

## Riverside House Care Home Care Home Service

2 Bridge Street  
Wick  
KW1 4NH

Telephone: 01955 602 314

**Type of inspection:**  
Unannounced

**Completed on:**  
19 July 2022

**Service provided by:**  
R.F. More Limited

**Service provider number:**  
SP2003002402

**Service no:**  
CS2003010537

## About the service

Riverside House Care Home provides a nursing and residential care home service for up to 44 people. It is located in the centre of Wick, close to local amenities.

Accommodation is provided over four floors. There are communal lounges and dining rooms for people to use. People have spacious bedrooms with en-suite facilities.

## About the inspection

This was an unannounced inspection which took place on 28 June, 29 June and 13 July 2022.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and three family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- got feedback from a visiting professional.

## Key messages

- People living at Riverside House Care Home were settled there.
- People had formed good relationships with their staff members.
- People had some involvement in planning their support.
- People had some activities to get involved in.
- The care home environment needs significant refurbishment.
- Staff were getting some more training input to keep their knowledge and practice up to date.
- Management had taken some actions around quality assurance but quality assurance needs to improve to ensure people's support care and support is as good as it can be.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

### 3 - Adequate

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

Staff were good at supporting people's health and wellbeing. People had got to know their staff members, formed good relationships with them and were comfortable with the care and support provided. Staff had a warm and friendly manner, knew people's personalities, their likes and preferences. People felt respected and listened to.

The service contacted local health or social care agencies and professionals when necessary. Working closely with other agencies helped make sure people got the right support at the right time. It meant people were supported to keep good health and wellbeing and to not experience unnecessary ill health if possible.

People enjoyed their meals. Choices could be made and people said meals were of good quality. People had easy access to drinks and fruit. People's nutritional needs were well met and they were supported to keep hydrated throughout the day.

Where people had contact with family or friends this was encouraged and supported. The service recognised the importance of this for people living in Riverside House. Family members and others felt welcome when visiting the home and reported staff were friendly when they contacted the service. Other ways of keeping in contact such as phone and internet were also made use of, if suitable. Families were kept up to date with how their relative was getting on.

There were also examples of a couple of people having involvement in local community activities when this was their wish and suited their abilities. The pandemic period had interrupted these types of things but the service reported they were keen to continue this support. Opportunities like these can provide other options for people when looking to be busy and do things they find enjoyable.

We looked at infection prevention and control (IPC) practice under this key question. This was found to be adequate. There were definite strengths but the practice was not always as good as it could be.

Staff were found to be wearing personal protective equipment (PPE) correctly, in line with guidance. Staff reported suitable training and information provided to ensure safe practice that minimised the opportunities for infection spread.

We did find some areas and items of equipment within the care home were not always clean. More often we found this in the bathrooms and some of the communal areas. The condition of some of the communal areas meant they could not be cleaned effectively. Examples of this were vinyl floorings in some bathrooms which had surfaces that were difficult to clean and unsuitable flooring in store rooms. The manager was working on a refurbishment plan which over time will address many of these matters raised. However, more immediately, there were some issues around infection risk which can be lessened by more effective cleaning. Robust attention to detail will help reduce the infection risk to people. We refer to these matters further under 'How good is our leadership'.

## How good is our leadership?

### 2 - Weak

We evaluated the service to be performing at a weak level. There were strengths but there were also a number of weakness around quality assurance and improvement. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

As described under 'How well do we support people's wellbeing?' some aspects of the care home's IPC practice, particularly effective cleaning of all areas and care equipment, were not reaching the level that would ensure that infection risks were minimised as much as possible.

During our visit we quite often found doors open to rooms that should have been locked. People living in the home being able to access those rooms could have been a danger to them. More oversight of this matter was needed and we found on subsequent days of our visit that management had addressed this and doors that were meant to be locked were. On an ongoing basis, oversight could be achieved, for example, by a daily walk round audit. This would help people keep safe.

We recognised that the management at the service had faced challenging times organising care and support, providing oversight at the home and being able to fully implement the necessary quality assurance and improvement looked for. At our last inspection we made a requirement for the management and service provider to ensure that effective and robust quality assurance actions and audits are put in place. We have repeated this, as quality assurance actions taken to date were not yet proving to be comprehensive and effective. This is to make sure people experience positive care and support. (See Requirement 1).

Supervision of staff is an important element of quality assurance and improvement. Supervision meetings for staff have increased. However, they were still not providing enough opportunity for staff to reflect on and develop their practice. We have repeated a requirement for this to be improved. (See Requirement 2).

