

Inspection report

Pentland Hill Nursing Home Care Home Service Adults

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Edinburgh
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Inspected by: Rose Bradley
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 13 May 2010

Contents

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	14
Section 2: The inspection	23
Section 3: Other information	
Other Information	44
Summary of Grades	45
Terms we use in our reports and what they mean	47
How you can use this report	49
People who use care services, their relatives and carers	49

Service provided by:

BUPA Care Homes (CFHCare) Limited No. 2741070

Service provider number:

SP2003002226

Care service number:

CS2003010660

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Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support  **3** Adequate

Quality of Environment  **4** Good

Quality of Staffing  **4** Good

Quality of Management and Leadership  **4** Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

What the service does well

The service provides a comfortable environment and all residents have single bedrooms with en-suite facilities. There are ample public rooms for sitting, dining and recreational activities and events.

We saw that staff welcomed visitors and were polite.

The manager was eager to enter discussion about how to improve the quality of the service.

What the service could do better

While progress was noted in the quality of the service provided, the service needs to continue to develop its consultation strategy, the content of care plans and the activity programme. Staff competency should continue to be monitored.

What the service has done since the last inspection

The service has worked hard to meet the requirements and recommendations made at the last inspection.

Consultation with residents and relatives had improved. We saw that their views were taken seriously and the service was trying to address their concerns.

Staff recruitment had resulted in the appointment of registered nurses and carers who had all received an induction to the service. The use of agency staff had reduced.

A training needs analysis had been carried out for all staff and the training programme reflected staff training needs.

The Head of Care worked directly with staff to ensure good work practice. Staff competency was also monitored through regular, structured supervision.

Unit managers had twelve hours supernumerary time each week to allow them to complete administrative tasks and monitor the quality of the service provided in their unit.

Conclusion

We saw that progress continued to be made in improving the quality of the service. Clear direction from the management team, unit managers having supernumerary time and "taking care back to basics" had all been a major factor in this.

Who did this inspection

Lead Care Commission Officer
Rose Bradley

Other Care Commission Officers

Andrea Herkes

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Pentland Hill Care Home (referred to in the report as 'the service') is owned and Managed by BUPA (referred to in the report as "the provider") and was registered with the Care Commission on 1 April 2002 to provide a care service to a maximum of 120 older people. There were 115 residents at the time of inspection.

The service is situated within a residential area of South West Edinburgh near to local amenities and public transport links. The building has gardens to the front and rear of the building.

The accommodation is on two floors accessed by a lift and stairs and is divided into four units accommodating up to 30 people within each unit. All rooms are for single use and all have en-suite facilities. Each unit has two communal lounges and a dining area within one of those lounges.

Each unit has their own aims and objectives displayed at the entrance to the unit.

The service overall states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

The service employs a team of carers and registered nurses with varying degrees of skill, expertise and qualifications. The service aims to offer a home which would not entail moving. However, the service recognised that there are some aspects of care that might require residents to move, for example, if a resident required more specialised care in relation to progressive mental health or advanced disease process.

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

Quality of Care and Support	3 - Adequate
Quality of Environment	4 - Good
Quality of Staffing	4 - Good
Quality of Management and Leadership	4 - Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What activities did we undertake during the inspection

We wrote the report after an announced inspection that took place at the service. The inspection was carried out by Care Commission Officers Rose Bradley and Andrea Herkes on the following dates:

- 5 May 2010 between the hours of 10am and 5.30pm
- 6 May 2010 between the hours of 12noon and 5.30pm
- 7 May between the hours of 10am and 5.30pm

During this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documentation including evidence from:

- The service's most recent self assessment
- A sample of eight residents' files
- Staff training records
- Minutes of staff, residents and relatives meetings
- Complaint, accident and incident records
- Maintenance records
- Activity folder
- Discussion with various people including:
 - the regional manager
 - the manager
 - the support manager
 - the head of care
 - the housekeeper
 - two activity coordinators
 - three unit managers
 - two registered nurses
 - five carer staff
 - twelve residents individually
 - twenty one relatives individually
 - dementia care coordinator
- Observation of staff practice
- Observation of staff interaction with residents, visitors and fellow workers in all four units

- Consideration of audits and consultation methods
- Consideration of residents' and visitors' comments
- Observation of one meal in each unit (total of four meals)
- Observation of morning teas in each unit
- Observation of two activities
- Time spent with residents during the inspection
- Consideration of the content of 32 resident questionnaires which were completed and returned directly to us.
- Consideration of the content of 43 relative questionnaires which were completed and returned directly to us.
- Consideration of the National Care Standards, Care Homes for Older People.

