

# Care service inspection report

Full inspection

## Ashley Grant House Support Service

Scholars Gate  
Whitehills  
East Kilbride  
Glasgow

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003015150

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

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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 service continues to provide a very good quality of care to people who use the service.

## What the service could do better

The way in which staff training and development is planned, managed and organised could be clearer and better evidenced. This needs to improve if the service is to maintain the grades currently awarded.

The system of supervision and appraisal should be reviewed to ensure it is fit for purpose going forward.

Information on how to complain was inconsistent and did not always comply with current legislation.

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

The service was continuing to train staff in dementia through the 'Promoting Excellence' framework facilitated by Alzheimer's Scotland delivered in partnership with South Lanarkshire Council learning and development team.

The service has made a good start in training staff in how to support people with dementia through the 'stress and distress' model and has implemented an E-learning resource for staff.

The service has started 'peer audits' and we look forward to seeing how this improves service delivery.

### Conclusion

We found that the service continues to provide a safe, protective and reliable service which preserved the dignity of people who use the service and supported and empowered people to maintain their independence .

The service continues to deliver a very good service to people.

The issues identified in this report need to be addressed if the service is going to sustain the grades awarded.

# 1 About the service we inspected

The service is part of the day care for older adults provided by South Lanarkshire Council Social Work Resources (SLC). Ashley Grant is located on the outskirts of a large town and is part of a cluster of day care services under a single external manager.

The service operates from 9:00-5:00 seven days a week, although weekend service is provided at another of the clusters locations.

Up to twelve older adults use the service on a daily basis and the service provides transport to and from the service using the providers transport arrangements. Service staff accompany the transport and provide assistance on the journey.

Access to the service is via a core assessment by social work and or health colleagues.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 0345 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

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Monday 20 April 2015 between 9.30 am and 16.30 p.m. It continued the following day, Tuesday 21 April 2015 from 9.25 am to 16.45 pm. We gave feedback to the resource manager, the day care coordinator, and senior day care worker on 21 April 2015.

As part of the inspection we took into account the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent out twelve care standards questionnaires to the manager to distribute to service users. Ten service users sent us a completed questionnaire. We also sent out twelve care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned four completed questionnaires before the inspection.

We also asked the manager to give out twelve questionnaires to staff and we received 3 completed questionnaires.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- service users
- resource manager
- day care coordinator
- senior day care worker
- day care workers

We looked at :

- the participation strategy - this is the services plan for how they will involve service users
- registration certificate
- staffing schedule
- certificate of employers liability insurance
- minutes of service users meetings
- minutes of staff meetings
- newsletters
- questionnaires
- care plans
- accident and incident reports
- health and safety records
- staff files
- training plans
- supervision and appraisal records
- audits
- the environment and equipment

### **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.firescotland.gov.uk](http://www.firescotland.gov.uk)

## 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.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of headings that we grade them under.

The provider identified what they thought they did well, some areas for development and any changes it had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

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

For this inspection we received the views of 12 of the 24 people using the service. Ten people gave their views via the care standard inspectorate questionnaires and we spoke with a further two people using the service.

People we spoke with made the following comments:-

"Carers are very good, very helpful and caring very considerate .The food is good there was a problem a few years ago but staff sorted that out .The place is a nice size not too big and encourages friendships . We do quizzes which is important to keep you mentally alert. My family noticed the difference in me since I started coming here. I've no complaints they listen to you and meet my needs."

"I find the care given by staff to be a very high standard.I like the size of Ashley house there are no complaints I can think of."

We received the following responses/comments from the returned care standard questionnaires:-

Nine people said they were happy with the quality of the service.

Four people indicated that they didn't know about the care homes complaints procedure.

Two people indicated that they didn't know that they could also complain to the Care Inspectorate.

One person indicated that the service does not ask for their opinion on how it can improve.

Two people indicated that they didn't know if they had a personal plan.

'I don't know if I have a care plan and I don't know about the complaints procedure'.

'Very happy'.

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

For this inspection we received the views of 4 of the relatives from the returned care inspectorate questionnaires.

Three people said they were happy with the quality of the service.

We received the following comments from the returned care inspectorate questionnaires:-

'My relative enjoys it very much, the social contact and support is critical to my relatives well being'.

'The care staff cannot do enough to assist my relatives needs. My relative loves going to the centre'.

### 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 concluded that the service was continuing to perform at a very good level in this quality statement.