The care home's environment was tired and not of a suitable standard in many areas. The manager had begun to address this in a refurbishment plan. There was some refurbishment activity being undertaken by the care home's maintenance team. This was planned out over a number of years and we could see how the maintenance team would only be able to address the concerns about the environment when they had time available alongside getting on with their usual maintenance responsibilities. More consideration can be given to the tasks involved, the time frames and the detail. This was discussed with the manager as more specific detail will enable better monitoring and provide more assurance that the refurbishment project is being achieved in the way planned and to the timescales aimed for. The provider should consider how to achieve the improvements needed in a more timely fashion. Currently, people will be tolerating areas needing refurbishment for many months, sometimes years. We have repeated the previous requirement. (See Requirement 3).

During our visit we mentioned certain environment matters that would need immediate attention as they posed a risk such as a trip hazard or an IPC concern. The manager ensured these were addressed during our visit. There was a previous requirement in relation to quality assurance audits, including infection prevention and control, and we have repeated this as further improvement needs to be achieved. (See Requirement 4).

We found accident and incident records were completed, signed and dated as required. However, there did not appear to be an analysis of these to help identify root cause and to inform and update risk assessment. The manager needed to have regular oversight of the accidents and incidents in the home to support the analysis and identify factors which will help reduce recurrence. This was raised at the previous inspection as well. (See Area for Improvement 1).

## Requirements

1. The provider must by 30 April 2022, implement robust quality assurance processes and audits to ensure the health welfare and safety of people living in the care home is supported and that the service maintains a focus on continued improvement.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 Principles

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

An extension to this timescale has been agreed of 12 September 2022.

2. The provider must by 30 April 2022, ensure that staff are supported to develop their practice, knowledge and skills. In order to achieve this they must:

- a) develop and implement regular, planned support and supervision for all staff members.
- b) record the discussion and decisions agreed for each meeting
- c) ensure that outcomes from these meetings informs performance appraisals and staff training plan.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 - Principles and Regulation 4 (1)(a) - Welfare of users

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

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

An extension to this timescale has been agreed of 12 September 2022.

3. The provider must by 30 April 2022, ensure that the premises are of sound construction and kept in a good state of repair internally and externally. In order to achieve this they must:

- a) develop a plan for the repair and refurbishment of the home; to include fixtures, fittings, floorings, furnishings and redecoration
- b) set out clear priorities, timescales and how people can be involved in decisions about the improvements in ways which are meaningful to them
- c) set out clear timescales for completion of each phase of the refurbishment
- d) If timescales have slipped, to inform people of the reasons why and when they can expect these to be completed.

This is to comply with SWSCS (Requirements for Care Services) SSI2011/210 Regulation 10 – Fitness of premises

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16); and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11)

An extension to this timescale has been agreed of 12 September 2022.

4. The provider must, by 31 March 2022, ensure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. To do this the provider must:

- a) Implement a program of regular quality assurance audits, which help to determine the areas for improvement. To include, environmental improvements, staff practice and infection, prevention, and control measures.
- b) Develop an improvement and development plan which details timescales and the necessary actions required to complete the improvements.

This is in to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(d) - Welfare of users

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

An extension to this timescale has been agreed of 12 September 2022

## Areas for improvement

1. The provider should conduct a full analysis of significant incidents or accidents to include factors which contributed to these, mitigating factors and what could have/will be put in place to prevent recurrence and how often this will be reviewed to ensure it remains up to date and effective. This will enable her to have an overview of themes which have the potential to present risks for people and to take prompt action to intervene so that risks to people are reduced.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

## How good is our staff team?

**4 - Good**

We evaluated this area as good. We focused on staff being recruited well.

Staff felt supported. Staff, including newer staff, felt they could get support when needed. There were opportunities to take matters to a more senior member of staff if looking for advice or guidance. We also

confirmed that staff felt they worked well as a team and communication was good. People can have confidence that staff will discuss support matters and would raise a concern if they had one. This helps people get good quality and responsive support that meets their needs and wishes.

Staff when starting with the service are checked for suitability by going through an interview process. This is one way of trying to confirm a person's values and ability for care and support in a care home. We found staff had a positive approach to supporting people and had a relaxed and friendly manner. They were able to put people at their ease, form a trusting relationship and understand what was important to people.

Newer staff confirmed that they were provided with a good range of information about people they would be supporting. They were informed of key health and social care values and the expectations of their role. Staff received guidance and support as they became familiar with their role. Staff were registered with their professional bodies. People can be confident about staff receiving the right information and introduction to their role in a care home.

When employing new staff the service provider is expected to have a safer recruitment process, ensuring all necessary checks are undertaken. We saw that checks were done for criminal record checks and the protecting vulnerable group (PVG) scheme membership. We found suitable measures were in place for monitoring and recording this. For one staff member there was still an additional check to take place and the manager attended to this. People can have reassurance that staff are safely recruited.

