carried out over the course of one day by one Inspector. We sent questionnaires to a sample of 6 service users/relatives and got back 2 completed forms. We spent some time with service users and with a relative during the visit, talked to the co-ordinator and staff, saw round the premises and looked at a sample of records and surveys (Please see Quality Statements for a note of what these records were)

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

### **What the service has done to meet any recommendations we made at our last inspection**

We made two recommendations about action plans and support plans both of which had been progressed.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Completed noting strengths and some areas for improvement.

Some more detailed examples would help the service to better evidence good practice.

### **Taking the views of people using the care service into account**

The 2 relatives who completed a Care Inspectorate questionnaire on behalf of a service user agreed that overall they were happy with the quality of care and support this service gave them. This was also the view of a relative we met. Where someone commented on specific things that they thought the service did well or were less happy about we have mentioned these in the report. Service users we met also said they were happy with the service.

We noted that the 8 service users who had completed a Council survey were very satisfied / satisfied overall with the care and support they received. We also noted that the majority of professional visitors to the centre who had completed a Council survey rated the service as excellent.

### **Taking carers' views into account**

Please see views of people using the service.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 5 - Very Good

##### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

##### **Service strengths**

We found that this services performance was very good in the areas covered by this statement. We concluded this after we heard from service users, spoke to a relative spoke to staff and looked at survey results, minutes of meetings, support plans and reviews.

##### **Participation Strategy**

As noted in previous reports South Lanarkshire Council Social Work Resources had a Participation and Involvement Strategy and was committed to 'engaging with people who use our services and carers and actively involving them at all stages of the development and delivery of services. The Nisbet Centre offered service users various ways to express their views and be involved in the planning and delivery of their service. Service users who completed a Care Inspectorate questionnaire agreed that they were asked for their opinions about how the service could improve.

##### **Surveys Meetings and Events**

The Council conducted an annual survey of service users across all the day care resources in South Lanarkshire and produced an action plan with timescales, to address any issues that were raised. Service users' committee meetings took place regularly. Nisbet Centre service users were also represented at Network Group meetings where users of support services for older people across the authority had the opportunity to discuss topics of mutual interest. The centre had started a relatives/carers' support group but little interest had been shown. Some relatives, however, came along to an independent relatives and carers group which took place at this Centre.



### **Participation in Support Planning and Reviews**

Service users contributed to the development of their support plans and along with relatives/carers were routinely involved in meetings to review their service. Service users were asked to sign their agreement to their support plan and offered a copy of their plan. Ahead of review meetings service users were asked to complete a comprehensive pre-review questionnaire. Relatives who had completed one of the centres own satisfaction survey said they were kept up to date with changes to their relatives condition and changes to the service. Most relatives and some service users who had completed one of the centres own satisfaction survey results considered they had been involved in the personal planning process, reviews and risk assessment.

### **Complaints Procedures**

We noted that complaints and compliments leaflets were available in the centre for anyone to complete.

### **Areas for improvement**

#### **Communication**

The information folder that was on display at the front desk contained quite a lot of out of date information. We thought this was confusing for anyone looking through it. We also thought that the way the information such as survey results was communicated was not very eye-catching or easy to read. A more eye-catching 'You Said We Did' display might be a suggestion for discussion with service users. (see recommendation 1)

### **Participation in Support Planning and Reviews**

We noted that few people who had completed one of the Councils satisfaction survey said they had not been involved in the personal planning process, reviews and risk assessment or were unsure about this. Managers said that in response they had been trying to help families to have a better understanding of this. One family member we spoke to said that it would be helpful to know what their relative, who had a poor short term memory, had for lunch or what activities they had taken part in and we discussed ways in which that might be achieved for some people such as through using a small communication diary.

