Louisebrae
Care Home Service

Tulloch Hill
Perth
PH1 2PN

Telephone: 01738 623208

Type of inspection: Unannounced
Inspection completed on: 29 September 2016

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Care service number:
CS2006129884
About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government’s ‘Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers’ and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

Louisebrae is a care home for older people owned by Mead Medical, a national organisation. It is situated in a residential area of Perth in a new building which can accommodate up to 61 residents on three floors in single rooms with en suite shower facilities.

The service, which was registered in August 2007, can provide for a maximum of:

- ground floor: 18 residents who may have dementia
- first floor: 21 residents who have dementia
- second floor: 22 residents with nursing care needs.

There were 57 residents in the home at the time of inspection.

The statement of aims and objectives states that Louisebrae will provide "a highly professional and experienced staff to look after residents in a caring and sympathetic way, so that their privacy and dignity are respected and active independence encouraged wherever possible".

The people who live in Louisebrae prefer to be known as residents, therefore this term has been used throughout this report. The inspector would like to thank the residents, manager and staff for making us feel welcome and providing us with hospitality and the residents and their relatives for giving up their time to speak to us.

What people told us

We obtained the views of people being supported by the service and their relatives and carers through Care Inspectorate Care Standards Questionnaires (CSQs) and from speaking with people directly during the inspection visits to Louisebrae.

We issued 20 CSQs to the care service to be distributed to residents prior to the inspection visit of which three had been completed and returned. We also issued 20 CSQs for distribution to relatives of residents of which four had been completed and returned.

Comments made in completed questionnaires and in direct discussions were generally extremely positive and included:

- “My relative is extremely well looked after and all her needs are catered for. The staff are all very professional, friendly and caring.”

- “I find the staff work very well as a team and are friendly with each other. This can only reflect first class care which helps us as visitors to see for ourselves the hard work and care we get.”
- “The staff are caring and go out of their way to learn and cater for my likes and dislikes. Many of them take time to chat with me. I am never forced to do anything against my wishes.”

- “The staff are continually thinking of ways they can improve the environment.”

- “My relative is very well looked after in this care home. The staff are friendly and caring.”

Two respondents expressed disappointment with the level of activities provided, feeling that the current provision was not inclusive of all residents. Suggestion was made for more stimulating activity, such as skittles and bowls to be included in the activity programme. This was discussed with the deputy manager of the service while giving feedback of our inspection findings.

Residents told us during the inspection that they were very happy with the care and support they received from staff at Louisebrae. One resident commented: “The staff know me so well and what I need from them, I have no complaints. The home is kept very clean and I am very comfortable. I have a call alarm in my room but have never had to use it as staff check on me regularly. They are very supportive”.

We had the opportunity to speak with the daughter of a resident who told us that staff were “friendly and accommodating” and she was very happy with the care and support they gave to her relative.

**Self assessment**

A completed self assessment was submitted to the Care Inspectorate on the first day of the inspection. The manager and deputy were unaware that the document had not yet been submitted.

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

**From this inspection we graded this service as:**

<table>
<thead>
<tr>
<th>Quality of care and support</th>
<th>4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of environment</td>
<td>4 - Good</td>
</tr>
<tr>
<td>Quality of staffing</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>Quality of management and leadership</td>
<td>5 - Very Good</td>
</tr>
</tbody>
</table>
Quality of care and support

Findings from the inspection

Care plans sampled evidenced the involvement of residents and their families/representatives in discussing and agreeing care and support required and how they would like this to be delivered by staff. Plans were reviewed monthly to ensure the information recorded remained current.

Appropriate legal documentation was in place, such as Section 47 Adults with Incapacity (AWI) Certification, where residents had been assessed by a GP as no longer having the capacity to make decisions about their healthcare. These ensured residents continued to receive the care and support they required.