## How good is our setting?

### 3 - Adequate

We evaluated this area as adequate. The main focus was on the quality of the facilities.

People reported positively on their rooms. There were opportunities to personalise them and make them more reflective of their own taste. This helped people be comfortable and was positive for their wellbeing.

Whilst we noted concerns around the fabric of the building and some issues around shared communal facilities, the care home did have large lounges and dining areas. These provided space and choice for people if they wished to make use of different areas during their day.

People reported positively on their meals. There was appropriate facilities for dining and people were able to eat in a reasonably spacious area, at their own pace and in a relaxed manner. The atmosphere was peaceful.

Televisions were in the lounges and these were of a size that meant people could watch comfortably and follow programmes that interested them.

There were different opportunities to take part in activities. We saw how this could be motivating and provide variety for people's day. This type of provision can boost people's wellbeing.

The care home was very limited in terms of outdoor space. The care home could consider how it uses all its areas and whether there is scope for introducing any new developments to the areas which may provide interest and enjoyment for people. There was a previous area for improvement in relation to this and we have repeated it here. (See Area for Improvement 1).



## Areas for improvement

1. The provider should review the way the two lounges on the ground floor and the lounge on the first floor are used and organised in relation to the provision of activities, people's freedom of movement and choice. The service should review how they can best support people to get out and about and access fresh air on a regular basis.

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

'I can choose to have an active life and participate in a range of recreational, social, creative and learning activities every day, both indoors and outdoors. (HSCS 1.25) and 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this area as adequate.

Most people had experienced satisfactory health and wellbeing as a result of the support available from Riverside House. People were comfortable living there. The service would look to involve other agencies or professionals if they identified it would assist someone's health or wellbeing.

There was assessment and planning for a range of people's outcomes and wishes. People's health needs were a clear focus for the service and mostly these had been suitably addressed. We saw some good example of regularly reviewing that a support plan continued to be suitable. Often there was helpful detail.

Arrangements were in place for people to get six monthly review meetings for their care and support. Families and others who were important to the person could be involved in these meetings and contribute their views. This, along with input from external professionals, can assist people to get the right support that meets their outcomes and wishes.

People's support with their medication was generally good. Monitoring and checking processes were in place. We were able to confirm people were being supported with their medications in line with their medical guidance. Suitable recording for this support was in place. As mentioned before, we discussed the importance of ensuring that medication was always kept securely. We were able to confirm steps were taken to address this matter.

The picture presented for assessing and planning people's health and wellbeing was not always a consistent one. Occasionally, there were some health needs where it was not evident that these had been assessed robustly. Details that could offer clear explanation and guidance for staff was not present. An example was someone's assessment and support plan for falls. It stated review regularly but did not say how often exactly this should be and why. Another one for pain said there could be other signs that a person was experiencing pain without stating what these were in a clear way. If there was this type of explanation and detail, then people could be more confident staff know exactly how to support them, to keep them as well as possible, as staff were always provided with the right, most helpful information.

We also noted that a few people's stress and distress plans could be improved with more explanation, spelling out clearly how best to support them when distressed. We have made an area for improvement for

the service to further consider care planning and assessing and what actions can be taken to improve the detail and guidance. Developing this will help make sure people get care and support that is person centred, designed to suit a person's needs and wishes. (See Area for Improvement 1).

## Areas for improvement

1.

The provider should review people's care and support information to ensure that there is sufficient detail and explanation to assist staff to provide consistent and helpful care and support. This will benefit people's health and wellbeing.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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

## Requirements

### Requirement 1

By 30 April 2022, the manager must ensure that people's current health and wellbeing needs are being addressed so they are getting the right care and support at the right time and in the right way to enable and enhance their health wellbeing and safety. In order to achieve this the provider must:

- a) ensure each person's emotional, psychological, social and physical needs and how the service will meet these is discussed
- b) involve the person concerned and/or their representative and record their wishes and choices
- c) include input from any professionals involved in the person's care and support
- d) record a summary of the discussion held, the decisions made, and the date of the next review which must not exceed six months
- e) update people's support plans following review to reflect changes.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5 - Personal plans

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This requirement was made on 7 February 2022.

#### Action taken on previous requirement

This requirement was met.

People's review meeting were happening more consistently. People could contribute when able and input from key others was also evident. This helped ensure sufficient consideration had gone into people's care and support. Review meetings informed people care and support plans. Within people's care and support planning a range of health and wellbeing needs and wishes were looked at.

Whilst good progress was made we decided to make an 'area for improvement' as there were still a few examples of care and support plans needing some more detail and explanation to fully provide all the necessary information for meeting a person's needs and wishes. See in the main report in 'How well is our care and support planned?'.