Feedback on the inspection outcomes was given on the 13 May 2010.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Has the service had to take any actions as a result of or since our last inspection?

1. The Provider must ensure that service users' nutritional needs are met. In order to achieve this the manager must
 - a) carry out and implement the findings of a nutritional assessments of all residents;
 - b) ensure that nutritional guidance from other health care professionals is implemented;
 - c) ensure there is adequate supplies of all food detailed on the menu to allow residents choice at all meals;
 - d) review the size of portions of food offered to residents to ensure these meet resident choice and need;
 - e) review the method of serving meals to ensure residents are not waiting long times between meal courses;
 - f) review how mid morning teas are served to ensure that

napping residents are offered drinks and snacks. This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a regulation to ensure the health and welfare of service users. Taking into account National Care Standards Care Homes for Older People Standard 13 Eating well Timescales: within one month of receipt of this report.

Action taken on the Requirement

A nutritional needs assessment had been carried out for all residents. Care plans showed that nutritional guidance for healthcare professional was implemented.

There was adequate supplies of all food to allow residents choice at meal times.

The method of serving meals had been reviewed to ensure residents did not wait long periods between courses.

Mid morning drinks had been reviewed to ensure that napping residents received an offer of a drink and snacks at tea time.

This requirement had been met.

The requirement is:

Met

2. The provider must ensure that there are suitable numbers of staff available at the service to meet residents' needs at all times. In order to achieve this the provider must

a) carry out a dependency needs assessment for all residents;

b) demonstrate to us that staff availability meets these needs;

c) forward a copy of the findings to us.

This is in order to comply with SSI/114 Regulation 13(a) - staffing Timescale: within one month of receipt of this report.

Action taken on the Requirement

The service had carried out a dependency needs assessment which showed that staffing levels were above the identified residents assessed needs. This requirement had been met.

The requirement is:

Met

3. Following other regulatory activity this requirement was made: The provider must ensure that following each Review, care plans should be updated and revised to reflect changing needs. All revisions must be shared with users and/or their representatives. This is in order to comply with SSI 2002 No. 114, Regulation 4(1(a)), 'Welfare of Users' and Regulation 5(2), 'Personal Plans'. National Care Standards, Care Homes for Older People - Standard 6, 'Support Arrangements' . Timescale for implementation: From the date of receipt of this report.

Action taken on the Requirement

We examined a sample of care plans and saw that in all instances agreements reached at reviews of care were not carried into care plans.

This requirement had been partially met. A requirement is carried forward and is discussed in Theme 1, Statement 1.3

The requirement is:

Not Met

4. The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. The activities should support the independence of people with regard to activities of daily living and the provider must demonstrate that the activities take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential.

This is in order to comply with SSI/114 Regulation 4 (1)(a) Welfare of users- a requirement the provider shall make provision for the health and welfare of service users. Timescales: Within one month of receipt of this report.

Action taken on the Requirement

We saw the activities programme and how it was delivered had been reviewed. This requirement is partially met. This requirement is carried forward. This is discussed in more detail in Theme 1, Statement 1.2.

The requirement is:

Not Met

5. The provider must ensure that the content of all personal plans provides clear guidance for staff to enable the appropriate and up to date care to be given to service users. In order to achieve this the manager must:

a)ensure personal plans accurately reflect all aspects of service users' needs including nutrition, communication, continence, behaviour, pain, memory, anxiety, sleep, personal hygiene including oral hygiene and all aids which are used such as hoists and pressure relieving aids)

b)ensure all plans are legible and the meaning clear, dated and signed by the author)

- c) ensure guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans
- d) ensure that the personal plans are reviewed and updated to take account of incidents and accidents, risk assessments and agreements reached during care reviews
- e) ensure all plans are signed by service users or their representatives to evidence their agreement to the proposed care provision
- f) ensure plans detail who and in what circumstances relatives should be contacted
- g) ensure all staff follow the instructions contained within the personal plans
- h) ensure all staff receive training on devising and implementing personal plans

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a requirement to ensure the health and welfare of service users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 Keeping well-healthcare. Timescales: Within three months of receipt of this report

Action taken on the Requirement

While progress was noted in the content of care plans further work is required. This requirement is partially met. We will carry an amended requirement forward. This is discussed further in Theme 1, Statement 1.3.