As part of the Local Authority Social Work Resources the service implements the Local Authority policies on participation and consultation. These policies are monitored by the external management of the organisation. Information is gathered and reported to the external management who monitor and audit the implementation of the policies. These policies insist on the participation of the service user and carer in the development of the service.

We examined the process by which a person accesses the service. We found that after initial assessment by a social worker the service user's Personal Profiles are put together jointly between the service user and a centre worker or between the service user and their carer. This evidenced good practice in the participation of the service user in the development of their own service.

Individual choices are negotiated between the service user and staff either on a visit to the service or the staff member will visit the prospective service user at home. Independent support and advocacy can be provided (through the user

and carers support team). This is a further example of good practice in developing service user led services.

Once the service user begins to use the service a keyworker is appointed and becomes the main person for the service user and carer to contact. The keyworker also takes on roles in maintaining contact with carer and responsibility for maintaining the personal record of the service user up to date. Keyworkers are supported by Senior staff members and the service management teams.

What goes on in the centre is discussed and agreed with the service users committee which is facilitated by staff. Sensitive and due recognition of the service users ability to participate is made and staff members support the service users in decision making through good communication skills and well-developed caring relationships.

Carers are involved in the provision of service and through inclusion in the planning process by direct contact, which can be by telephone, home visit or discussion with staff.

Through discussion with managers and staff we are confident that support for carers was a high priority. There is a quarterly carers meeting. Carers indicated in completed Care Inspectorate Questionnaires that they were very happy with the service from Ashley Grant and felt that Ashley Grant supported them and kept them informed of any issues relating to their relative.

We found that care plans were being reviewed within the legal time frame of at least once in every six months.

Service users expressed satisfaction with the service and that they were confident that if any issue arose they would be listened to and their concerns acted upon.

We found that the service was going for the 'Going for Gold Challenge' which included some very good activities such as caber toss , welly throwing, wet sponge, skittles, rings and so on.

It was good to hear that the service had plans to introduce information on 'You said','We did'.

We saw a survey of people who use the service dated 2014 for Ashley Grant and we found that the majority of responses were very positive.

We concluded from the evidence we were presented with that the service was performing at a very good level in promoting participation.

### Areas for improvement

The provider should continue to develop opportunities for service users and carers to be involved in all aspects of the management and delivery of the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We made a recommendation at the last inspection where we found the service users personal plans to contain too much information in places and that the service should consider how it is to manage this. An example of this is one service user having numerous social work assessments each one repeating the service users background information some of which is very personal and very little of the information is pertinent to providing the service. This is not good information management practice and potentially can lead to difficulty in maintaining good information up to date. We did not find any issues with the care plans we examined at this inspection therefore this recommendation has been met and will be removed.

We thought the service might benefit from the information contained in the British Association Occupational Therapy (BAOT) publication, 'Living well in care homes' in relation to activities.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

### Service Strengths

We concluded that the service was very good in this quality statement.

We saw good practice in terms of falls prevention with staff assisting and supporting people who use the service to mobilise independently using appropriate aids such as zimmer frames and where appropriate with assistance.

We observed that this was done using appropriate moving and handling techniques.

We observed that Personal Protective Equipment ( PPE ) was being used appropriately whilst serving food and good food hygiene was practiced by checking the temperature of food before serving.

We thought the quality,choice and quantity of food was good and this was supported by comments made by people who use the service.

We found from the care plans we looked at that peoples individual health care needs were well documented and there was good information on how those needs were being met . This included contact details for GP and local health care professionals and community health teams. We also found that the service had specialised health care information to inform and support staff on how to support people with specific conditions such as Parkinsons.

We found that the service operates in a holistic fashion for the care of people who use the service liaising with health care and other professionals such as social work, the GP, occupational therapy, community psychiatric service and



community nursing. This involves providing information with the agreement of the people who use the service to appropriate professionals and ensuring that any agreed action is carried out.

We found that the service had excellent information on falls prevention for relatives.

We saw very good information on how to support a person with Parkinson's.

We are confident from the evidence we were presented with that the service is effective in ensuring the health and wellbeing needs of the service user are being met.

### Areas for improvement

The provider should continue to monitor and maintain the very good quality of health and wellbeing. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We made a recommendation at the last inspection where we noted that the meals as provided by a local primary school had been discussed with both service users and staff raising concerns over the quality. This concern was responded to by Social Work Resources who ceased the previous school meals contract and commissioned and contracted with a new meal supplier. Service users said that the quality of food had improved and they said they now enjoyed the food provided.