Where medication was given covertly a suitable care plan was in place and Mental Welfare Commission care pathway followed. This was reviewed monthly. This had been written on acute care plan records dated 2014 and should have been updated for the longer term and demonstrate more person-centred information.

Life stories were seen to have been completed with the involvement of the resident and their relative. Staff demonstrated their awareness of the importance of their knowledge of life histories for each resident and how they could use the information to engage in conversation with residents, prompt memories and give care and support that was unique to the person.

Minutes of meetings evidenced residents had been involved in the development of the kitchen menu. We observed some very good encouragement from staff to ensure residents received adequate nutrition. The service used strong contrasting colours of crockery which helps people maintain their independence by highlighting the food on their plate. Adapted crockery and cutlery were also used, where required.

We observed staff interactions with residents and how they had impacted on the person. While staff interventions were largely positive, we did observe a staff member carrying on their tasks as if the person was not there. Staff did not communicate their intentions to the resident before moving them in their wheelchair to attend to personal care needs. This shows a lack of respect and can cause alarm for a person living with dementia. The deputy manager was told of our observations at the time of the inspection. All other interactions were seen and heard to be positive and supportive. As this appeared to be an isolated incident no requirement is made, however as there is the potential for reoccurrence a recommendation is made for the manager to address this with staff (see recommendation 1).

Care staff had completed manual handling training and we saw staff support a resident transfer from a wheelchair to a lounge chair appropriately.

Plans recorded end of life wishes, including where they would like to be cared for and any religious beliefs that were to be respected. Some of the care plans in our sample had certificates in place to record their wishes in respect of resuscitation. These were signed and dated appropriately and reviewed six-monthly with the resident and their relative.

A programme of planned activities and outings was in place and a member of staff had been appointed to the role of activity organiser to facilitate activities and outings for residents. We observed activity staff engage in a quiz with residents during the inspection and escort some of the residents to Balhousie Castle to see the ‘weeping window’ display of poppies at the Black Watch museum. A relative had expressed in a completed questionnaire their belief that very little activities were happening in the home. We discussed this with the deputy manager and also the lack of evidence that activities for individual residents were being recorded and
evaluated. Therefore a recommendation made in the previous report remains outstanding and is repeated (see recommendation 2).

The care home worked well with healthcare professionals to ensure the health and wellbeing of residents.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. It is recommended for the provider to ensure that all residents are respected, acknowledged by staff and that planned interventions are explained to them in an appropriate manner before any action is taken.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. It is recommended that the service address the provision of activities, taking into account people’s preferences and keep records of these. The records should also include an evaluation to monitor the benefits of individual activities.

   National Care Standards, Care Homes for Older People - Standard 12: Lifestyle - Social, Cultural and Religious Belief or Faith.

Grade: 4 - good

Quality of environment

Findings from the inspection

We used the King’s Fund assessment tool to assess how well the environment supported people living with dementia. Overall, we found the home provided a good standard of accommodation and furnishing.

Accommodation is provided over three floors. We found all areas to be clean, warm, welcoming, and fresh. The open plan design and spacious lounges with panoramic windows allowed a great deal of natural light into the area. Each floor of the home presented a calm, relaxed and homely atmosphere.

The service had made some improvements of the home since the previous inspection, purchasing new carpets and furniture for the comfort of the residents. Furniture was of a similar colour to flooring and we suggested swapping the furniture between the floors of the home thus providing contrasting colours. This helps residents define the placement of the furniture for their safety.

Bedrooms were seen to be personalised, displaying pictures and family photographs and some had small items of furniture brought in from home. All of these things help make bedrooms more homely and familiar to residents.
The lounge area on each floor of the care home is open plan leading directly into the dining room. This was seen to encourage residents to leave the dining tables frequently to explore their surroundings. Residents were seen to continue to enjoy their food while walking from the tables and staff were able to gently guide them back to the dining area for more food without restriction of walls and doors. We observed staff to respect and acknowledge the individuality of each resident when supporting them over the meal times.