The requirement is:

Not Met

6. The Provider must ensure that service users' nutritional needs are met. In order to achieve this the manager must

- a) review the method of serving meals to ensure residents are not waiting long times between meal courses;
- b) review how mid morning teas are served to ensure that napping residents are offered drinks and snacks.

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a regulation to ensure the health and welfare of service users. Taking into account National Care Standards Care Homes for Older People Standard 13 Eating well Timescales: within one month of receipt of this report.

Action taken on the Requirement

We saw that the method of serving meals had been reviewed in all units. Meal times were more efficient and residents did not wait long periods between meals. We saw that all residents who were napping were offered a drink at tea time and this was accepted. This requirement has been met.

The requirement is:

Met

7. The provider must ensure that infection control procedures are in place and are followed at all times to ensure service users' well being. In order to achieve this the provider must:

- a) ensure that infection control measures used in the service are reviewed and the findings implemented;
- b) ensure all staff are aware of and follow infection control procedures, including the use and purpose of the staff uniform;
- c) ensure all net pants are individually marked with the owner's name;
- d) ensure service users are offered hand washing facilities before all meals;
- e) ensure a system is devised and implemented to ensure that equipment is clean and suitable for use. This is in order to comply with SSI/2002/114 Regulation 4(1)(d) Welfare of service users, control of infection Timescale: Within one month of receipt of this report.

Action taken on the Requirement

We saw that infection control procedures had been reviewed and that appropriate procedures had been reinforced with staff.

Staff competency in implementing infection control procedures had been monitored.

We saw that staff wore the staff uniform appropriately. The appropriate use of the staff uniform had been reinforced by senior management.

We saw that in two units residents were offered hand washing facilities before meals.

A system had been devised to ensure that equipment was clean. We saw they documentation was correctly completed and equipment was clean.

This requirement had been met.

The requirement is:

Met

8. The provider must ensure service users' safety when hot drinks are being served. In order to achieve this the manager must:

- a) ensure an adequate supply of occasional tables
 - b) ensure staff use the tables and do not place hot drinks on the arms of chairs
 - c) ensure health and safety measure are discussed with all staff
- This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of service users
Timescale: Within 24 hours of receipt of this report.

Action taken on the Requirement

We saw that there were adequate occasional tables and these were used.

We saw that staff did not place hot drinks on the arms of chairs.

We saw that staff competency in ensuring residents' health and safety in this area had been discussed and monitored.

This requirement had been met.

The requirement is:

Met

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a fully completed self assessment document from the service 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 the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We considered the content of 32 resident questionnaires which were completed and returned to us. We also spoke with 12 residents individually as well as spending time in each unit with all residents.

Of the 32 questionnaires returned to us, a total of 29 were anonymous.

The content indicated that all residents were satisfied with the service.

The content showed that 4 residents were not aware of the complaints procedure (see Theme 4, Statement 4.1)

One did not know how their views were sought (see Theme 1, Statement 1.1)

One did not know if snacks were available (see Theme 1, Statement 1.3)

One felt the environment was not clean or hygienic (see Theme 2, Statement 2.2)

We observed staff interaction with residents and saw that residents appeared comfortable in staff company. Staff were seen to be respectful and offer choices about every day life.

Some residents commented that there had been a lot of staff and management changes and they did not feel this was helpful in the delivery of consistent care.

Direct comment included:

"The home is clean but sometimes there is a smell"

"There are not enough staff"

"Staff don't have time to chat"

"Staff are always polite"

"There are a lot of new faces"

Taking carers' views into account

We spoke with 21 relatives during the inspection and considered the content of 43 questionnaires.

The content of forty three questionnaires showed that seven relatives were dissatisfied with the quality of the service and 36 were satisfied with the quality of the service.

The comments from questionnaires and from relatives we spoke with showed that there was a wide range of different experiences of the service. Some had a very good experience and others not. Some had good knowledge of all aspects of the service and others did not. Relative views are reflected in the body of the report.