This recommendation has been met and will be removed.

The information on how service users are supported to reduce the risk of falls could be improved and we would encourage the service to consider using the multi factorial tool 'Managing falls in care homes for older people Good practice self assessment resource' to help improve how this is done.

One of the care files we looked at the persons 'Life History' was blank.

We found that the restraint risk assessment talks about Care Commission guidance. We suggest this is updated to reflect the changes to the law and

includes reference to the Mental Welfare Commission Publications, Rights Risks and Limits to Freedom and Safe to Wander.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 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 under Quality Statement 1.1.

#### Areas for improvement

Please see comments under Quality Statement 1.1.

#### Grade

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

The service is provided in a modern, purpose-built unit which has been designed with the needs of the service user in mind. Entrances had sturdy handrails and there was a controlled entry system which prevented anyone who did not have a reason to be there entering the building.

The unit is small with one common area and a dining kitchen and a small meeting room. This helps the service users to orientate to the surroundings. The floors and walls are neutrally coloured with some reminiscence materials.

This supports service users with dementia by limiting the amount of sensory information they have to process. The toilets are well appointed and can accommodate those who might need assistance. There is also the capacity to carry out laundry tasks. The common room area is bright and comfortable and there were a number of activity resources available to the service users.

We observed a mealtime experience during the inspection by sitting with the people who use the service. Overall, we found the experience to be a pleasant one. We thought the service provided a good range, quality and quantity of food on offer with alternatives available if people did not like what was on offer. The tables were well presented with condiments and a range of sauces available. We found that people were offered textured, soft or high calorie diet depending on their nutritional needs. We found that there was adapted cutlery and equipment available for those people who needed it which supported people to remain independent and people were supported to eat where this was appropriate.

Care plans we looked at contained information on people's dietary needs

We thought eating experience facilitated by staff was very good. People were asked what they wanted for lunch and were offered an alternative where they did not like the choice on offer.

We found that hoists were being checked regularly.

We found that the service had effective Health and Safety systems in place to ensure the environment was safe.

### **Areas for improvement**

The provider should continue to monitor and maintain the very good quality of the environment.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We made a recommendation at the last inspection in relation to some minor repairs to tiles in the toilets.

This has now been carried out, therefore, this recommendation has been met and will be removed

It would be helpful if the check list of equipment clearly identified the make, model and serial number of the hoist, stand aid, weight chair and steady.

### Grade

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 comments under Quality Statement 1.1.

#### Areas for improvement

Please see comments under Quality Statement 1.1.

#### Grade

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

The staff we spoke with demonstrated a good understanding and knowledge of their roles in delivering good care and were enthusiastic about their jobs. They said that they thought that the people who use the service were well looked after, they were confident in management and they had sufficient training to enable them to do their job effectively. We observed that staff had a positive relationship with people who used the service who spoke very highly of the service they received from staff. We observed that staff treated the people who use the service with dignity and respect.

We found that staff had the opportunity to participate in relevant training to meet the needs of the people who use the service and were able to relate this training to their practice such as 'dementia skilled' training.

Staff said they had completed an induction programme and were aware what training opportunities were available to them. Although they were not always clear about when they would have access to the training they requested such as SVQ and mental health awareness.

We found some very good examples to staff having access to specialised training such as swallowing, head injuries and Huntington's, however, we also found staff were working with people with specific conditions where they had no formal training such as Parkinson's.

We found that staff had regular supervision and Performance Development Review (PDR) in place and had a training record. However, we found the quality of the information was inconsistent and varied. Training records were not always up to date.

We found that some training certificates in staff files, however, these were not always in place. We found that some PDR's had identified staffs training needs going forward, however, it was not always clear when these would be achieved and we found that staff did not have a clear development plan going forward.

Some of the statements we found in PDR's such as 'demonstrates excellent awareness re needs /abilities / choices' were not supported by evidence.

Staff spoken with were aware of the Scottish Social Services Council (SSSC) codes of practice, the national care standards, confidentiality and whistleblowing.

We found that staff meetings were held regularly where staff have the opportunity to discuss practice issues and these were recorded.