Large panoramic windows in the lounge meant the areas were flooded with a lot of natural light. Some bedrooms also allowed for good levels of natural light. Some bedrooms, however, received limited natural light which was being blocked by mature trees in neighbouring gardens. The home had attempted to compensate for this with the installation of additional lighting in the rooms.

There was good provision of a choice of seating, with sofas and armchairs arranged in small groups to promote conversation between residents and provide some privacy for residents visiting with their families.

Infection control arrangements were seen to be good with staff using personal protective equipment (PPE) appropriately, preventing cross infection.

Suitable maintenance systems were in place for servicing of equipment and repairs were seen to have been addressed quickly.

Accidents and incidents were fully recorded and reviewed by the management team to identify whether measures could be put in place to avoid reoccurrence.

Overall, residents were cared for in a warm, caring environment.

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 0

**Grade:** 4 - good

---

**Quality of staffing**

**Findings from the inspection**

Staff files sampled evidenced staff had been through a robust recruitment process, induction programme and ongoing training ensuring residents were kept safe from harm and care and support was delivered by a professional and competent staff team. We discussed with the deputy manager that records of interviews evidence some applicants had been interviewed by one person. Best practice indicates a minimum of two people are part of this process.

Nursing and care staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Scottish Social Services Council (SSSC) as required.
The staff we spoke with confirmed regular supervision and annual appraisal which further supported them in their role.

The registered manager told us that staff numbers had been increased to ensure care and support could be safely provided when higher levels of support were required. This was confirmed in staff duty rota which showed an additional member of staff on duty each day to the number identified as required in the completed dependency assessment tool.

Generally, staff were courteous to residents and tended to their needs in a respectful and dignified manner. We did, however, observe an instance where the support being provided by staff was not explained to the resident concerned. Our observation was discussed with the deputy manager of the service to address.

The staff we spoke with were knowledgeable about each of the residents in their care. They told us about the care and support needs of residents, expressing compassion and concern for their health and wellbeing. New staff confirmed the induction programme they were undertaking and how, with the support of the management team and colleagues, they felt confident in their role.

Training records evidenced an ongoing training programme ensuring staff had access to a wide range of training, which included dementia awareness, adult support and protection (ASP), infection control, and communication. The home appointed champions for specific healthcare needs, such as continence, and included dementia ambassadors who would cascade information to colleagues.

Relatives and healthcare professionals visiting the home praised the staff of the home, describing them as being caring and helpful.

We concluded that staff were competent and confident in meeting the assessed needs of the residents.

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 0

**Grade:** 5 - very good

**Quality of management and leadership**

**Findings from the inspection**

There were clear and extensive monitoring systems in place demonstrating the commitment to the continuing development and improvement of the service. This meant the residents and their families could be assured that any issues highlighted would be addressed and suggestions for improvement would be acted on.

The management team completed a monthly home audit which staff, residents and their relatives were involved in. All improvement actions taken were documented when completed.
All accident and incident records had been completed in full and included actions to be taken to prevent reoccurrence. These reports were detailed, documenting the staff whereabouts at the time of the accident/incident. Post fall incident reports were completed and a body map used to indicate any injuries sustained. Accident and incident reports were audited monthly to aid identification of common themes/times.

The service had completed the King’s Fund Environment Assessment Tool which assists the service to assess how well the environment design and available facilities support people living with dementia. As well as giving examples of good practice, the service had identified some areas where further improvement could be made. We discussed with the deputy manager how the residents and their families and staff could have influenced the assessment findings. We did not see any recorded confirmation that areas for improvement identified had been addressed. We acknowledge the service has now sent us notification of the actions taken.

Staff development records evidenced the management’s commitment to ensuring the staff were confident in their role and had the knowledge and skills needed to give appropriate care and support to the residents in their care.