Some relatives commented on the high level of staff turnover and how this affected the consistency of care and the development of relationships. Other relatives felt there were not enough activities and their relative was left for long periods of time on their own. Some relatives spoke of their lack of confidence that staff could meet their relatives' healthcare needs while others were very confident that they would.

All spoke positively about the new manager and were hopeful she would improve the service overall. Some relatives spoke highly about how caring staff were. All stated that staff were polite.

Some comments were:

"The standard of care is excellent, the staff are caring, professional and hardworking and the Pentland Hill home is well run"

"Big improvement since new management took over"

"My own impression is thatany health or care needs are addressed immediately by the staff in the unit"

"The chairs in the home are needing replaced as when visiting sometimes I feel a dampness. Also they are a mess"

"There are times when finding a member of staff is difficult"

"There are no organised activities at weekends which makes these two days very long"

"There are few activities taking place in the unit . No motivation whatsoever, very poor. I would like to see more organised activities"

"Since the new year we have been aware of a change in the staff and overall care in the home. Hopefully these improvements will continue, although we feel its early days."

Relatives views were shared with the manager. Relatives views are discussed further under each Theme of the report.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

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

The service had good systems in place to ensure that residents and relatives could participate in assessing and improving the quality of the care and support provided. These included, a participation strategy, care reviews, satisfaction surveys, individual discussions, resident and relative meetings and a newsletter.

We saw that the content of discussions during resident and relative meetings was more structured and open. The quality of the service and how the provider planned to address this was discussed. Minutes of meetings were sent to all relatives and residents.

As a result of consultation the following had taken place: menu and meal portions had been reviewed, the content of the activity programme adjusted and a key worker system had been introduced. The times of relatives meetings had also been changed. Seven relatives had agreed to join a Participation working group. The community champion from the local supermarket had also become involved with the home to improve contact with the local community.

Areas for Improvement

The manager was aware that further work was needed to fully develop the consultation process, particularly for those residents with cognitive impairment. The manager had contacted advocacy services to give advice and staff training on consultation. A "dementia open day" had been arranged to discuss the effects/aspects of dementia. All relatives would be invited to attend.

The content of resident questionnaires showed that one resident did not know how the service sought their views.

The content of relative questionnaires showed that five relatives out of forty three disagreed that the service asked their views about how the service could be improved. Three relatives disagreed that that their relatives who were resident in the service were asked about how to improve the service. Five relatives did not know how views were sought.

One relative disagreed that their relative was encouraged to discuss any views about the service with their key worker and six relatives did not know if this happened.

The manager was aware that further work was needed to ensure that relatives and residents were fully informed about all aspects of the service provision.

We will make a recommendation that the participation process continues to be developed.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11- Expressing your views

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service Strengths

There were adequate systems in place to enable residents to make individual choices and ensure that they could be supported to reach their potential.

Four activity coordinators were in post . The delivery of activities had been reviewed and these were now offered in a "club" format. Each unit now had an activity on for the full day and residents from each unit could attend any of these they choose. The programme for each unit was displayed on the notice board.

We saw group activities including gentle exercise, exercise to balloons, music group and dominoes and all these were well attended and residents looked as if they were enjoying them. Some residents had started to attend tea dances in the local leisure centre.

All residents had a "Map of Life" which detailed their past history, likes and dislikes. As recommended at the last inspection these were signed by the resident or their representative.

Activity coordinators spoke well about the importance of stimulation for residents.

Areas for Improvement

The content of relative questionnaires showed that five relatives out of forty three did not think there were enough social events at the service and two relatives did not know. Some relatives commented that residents were never taken outside the service. One relative felt their relative was left for long periods on their own.

The manager was aware the activity programme needed to be developed and could describe the measures being taken to ensure access to outside activities. Outings had been arranged for visits to the Botanic Gardens and Art Galleries. The manager stated that having four activity coordinators in post would allow greater scope for outings. We will monitor progress at future inspections.

While it is acknowledged that a new activity system is being implemented it was unclear how residents would know if clubs were cancelled. A system was not in place to ensure care staff were kept informed of changes to the programme. The manager agreed to address this. We will monitor progress at future inspections.

While it is acknowledged that new activity recording documentation was being implemented, we saw the format did not indicate how long the activity lasted. In some cases it looked as if residents had not engaged in any meaningful activity for over a week and for others their activity was provided by visiting family. It was difficult to

establish if this was related to recording issues or if it accurately reflected the service provision.