### **Complaints**

One of the two service users/relatives who completed a Care Inspectorate questionnaire said they knew about the Council's complaints procedure and one said they didn't. Neither knew they could complain to the Care Inspectorate. A question about awareness of these procedures in the Councils own surveys would help to gauge awareness on a wider scale. (see recommendation 2)

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**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. Give some further attention to the presentation of information, in particular survey results and ensure that information on public display is current (National Care Standards Support Service Standard 12 Expressing Your Views)
2. Consider having a question about awareness of complaints procedures in Council Surveys (National Care Standards Support Service Standard 12 Expressing Your Views)

### Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

While we have identified a number of areas for development overall attention given to the health and wellbeing of service users was very good. We concluded this after we heard from service users and relatives, heard from staff, spoke to managers; looked at policy documents, support plans, risk assessments and staff training records.

### Support Plans and Reviews

The Service had an effective assessment and support planning process. Reports completed following home visits gave staff good detailed background information. Managers and staff had recently reviewed and improved the written support plan format. We noted that the new format asked only for information applicable to day care. Staff said the new plans were an improvement and much easier to follow. Everyone we heard from agreed that they had a personal plan or support plan which contained information about their support needs and detailed their needs and preference. Meetings to review support plans took place within required timescales. Everyone we heard from agreed that the service checked with them regularly that it was meeting their needs.

### Health and Personal Care

Staff reported good links with visiting health professionals such as Community Psychiatric Nurses District Nurses and Chiropodists. Assessments and support plans gave staff good detail about service users health care needs and any diagnosed conditions. Those seen described what staff were expected to do. Staff were also aware of support needs related to physical disability and used moving handling techniques appropriately with people. Written plans also had good information about personal care and support needs related to continence. Service users who had completed a Council survey said they were confident that staff were aware of their

health and wellbeing needs and knew how best to support them to keep well.

### **Eating & Drinking**

The Council had a comprehensive policy on Food Fluid and Nutritional Care. Personal plans contained information about support needs, dietary requirements and food likes and dislikes. On the day we visited most people could eat and drink independently. Staff made sure that anyone who needed support or special equipment got it, such as plate guards or help with cutting up food. Lunch was provided by the adjacent care home catering staff and took account of any special dietary needs. Lunch was a relaxed and enjoyable experience for people. Service users we talked to were satisfied with the food. Most service users who had completed a Council survey said the quality and presentation of the meals was good and the quantity adequate.

### **Medication**

On the day we visited no one needed any help with medication. Staff told us that when anyone did need to bring daytime medication with them it got stored securely in the office and at the appropriate time the service user was prompted to take it. Staff also recorded when any medication was taken.

### **Activities**

Support plans contained information about people's life histories, hobbies and interests. The centre had a programme of meaningful activities from which service users could choose. The programme included a good variety of entertainment, exercise and mentally stimulating things to do. Staff told us that the programme was flexible and each day different depending on the group of individuals attending and what they wanted to do and how much structure they needed. The centre had a choice of rooms so that different interests could be accommodated at the same time. Service users who had completed a Council survey confirmed being able to take part in stimulating group and individual activities of their choice. The Council have ring fenced part of the centres budget to support meaningful activities and made additional funds available to enable the centre to support outings, entertainment and activities of the service users choice. The distribution of additional funds to support meaningful activities had been agreed fairly and equitably as £1000 per centre.

### **Staffing Levels**

On the day we visited there were enough staff and staff were being deployed in ways that ensured that the needs of the service users were met throughout the day. People we heard from agreed that staff had enough time to carry out the support and care.

Managers had identified an increased level of need among people who attend daycare across the authority including an increased incidence of diagnosed dementia and increased numbers of wheelchair users and people needing help with personal care. To help determine staffing levels required to meet current needs and projected future needs managers had introduced a tool for assessing dependency levels and

calculating staffing requirements. Staff were also taking group activities or escort time on transport into account when making these calculations.