**Requirements**

*Number of requirements:* 0

**Recommendations**

*Number of recommendations:* 0

**Grade:** 5 - very good

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

### Previous requirements

#### Requirement 1

This requirement was made following an upheld complaint against the service.

The provider must ensure that a full and accurate record of all accidents/incidents is maintained and that these are signed and dated by the person responsible for completing them.

This is in order to comply with:

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, SSI 2002/114 Regulation 19(3)(d) - Records.

**This requirement was made on 1 June 2016.**
Action taken on previous requirement

At this inspection we found accident and incident reports to be fully completed, very detailed and signed and dated by the person completing them.

Met - within timescales

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

Previous recommendations

Recommendation 1

It is recommended that care plans are reviewed to ensure that they reflect up to date information and are fully completed.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements.

This recommendation was made on 4 October 2015.

Action taken on previous recommendation

The service told us in their action plan that care profiles were reviewed monthly and audited three-monthly to ensure information remains current and accurate. We could confirm from our sample of care files that information was being updated as required and care plans were being reviewed regularly.

Appropriate action had been taken to address this recommendation.

Recommendation 2

The management team need to ensure that the importance of ensuring that topical applications of creams and lotions are applied is addressed with all care staff. They need to also ensure that this is monitored.

National Care Standards, Care Homes for Older People - Standard 15: Keeping Well - Medication.

This recommendation was made on 4 October 2015.

Action taken on previous recommendation

All staff had been reminded of the importance of ensuring the application of topical creams and lotions was fully recorded. We saw that body maps and recording charts were being used appropriately and were being monitored by senior staff.

Appropriate action had been taken to address this recommendation.
Recommendation 3

It is recommended that the service address the provision of activities taking into account people’s preferences and keep records of these. This is to help monitor benefits of individual activities.

National Care Standards, Care Homes for Older People - Standard 12: Lifestyle - Social, Cultural and Religious Belief or Faith.

This recommendation was made on 4 October 2015.

Action taken on previous recommendation

The residents and relatives we spoke with told us the provision of activities and outings had improved with the appointment of an activity organiser. Some residents were out to a local event during the first day of the inspection. No formal record was kept of who had participated in particular events and how these had been received by residents.

This recommendation is therefore repeated in this report.

Recommendation 4

It is recommended that the service review the way in which residents’ information is kept confidential and that there is evidence to support whether residents’ decision-making about bedroom doors being kept open.

National Care Standards, Care Homes for Older People - Standard 10: Exercising Your Rights.

This recommendation was made on 4 October 2015.

Action taken on previous recommendation

Confidential information was seen to be stored in locked cabinets on each floor of the home. Residents’ individual preferences to whether bedroom doors should be kept open or not were seen to be recorded in care plans we sampled.

Appropriate action had been taken to address this recommendation.

Recommendation 5

The service should develop a system to ensure that they respond to all communication from the Care Inspectorate and complete required notifications timeously.

National Care Standards, Care Homes for Older People - Standard 5(1): Management and Staffing Arrangements.

This recommendation was made on 4 October 2015.

Action taken on previous recommendation

Although the service had completed a self assessment as requested, it had not been submitted to the Care Inspectorate prior to the inspection visit. The manager explained that this had been an oversight and had thought the form had been submitted. Following our prompt, the completed self assessment was submitted to the Care Inspectorate on the first day of the inspection visit.
We considered this recommendation to have been addressed appropriately.

**Recommendation 6**

The following recommendation was made of the service from an upheld complaint.

The provider should ensure that all written records are legible and all changes/amendments are signed and dated.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

*This recommendation was made on 1 June 2016.*

**Action taken on previous recommendation**

At this inspection we found written records to be legible and amendments signed and dated.

We considered this recommendation to have been addressed appropriately.

**Recommendation 7**

The following recommendation was made of the service from an upheld complaint.

To ensure continuity in the care provided to people, the provider should ensure that there are effective systems in place to record observations and information which can then be shared between staff teams.