The content of care plan documentation did not contain staff guidance about how best to encourage activity involvement for residents who needed prompting to participate. Information from reviews of care about changes to residents' hobbies or likes and dislikes were not always transferred to the "Map of Life".

While we saw that activity programmes were in place it was still unclear how all residents would experience meaningful activities particularly those who could not attend group activities or who did not have visitors. We made a requirement about this following the last inspection and we will carry this forward.

While instances of this were reduced we still saw residents in therapeutic chairs sitting in the same position of the room for most of the day without a change to their view of the room. The manager stated this was in agreement with their relatives. We discussed the benefits of changes of environment even for a short period. We made a recommendation about this at the last inspection and we will carry this forward.

Grade awarded for this statement

3 - Adequate

Number of Requirements

1

Number of Recommendations

1

Requirements

1.

The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational and stimulating activities on a regular basis. The activities should support the independence of people with regard to activities of daily living and the provider must demonstrate that the activities take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential.

This is in order to comply with SSI/114 Regulation 4 (1)(a) Welfare of users- a requirement the provider shall make provision for the health and welfare of service users.

Timescales: 30 August 2010

Recommendation

1.

It is recommended that the provider ensures that residents do not sit for long periods of time in the same area without stimulation or a change of environment. This is in order to meet the National Care standards, Care Homes for Older People, Standard 14 - Health care

Statement 3

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

Service Strengths

There were adequate systems in place to ensure residents health and wellbeing were met.

All residents were clean and tidy. Staff paid attention to rearranging clothing if assisting residents to move.

We saw a key worker system had been implemented to ensure there was an easily identified staff member for residents and relatives to discuss care issues with.

On admission to the service, residents could retain their own general practitioner or the service would access a local general practitioner for them.

We saw that a range of healthcare professionals were involved at the service, including podiatrist, optician, dietitian and dementia coordinator. From the content of residents' files and discussion with staff we saw an improvement in how guidance from other healthcare professions was implemented.

We saw that all residents had a current assessment of needs and supporting care plans had been developed. Care plans were supported by risk assessments including falls, continence and dietary assessments. Residents' care plans and risk assessments were regularly reviewed and the resident and family were involved. A range of tools were in use to monitor residents' health including pain management, fluid balance charts, positional changes and weight charts. Wound management was carried out appropriately.

We saw that meals and mid morning teas were more organised to ensure all residents received nutritional intake. We saw that food supplements, smoothies and fruit were readily offered to residents. Assistance with eating meals was given timeously. Meals times were seen to be calm and more organised.

We saw that the service had invested in staff training to increase staff knowledge of best practice. Staff competency in carrying out care was monitored and this had a positive effect on the grade for this Statement.

Areas for Improvement

While it is recognised that progress is noted in all aspect of this statement, progress needs to be sustained and consistently applied for all residents.

From a total of forty three relative questionnaires we saw that nine relatives did not feel confident that staff would meet their relatives' healthcare needs and one relative did not know. Three relatives did not feel snacks were readily available and two did not know. Four relatives were not confident that staff would assist their relative to eat their meals and one relative did not know. Three relatives did not feel that staff knew their relatives' preferences. From this it is clear that for some relatives there were still some concerns around the provision of healthcare. The manager showed good understanding of the need to build relatives' confidence in the service again.

One relative told us that meal times would benefit from having a designated staff member serving residents who choose to eat in their rooms. They felt this would ensure consistency for the resident and ensure all courses were given and dishes cleared away. This view was shared with the manager who said this should be normal practice and would be discussed with staff. We will monitor progress at future inspections.

From examination of care plans while we saw a marked improvement in the content there were still discrepancies in accuracy. Information and agreements from reviews were not always transferred to care plans for example, a residents' preferences for female staff assistance. While care plans for sleep recorded that residents liked a night light on they did not record a resident's preference for the door to be ajar. In one instance, information recorded that weight was stable when the weight chart showed a fluctuation. A care plan had not been updated to include a new short term medication prescribed by a healthcare professionals for one resident, although this had been prescribed and administered as directed.

While the progress to date is recognised and we acknowledge that one unit is still in the middle of reviewing and updating all care plans, it is clear that work must continue on the development of accurate documentation. This will support accurate and consistent delivery of all aspects of care. We made a requirement at the last inspection about care plans and we will carry this forward.