The resource manager was the trainer for SLC in 'stress and distress', (a psychological approach to reducing the stress and distress which can be

displayed by people with dementia of any type). We were advised that managers and seniors had already been trained and plans were in place to roll this innovative training out to all care staff.

We found that SLC had a 'Learn on Line' E-learning resource which was available to all direct care staff, however, it was not clear what SLC expectations were in terms of how staff should use this resource. We were advised that how staff are using this resource would be discussed at future supervisions.

## Areas for improvement

The provider should continue to monitor and maintain the very good quality of staffing. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

The way in which staff training and development was evidenced needs to improve if grades are to be maintained.

Staff did not always have an up to date training record or a training plan. The information we saw in supervisions and Performance Development and Review ( PDR ) would not support staff to maintain their registration with Scottish Social Services Council ( SSSC ).

The provider should review the system of Performance Development and Review ( PDR ) to ensure it is fit for purpose going forward, the content is reflective and supports staff to maintain their registration with the Scottish Social Services Council ( SSSC ).

We signposted the service to the Scottish Social Services Council (SSSC) publication, 'The Framework for Continuous Learning in Social Services' for information and guidance. We signposted the service to 'Reflective Writing Guidance notes for students' April 2001 [www.shef.ac.uk/uni/projects](http://www.shef.ac.uk/uni/projects) for information and guidance.

It would be helpful if the unit had a training matrix to show all the training staff have attended, a training plan going forward with information on which staff



will attend future training. This should be clearly linked to staff's personal development plan.

We found that SLC had a 'Learn on Line' E-learning resource which was available to all direct care staff, however, it was not clear what SLC expectations were in terms of how staff should use this resource. We were advised by staff that no time had been allocated to use this resource.

The service needs to ensure that all staff have had relevant and up to date training on adult support and protection to ensure they are fully aware of their responsibilities and to protect vulnerable people.

### Grade

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 comments under Quality Statement 1.1

#### Areas for improvement

Please see comments under Quality Statement 1.1

#### Grade

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 that the service used a number of methods to encourage feedback on the quality of the service from people who use the service and their carers such as questionnaires, preparation for reviews and meetings to record people's views.

We found that questionnaires were analysed and used to inform improvements in different parts of the organisation such as the quality of meals.

The provider operates a quality unit which requires reports on the operation of the unit and the external managers meet regularly with the unit managers to discuss information, targets and other operational matters.

The provider also supports service user forums at different levels with service user committees in individual services and an area forum.

We found that SLC plan to use the Isaac and Neville dependency tool to evaluate people's dependency level and inform staffing levels.

It was good to see the 'Charter of Rights' for older people on display.

We found the Ashley Grant audit report dated 4/3/15 which said that each staff member had a training log and training identified for each staff member and in PDR file. However, there was no evaluation of the quality of this information.

We found that a revised monthly report format which was being rolled out for all SLC day services to complete which included reporting on such issues as supervision, PDR, SVQ, property issues, weekly checks such as premises, cook safe, moving and handling, accidents and incidents. We look forward to seeing how this improves service delivery.

We saw that there was a 'welfare meals' meetings dated 18/2/15 where issues were brought to the attention of SLC. There were names on the minute, however, there was no information on their role/designation. There was an action column on the minute, however, this was blank.

It was really good to see the service had introduced 'Dementia focus group' meetings which clearly demonstrates how the service are going to ensure each unit learns from each others strengths and weaknesses to inform and improve practice going forward. Two staff brought ideas to the meeting, it would have

been good to see what those ideas were. We look forward to seeing how this improves practice.

We found that accidents and incidents were recorded appropriately.

The manager was aware of the issues which must be notified to the Care Inspectorate.

From the evidence we were presented with we are satisfied that the service continues to provide very good management and leadership.

### Areas for improvement

The provider should continue to monitor and maintain the very good quality of management and leadership. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

The information we were presented with in relation to how to complain was inconsistent. Some was up to date with current legislation, however some was not. The service should ensure that information on how to complain is up to date and complies with current legislation.

The service should ensure that all people who use the service are fully aware of how to make a complaint to SLC and to the Care inspectorate.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 5 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

1. Outstanding recommendations are reported on under the relevant Quality Themes and Statements.

This recommendation was made on

## 7 Complaints

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

## 8 Enforcements

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

## 9 Additional Information

## 10 Inspection and grading history

Date	Type	Gradings
13 Feb 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
22 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
19 Mar 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good
20 May 2008	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good

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### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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