### **Dementia**

There were some practices which had been discontinued because they had previously been seen as institutional, such as orientation boards and menus on display. If these were going to be of benefit particularly to service users with dementia then we saw no reason why they could not be reintroduced. We noted that following the visit these had already been reintroduced.

### **Carers**

The Centre also demonstrated an interest in the health and wellbeing of carers recognising how important this was for the continued wellbeing of service users.

### **Areas for improvement**

#### **Written Support Plans**

The new format had just been introduced and staff were in the process of transferring information across. Some plans we looked at, that were in the older format, did not go into any detail when 'full support was needed' because it was considered self evident this meant that the worker needed to do everything. We noted that the new format prompts staff to record things 'from the service users perspective'. This should mean that detail about individual preferences, particularly when intimate care is involved, such as the order in which tasks get done, preferred toiletries etc gets noted. While the new form asks staff to note what they 'need to know or do' to support someone, we still think its important to reinforce with workers that 'need to do' means including some detail about how a worker was expected to go about things. We have not made any recommendations at this time and will look at progress with the new written plans at the next inspection.

#### **Risk Assessments**

The new plans had a separate section for risk assessments. We think that risks and action to minimise them are best described alongside each activity of daily living. The Councils risk assessment format was unhelpful with information about risks and action to minimise risk all in one cumbersome central document. Also staff were having to fill in sections of the risk assessment which had no relevance to the needs of people when attending the centre. (see recommendation 1)

#### **Staffing Levels**

This centre had experienced some staffing difficulties in recent months. The situation was now much improved following an increase in staffing levels, having a more settled staff team plus a change to the way part time staff work their hours. One carer we heard from commented on it being unsettling for their relative when there were staff changes.

We have discussed with the manager the need for the Council to apply for a variation so that the centre's registration certificate can be updated to take account of recent changes in the number of people with dementia who attend the centre each day and reflect increased staffing levels.

Managers have also been reviewing the way in which staff are deployed in daycare with a view to having a much more flexible workforce that is area based and not premises based.

### Activities

While staff could access the central fund some reported practical problems accessing it for instance for a day out and not everyone was clear how the Council had ensured the equitable use of this money across all day centres. This is something that could be discussed and resolved at a team meeting. While the centre had the use of a Council mini bus for outings access was sometimes restricted.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

#### 1. Risk Assessments

Risk assessments should be in a format that staff can follow and use easily. Information about risks and action to minimise risk associated with a particular activity should be with all the other information related to that activity and include a clear description of what staff were expected to do (National Care Standards Support Service Standard 4 Support Arrangements and Standard 10 Feeling Safe and Secure)

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

#### Service strengths

Please see comments at Quality Statement 1.1

We noted that service users views had been sought and taken into account when deciding whether or not to extend the centres main sitting room

#### Areas for improvement

Please see comments at Quality Statement 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

We make sure that the environment is safe and service users are protected.

#### Service strengths

We concentrated on safety in relation to the premises and equipment. We found that this services performance was very good in the areas covered by this statement. We concluded this after we spoke to staff, saw round the centre, looked at staff training records, risk assessments and accident/incident reports.

#### Health and Safety & Maintenance

As an established provider the Council had detailed health and safety policies and procedures. Because the centre was on premises adjacent to a care home some checks were done jointly. Health and safety checks on premises and equipment, risks assessments and repairs were done either in-house by the handyman or by outside contractors. These included hot water temperature, water quality and radiator surface temperature checks. Staff recorded any jobs for the handyman in the facilities log. A full workplace health and safety audit was carried out by the Council annually.

#### Housekeeping and Infection Control

The premises were clean hygienic and odour free. The staff member who was responsible for housekeeping worked to a cleaning schedule. Because catering was done in the care homes kitchen the centre was not subject to Environmental Services food safety /food hygiene inspections. All staff received training and refreshers in Food Hygiene and Infection Control. To reduce the risk of outbreaks procedures were in place in relation to infectious illnesses and service users who were unwell were asked to stay at home. The centre had its own small fully equipped laundry if required.