#### Met - within timescales

### Requirement 2

The provider must by 30 April 2022, implement robust quality assurance processes and audits to ensure the health, welfare and safety of people living in the care home is supported and that the service maintains a focus on continued improvement.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 Principles

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.  
(HSCS 4.19)

This requirement was made on 7 February 2022.

#### Action taken on previous requirement

This requirement was not met.

Some attention had been given to quality assurance process and audits but we found more progress could be made. We have repeated this requirement. See under 'How good is our leadership?' in the main report.

#### Not met

### Requirement 3

The provider must by 30 April 2022, ensure that staff are supported to develop their practice, knowledge and skills. In order to achieve this they must:

a) develop and implement regular, planned support and supervision for all staff members.

- b) record the discussion and decisions agreed for each meeting
- c) ensure that outcomes from these meetings informs performance appraisals and staff training plan.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 - Principles and Regulation 4 (1)(a) - Welfare of users

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

**This requirement was made on 7 February 2022.**

### Action taken on previous requirement

This requirement was not met.

Supervisions for staff had happened and arrangements for these to take place at least six monthly were in place. However, so far the supervisions have not provided an opportunity for staff to carefully consider their practice and what their development and learning needs may be. We discussed this with the manager and it was recognised further progress can be made. We have repeated this requirement. See under 'How good is our leadership?' in the main report.

### Not met

## Requirement 4

The provider must by 30 April 2022, ensure that the premises are of sound construction and kept in a good state of repair internally and externally. In order to achieve this they must:

- a) develop a plan for the repair and refurbishment of the home; to include fixtures, fittings, floorings, furnishings and redecoration
- b) set out clear priorities, timescales and how people can be involved in decisions about the improvements in ways which are meaningful to them
- c) set out clear timescales for completion of each phase of the refurbishment
- d) If timescales have slipped, to inform people of the reasons why and when they can expect these to be completed.

This is to comply with SWSCS (Requirements for Care Services) SSI2011/210 Regulation 10 – Fitness of premises

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16); and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11)

**This requirement was made on 7 February 2022.**

### Action taken on previous requirement

This requirement was not met.

The refurbishment plan would benefit from more detail and more specific timescales for some the key tasks involved. This will enable the refurbishment to be carefully monitored and managed. We also thought that the timeframes for some of the work needed were lengthy, meaning people would have to tolerate unsatisfactory aspects regarding the care home environment for longer than they should.

**Not met**

### Requirement 5

The provider must, by 31 March 2022, ensure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. To do this the provider must:

- a) Implement a program of regular quality assurance audits, which help to determine the areas for improvement. To include, environmental improvements, staff practice and infection, prevention, and control measures.
- b) Develop an improvement and development plan which details timescales and the necessary actions required to complete the improvements.

This is in to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(d) - Welfare of users

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This requirement was made on 7 February 2022.**

### Action taken on previous requirement

This requirement was not met.

During our visit we found some issues needing immediate attention. This includes some floor coverings and some items that were not sufficiently clean. The home's quality assurance processes had not effectively identified and addressed these concerns. We have repeated this requirement. See under 'How good is our leadership?' in the main report.

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

The manager should conduct a full analysis of significant incidents or accidents. to include factors which contributed to these, mitigating factors and what could have/will be put in place to prevent recurrence and how often this will be reviewed to ensure it remains up to date and effective. This will enable her to have an overview of themes which have the potential to present risks for people and to take prompt action to intervene so that risks to people are reduced.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

**This area for improvement was made on 27 January 2022.**

#### Action taken since then

This area for improvement was not fully met and we have repeated it. See area for improvement under 'How good is our leadership?'

#### Previous area for improvement 2

The manager should access support from local care organisations to enhance understanding of and significance of the roles that external organisations hold, and which may benefit or provide additional support for people. This should include reporting responsibilities and how and where to obtain specialist support when needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

**This area for improvement was made on 27 January 2022.**

#### Action taken since then

This area for improvement was met. There was satisfactory evidence that the manager has accessed and made good use of external support in relation to people's care and support, the quality assurance at the service and for staff's training purposes. This all helps the service continue to provide appropriate care and support to people and to improve.

#### Previous area for improvement 3

The service should review the way the two lounges on the ground floor and the lounge on the first floor are used and organised in relation to the provision of activities, people's freedom of movement and choice. The

service should review how they can best support people to get out and about and access fresh air on a regular basis.

**This area for improvement was made on 20 August 2019.**

#### Action taken since then

The service is still working on this area for improvement and it was not met. The pandemic appears to have interrupted this as use of areas within the care home and activities had changed substantially during this period. We have repeated this area for improvement under 'How good is our setting?'

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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