Grade awarded for this statement

3 - Adequate

Number of Requirements

1

Number of Recommendations

0

Requirements

1.

The provider must ensure that the content of all personal plans provides clear guidance for staff to enable the appropriate and up to date care to be given to service users. In order to achieve this the manager must:

- a) ensure personal plans accurately reflect all aspects of service users' needs including nutrition, communication, continence, behaviour, pain, memory, anxiety, sleep, personal hygiene including oral hygiene and all aids which are used such as hoists and pressure relieving aids
- b) ensure all plans are legible and the meaning clear, dated and signed by the author
- c) ensure guidance from healthcare professionals and agreements reached during reviews of care are accurately incorporated into personal plans
- d) ensure all plans are signed by service users or their representatives to evidence their agreement to the proposed care provision
- e) ensure all staff follow the instructions contained within the personal plans

This is in order to comply with SSI/114 Regulation 4(1)(a) welfare of users - a requirement to ensure the health and welfare of service users. This also takes into account National Care Standards Care Homes for Older People Standard 6.3 Support Arrangements and Standard 14 Keeping well-healthcare. Timescales: By the 30 September 2010

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - 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

As stated in Theme 1, Statement 1.1, the service had good systems in place to ensure that residents and relatives could participate in assessing and improving the quality of the environment.

In addition to the strengths identified in Theme 1, Statement 1.1, as a result of consultation about the environment the following had been implemented:

- the seating arrangements in units had been changed
- residents had been involved in choosing paint colours
- introduction of a labelling control form for laundry
- appointment of a "laundry hostess" to oversee laundry
- new access had been created from one of the units to the enclosed garden

Areas for Improvement

As stated in Theme 1, Statement 1.1 we have made a recommendation that the participation strategy continues to be developed.

Grade awarded for this statement

4 - 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

There were good systems in place to ensure the environment was safe and residents were protected.

Environmental audits had been carried out and maintenance workers were active around the service.

Infection control systems were in place and we saw staff followed procedures. We saw that the residents in two units were offered hand washing facilities before meals. Net pants continence aids were individually named for identification. We saw that cleaning rotas for equipment were in place and correctly completed. Equipment was clean. Staff uniforms were worn appropriately.

We saw that staff practice in ensuring a safe environment had improved. Staff used occasional tables to place hot drinks. Moving and handling techniques were appropriately executed.

Systems were in place to record all accidents and incidents. We saw these documents were completed correctly and the number of accidents and incidents had reduced since the last inspection.

We were told all residents had a written agreement. The content of twelve questionnaires showed the relatives did not know if residents' had a written agreement outlining the service. We were told that some relatives may not know this level of information because the resident dealt with this matter themselves.

The content of questionnaires showed that nineteen relatives felt there was not enough staff and some staff also expressed this view. However, the manager told us the service had completed a needs assessment for each resident which showed the staffing levels were above the residents' assessed needs.

Areas for Improvement

We were told that the credit size "prompt card " for regional managers' use when dealing with potential abuse was still at the printers. We will monitor progress at the next inspection.

We saw that staff had not given a resident access to the call system meaning they had no means to summon staff assistance while they were in their room . We will make a requirement about this.

The content of questionnaires showed that seven relatives out of forty three did not know how the service ensured an environment that was free from discrimination and bullying or how a safe environment was maintained. Six questionnaires showed relatives did not think the environment was safe or free of bullying. This was discussed with the manager who agreed to raise relative and resident awareness about the procedures which were in place to ensure the environment is safe.

Grade awarded for this statement

4 - Good

Number of Requirements

1

Number of Recommendations

0

Requirements

1.

The provider must ensure service users safety at all times. In order to do so the provider must demonstrate to us that all staff understand the importance of, and make sure that residents have easy access to, call systems.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - Welfare of users

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service Strengths

There were good systems in place to ensure that residents had as positive a quality of life as possible.

All bedrooms were single with lockable doors. Bedrooms were comfortably furnished and were personalised to the residents' taste. There was a garden area and during the inspection we saw that residents used this.

We saw that the seating arrangements in units had been changed to make the environment more welcoming. Some armchairs had been replaced and there were additional occasional tables which made the environment more comfortable.

We saw that residents were encouraged to sit at the dining tables for meals but where they choose not to, suitable occasional tables were used to ensure comfort and safety.