### **Safety and Security /Freedom of Movement**

While service users were discouraged from bringing valuables with them secure storage was available if required. The main door to the centre had a secure entry system. This meant no visitors could enter unnoticed and allowed anyone who could leave the building independently to do so. Anyone leaving the building had to press a button but no code was needed; staff reported no problems with this. Staff followed Council procedures as regards accident and incident recording. The centre also had a secure garden.

### **accessibility**

To provide a safe and suitable environment for wheelchair users the assisted bathroom had been fully upgraded and tracking installed.

### **Areas for improvement**

#### **Safety and Security**

Please see comments and a recommendation about written risk assessments at Quality Statement 1.3

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

Please see Quality statement 1.1

#### Areas for improvement

Please see Quality Statement 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

We found the performance of this service was very good in the areas covered by this statement. We decided this after we heard from service users and relatives ; spoke to staff and looked at team meeting minutes, a sample of staff training records and employee surveys.

#### Staff Training and Development

As noted in past reports the Council had a staff development policy and was committed to staff development and training. To comply with this staff were offered annual performance and development reviews and training needs assessments. All staff had access to their learning and support plans. Training included both mandatory and role specific topics.

All staff had the appropriate social care qualification required for eventual registration with the SSSC. Service users and relatives we heard from agreed that staff had the skills and experience to meet their needs. We noted that the four staff who had completed a Council employee survey said their core training requirements were met,



were aware of the National Dementia Strategy and were confident of being supported to gain the necessary dementia related skills and knowledge.

### **Support and Supervision**

Minuted staff meetings took place and staff had the opportunity to complete a Council survey

We noted that the four staff who had completed a Council employee survey found the manager approachable and were confident of her commitment to assist with any issues or concerns.

### **Staff Conduct**

Everyone we heard from agreed that staff treated them with respect. We observed staff to be respectful and attentive at all times. We noted that service users who had completed a Council survey rated the staff group as excellent.

### **Areas for improvement**

#### **Staff Meetings**

Because of administrative arrangements there could be long delays before staff meeting minutes were available. We suggested that the centre keep and file written notes until the typed notes are available.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

Please see Quality Statement 1.1

#### Areas for improvement

Please see Quality Statement 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### Service strengths

We found the performance of this service was very good in the areas covered by this statement. We decided this after we spoke to managers and looked at various surveys, reports and minutes of meetings.

The Council has a Quality Improvement Policy and had some effective ways to monitor the quality of its services. For this service these included the following:

- **Feedback from service users through meetings; surveys; events and Council comments/complaints.**
- **The service has routinely used an 'electronic standpoint machine' to capture the views and opinions of service users staff and partner**

agencies such as health or social work colleagues and record their satisfaction with the service.

- Comprehensive Monthly reports compiled for the Resource and Operational Manager
- The Council used a performance management tool which provided detailed performance reports across all service areas to monitor progress with meeting targets such as for reviews and staff development. This included audits of case recording and supervision.
- Council Challenge and Support Teams' (CAST) evaluated different areas of practice in social work.
- Service reviews such as the review of day care for older people across the authority that has been taking place.

### Areas for improvement

We discussed the benefits of a comprehensive 'in house' audit tool covering some of the areas included in the monthly reports similar to ones used in other services and the manager was going to introduce one.

Formal complaints were logged at Council headquarters and any recorded 'comments and compliments and complaints' kept in the centre. It would be a good idea for the centre to keep its own monthly complaints register. This would help managers to keep track of any concerns or complaints and use information about trends as part of overall quality assurance. (see recommendation 1)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. Introduce a monthly register to keep track of any concerns or complaints and use information about trends as part of overall quality assurance. (National Care Standards Support Service Standard 2 Management and Staffing Arrangements)

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

#### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
24 Jun 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
21 Sep 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
25 Nov 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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