National Care Standards - Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

*This recommendation was made on 1 June 2016.*

**Action taken on previous recommendation**

Resident observations are recorded by staff and used to inform colleagues at handover meetings between staff.

We considered this recommendation to have been addressed appropriately.

**Recommendation 8**

The following recommendation was made of the service from an upheld complaint.

It is recommended that the provider ensure that an appropriate pain assessment tool is available for use and that staff are familiar with its use.

National Care Standards - Care Homes for Older People - Standard 14: Keeping Well - Healthcare.

*This recommendation was made on 1 June 2016.*

**Action taken on previous recommendation**

At this inspection we found the service were using the Abbey Pain scale as a pain assessment tool. These were completed appropriately and store within each resident's personal file.

We considered this recommendation to have been addressed appropriately.
Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
</table>
| 26 Aug 2015   | Unannounced    | Care and support 4 - Good  
|               |                | Environment 4 - Good    
|               |                | Staffing 5 - Very good  
|               |                | Management and leadership 4 - Good |
| 30 Mar 2015   | Unannounced    | Care and support 5 - Very good  
|               |                | Environment 4 - Good    
|               |                | Staffing 4 - Good       
|               |                | Management and leadership 5 - Very good |
| 19 Aug 2014   | Unannounced    | Care and support 5 - Very good  
|               |                | Environment 4 - Good    
|               |                | Staffing 4 - Good       
|               |                | Management and leadership 5 - Very good |
| 19 Feb 2014   | Unannounced    | Care and support 3 - Adequate  
|               |                | Environment 3 - Adequate  
|               |                | Staffing 4 - Good       
|               |                | Management and leadership 3 - Adequate |
| 28 Jan 2013   | Unannounced    | Care and support Not assessed  
|               |                | Environment 4 - Good    
|               |                | Staffing 4 - Good       
<p>|               |                | Management and leadership Not assessed |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Jun 2012</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>14 May 2012</td>
<td>Re-grade</td>
<td>Care and support 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>19 Dec 2011</td>
<td>Unannounced</td>
<td>Care and support 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>15 Jul 2011</td>
<td>Unannounced</td>
<td>Care and support 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>13 Oct 2010</td>
<td>Unannounced</td>
<td>Care and support 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>5 Jul 2010</td>
<td>Announced</td>
<td>Care and support 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>25 Mar 2010</td>
<td>Unannounced</td>
<td>Care and support 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>7 Jan 2010</td>
<td>Unannounced</td>
<td>Care and support 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership</td>
</tr>
<tr>
<td>Date</td>
<td>Type</td>
<td>Gradings</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>1 Dec 2009</td>
<td>Re-grade</td>
<td>Care and support: 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment: Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing: Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership: 2 - Weak</td>
</tr>
<tr>
<td>6 Aug 2009</td>
<td>Announced</td>
<td>Care and support: 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment: 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing: 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership: 3 - Adequate</td>
</tr>
<tr>
<td>19 Nov 2008</td>
<td>Unannounced</td>
<td>Care and support: 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment: Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing: Not assessed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership: Not assessed</td>
</tr>
<tr>
<td>17 Jun 2008</td>
<td>Announced</td>
<td>Care and support: 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment: 3 - Adequate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing: 2 - Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and leadership: 2 - Weak</td>
</tr>
</tbody>
</table>
This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com
0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foilseachadh seo ri fhaighinn ann an cruthannan is cănain eile ma nìthear iarrrtas.

अनुरोधानुसार इस प्रकाशन को अन्य फर्माट एवं अन्य भाषा में प्राप्त किया जा सकता है।

پیشواست، برخواست کریں کہ دیگر شکوں او رنگ نیانگ میں فیسیکل کی اکٹیپی ہے۔

其他国家语种版本和格式

这本报告的正式版提供其他语言和格式版本。

在信用的最近出版的出版物在其他语言的其他形式中。

Inspection report for Louisebrae