One resident told us they preferred to have meals in their room and they felt this was a positive aspect of the service.

We made a recommendation at the last inspection that clothes be clearly marked and drawers be tidy. We saw this was the case. A laundry hostess had been appointed to ensure that residents clothing was properly maintained and drawers were tidy.

Relatives told us they could visit when they pleased and were made welcome.

Areas for Improvement

The content of questionnaires showed that nine relatives and one resident felt the quality of the environment was not clean or was affected by mal-odour. We saw that there was a mal- odour in one unit. While we accept that the provider was actively trying to resolve this, none the less it affects residents' positive quality of life.

Seven relatives told us that their relatives clothing was not clearly marked or properly cared for. We saw one instance where badly worn clothing had been put in a residents drawer but not brought to the attention of the unit manager to discuss replacing with relatives. The manager agreed that there had been issues with laundry and in response to this a laundry hostess had been appointed. Her role would be to ensure clothing was properly marked, maintained and in the correct drawers. We will monitor progress at future inspections.

Some relatives felt the quality of the furnishing particularly the armchairs were poor. They said that some wardrobes had broken handles. We saw one wardrobe with no

handle and some chairs were worn. However we also saw that environmental audits were carried out and repairs noted and attended to. The quality of some therapeutic armchairs had been referred to occupational therapy. We will monitor progress at future inspections.

We saw that in some units the rooms were locked for security when residents were not in these. However a relative told us that their relative could not go back into their room for the rest of the day unless staff helped them because they could not remember to ask staff for the door to be unlocked. The manager agreed to discuss with staff to remember to offer residents the choice of sitting in their rooms for quiet periods during the day if they so wished.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

It is recommended that the service continues to monitor the quality of the environment and ensures that maintenance issues are promptly attended to. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 4 - Your environment

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

As stated in Theme 1, Statement 1.1, there were good systems in place to ensure that residents and relatives were involved in assessing and improving the quality of staffing in the service.

In addition to the strengths identified in Theme 1, Statement 1, two residents had been involved in staff recruitment since the last inspection.

Areas for Improvement

The content of relative questionnaires showed that two relatives did not know if staff had the knowledge and skills to care for their relative.

The manager was aware that further work was needed to ensure that relatives were fully informed about all aspects of the service.

We have made a recommendation under theme 1, Statement 1.1 that the participation strategy continue to be developed.

Grade awarded for this statement

4 - 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 service had good systems in place to ensure a professional, trained and motivated workforce.

A training needs analysis had been carried out for all staff and a training programme devised to meet this.

A training matrix was in place to provide an overview of all training received. New staff were added to this when they commenced post.

In addition to mandatory training for infection control, moving and handling, nutrition and "Tell Someone" (adult protection) staff had attended training about dementia awareness, medication and behaviour that could be considered challenging.

Training for registered nurses included Nurse Verification of expected Death, Wound Management, Venepuncture/cannulation, Palliative Care - People with Dementia and Medication.

Records showed that 83.24% of staff had an appropriate qualification or were undertaking an appropriate training programme.

All new staff received an induction to the service and this was documented. Staff mentors who had completed an internal mentoring course were appointed to guide new staff.

The head of care continued to work in each unit to monitor the quality of direct care and on a one to one basis with all staff to assess staff competency. The outcomes and any identified training needs were documented.

The manager had also implemented the Continuous Learning Framework from the Scottish Social Services council to develop staff practice.

Staff could describe the training they had received. They spoke positively about the role of the head of care and the benefits of having good practice reinforced and recognised.

We saw that in general staff appeared to be more professional in their approach to residents and their duties. In general we saw staff carry out good practice in relation to infection control, moving and handling and resident safety.

Areas for Improvement

The manager recognised that work needed to continue to ensure that all staff particularly new staff received all training identified from the training needs analysis. The manager

accepted that effort was still needed to ensure staff competence in all areas of work practice and that learning from training was put into practice.

The content of relative questionnaires showed that eight relatives felt staff did not have the knowledge and skills to care for their relative.

The manager was aware that given some relatives past experience of the service and the changes that had taken place in staff personnel, relatives may not be fully aware of the volume of work being done to increase staff skills. We will make a recommendation that the work in this area continues.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

It is recommended that the provider should ensure that staff continue to receive training suitable to the work they are to perform. Staff competency should continue to be assessed.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangement.

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

We saw that there were good systems in place to ensure that everyone working in the service has an ethos of respect toward residents and each other.

The content of questionnaires showed that residents and relatives felt staff were polite.

We observed staff practice and saw staff that staff were polite and respectful to residents. We saw staff offer residents choices and give them enough time for to reply. We saw that staff interacted more with residents while carrying out personal tasks.

The provider had a selection of policies and procedures that clearly outlined the expectation of staff behaviour.

We saw that a good deal of effort had been made to reinforce the importance of "respect" throughout the service. The management team had given clear guidance about their expectation of behaviour through themed supervising and staff meetings.

The content of staff training and qualifications clearly outlined the concept of "respect". Monitoring of staff competency also dealt with respect. The manager could show evidence of staff challenging fellow workers practice and reporting instances of poor practice.

Staff who spoke with us showed good understanding of respect and how to implement this. Staff told us they thought things were getting better, they were working better as a team and this was better for residents. They felt they were getting clear leadership from the management team.

Areas for Improvement

The content of relatives' questionnaires showed that four relatives out of forty three did not know how staff ensured their relatives' privacy and one relative disagreed that privacy was respected. Seven relatives did not know how confidentiality was maintained. The manager agreed to raise residents and relatives awareness during meetings or through the newsletters. We will monitor this at future inspections.

In discussion with the manager it was clear she was aware that as there had been a substantial turnover of staff it would be necessary to continue to reinforce the ethos of the service to ensure that all staff participated fully in this. Staff should also consider matters such as placing a call bell near a resident or properly assessing the quality of a residents clothing in the context of respect. We will monitor this at future inspections.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - 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

As stated in Theme 1, Statement 1.1, there were good systems in place to ensure residents and relatives could participate in assessing and improving the quality of management and leadership of the service.

Areas for Improvement

The content of questionnaires showed that four residents and eleven relatives were not aware of the complaints procedure. We saw that the complaints procedure was displayed on the notice board in each unit and residents were also given a printed copy for their own use.

As previously stated the manager was aware that more work was needed to raise residents and relatives knowledge about all aspects of the service.

We have made a recommendation under Theme 1, Statement 1.1 that the participation strategy continues to be developed.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

There were good systems in place to involve the workforce in determining the future direction of the service.

We saw that regular team meetings took place in each unit. Regular supervision for all grades of staff took place. In both these venues, clear information was given about the direction of the service.

The manager, support manager, head of care and clinical manager all had direct daily contact with staff which gave staff good opportunities to share their views about the service.

Staff who spoke with us were positive about the changes that were being made at the service and why these had come about. Staff who spoke with us were supportive of the changes the manager was implementing. They said the manager was approachable and they had confidence that she would improve the quality of practice and the care provision.

Areas for Improvement

We will recommend that the use of team meetings and supervision continues to be developed to ensure that information about the development of the service continues.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

It is recommended that the provider ensures that team meetings continue and these are used as a way of sharing information about the development of the service and as an avenue for staff to express their views.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

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

There were good quality assurance systems and processes which involved residents, relatives and staff.

There a clear management structure within the service, with clearly defined roles and responsibilities. All units now had a manager who had devised objectives for their units and progress on these was monitored through supervision sessions.

Each unit manager received supernumerary time each week to allow them time to monitor and develop the quality of the service. All confirmed they received this time.

There was a comprehensive quality assurance system to monitor every aspect of the quality of the service.

We saw progress had been made in how the quality assurance systems were implemented and there was evidence that issues identified were rectified.

Areas for Improvement

We will make a recommendation that the service should continue to develop the quality assurance system.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The provider should ensure that the quality assurance system continues to be developed.

This is in order to meet the National Care Standards, Care Homes for Older people, Standard 5- Management and staffing arrangements.

Other Information

Complaints

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

Enforcements

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

Additional Information

No additional information was identified at this inspection.

Action Plan

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

Summary of Grades

Quality of Care and Support - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Statement 4	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 4	4 - Good

Inspection and Grading History

Date	Type	Gradings	
26 Jan 2010	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	3 - Adequate
10 Nov 2009	Announced	Care and support	2 - Weak

		Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

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ہے بایتسد یم وونابز رگید روا دولکش رگید رپ شرازگ تعاشا ہی

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

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