

# Inspection report

## Castlehill Housing Support Services Housing Support Service

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Aberdeen  
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**Inspected by:** Alison Connell  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 8 March 2010

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**Service provided by:**  
Castlehill Housing Association Ltd

**Service provider number:**  
SP2004006411

**Care service number:**  
CS2004070937

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## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

 <b>6</b>	 <b>5</b>	 <b>4</b>	 <b>3</b>	 <b>2</b>	 <b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

### We gave the service these grades

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

Quality of Staffing  **4** Good

Quality of Management and Leadership N/A

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 offers support in a very individualised manner. Choice is an important component in the service provided.

### What the service could do better

The service should ensure that their recruitment process follows best practice.

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

The service has addressed the concerns identified at the last inspection in relation to adult and child protection.

## **Conclusion**

The service is committed to improving the care provided and developing the systems in place.

## **Who did this inspection**

### **Lead Care Commission Officer**

Alison Connell

### **Other Care Commission Officers**

### **Lay Assessor**

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

# About the Care Commission

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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](http://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

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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](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

# What is inspection?

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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

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## **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?

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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

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Castlehill Housing Support Services is registered to provide support to tenants in sheltered housing developments throughout the North of Scotland. It also provides a specialist service to older Chinese people and an outreach service (Key Project) to people living in their own homes who need support and assistance to maintain their tenancy. We registered the service on 30 August 2004.

The service is provided by Castlehill Housing Association Ltd. The organisation owns properties within Aberdeen City, Aberdeenshire and Moray. It is a Registered Social Landlord with The Scottish Housing Regulator.

Within the aims and objectives of the organisation it is stated "to provide appropriate support services to sustain independence and quality of life" and "the Association believes that quality services can best be delivered by ensuring that, as far as possible, front line staff build up direct relationships with tenants or other service users".

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

<b>Quality of Care and Support</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

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](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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

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

We wrote this inspection following an announced inspection that took place between 22 and 26 February 2010. Feedback was provided to the Director of Housing Services, Housing Support Officer for the key project and Housing Manager for Sheltered Housing.

As requested the care service sent us an annual return. They also sent us a self assessment form.

Visits were made to the Association's Head Office, two sheltered housing schemes and three visits through the key project. Individual phone calls were also received and informed this inspection.

We spoke with:

- Housing Manager for sheltered housing.
- Housing Support Officer for key project.
- Two members of staff within the key project.
- Three members of staff at sheltered housing schemes.
- Services users both within a group situation and individually, where requested, at the sheltered housing schemes.
- Service users were spoken with informally during the key project visits.

Six staff questionnaires and eight service user questionnaires were returned.

We also gathered evidence from:

- Personal plans of people who use the service.
- Accident and incident records.
- Staff recruitment records.
- Induction records.
- Staff training records.
- Adult protection policy.
- Child protection policy.
- Consultation process records.
- Complaint records.

We considered all the above during the inspection and reported on them.

### **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 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://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](http://www.infoscotland.com/firelaw)

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

A requirement was made at the last inspection that the provider must develop and implement an Adult Protection Policy.

### **Action taken on the Requirement**

The service had developed a policy. This was inclusive of current legislation, the principles of abuse and the action to be taken in the event of concerns being identified. Relevant phone numbers were provided along with a reporting form.

### **The requirement is:**

Met

A requirement was made at the last inspection that the provider shall ensure access to appropriate training in adult abuse issues and use of associated policies and procedures to all staff with access to service users.

#### **Action taken on the Requirement**

The adult protection policy had been disseminated to all staff. Staff awareness of the policy had been raised. Staff spoken with confirmed that they had received training in adult abuse. There was evidence of where staff had referred adult protection concerns.

#### **The requirement is:**

Met

#### **Actions Taken on Recommendations Outstanding**

A recommendation was made at the last inspection that a child protection policy for visiting children appropriate to the service should be developed and implemented.

The service had developed a policy in relation to the sheltered housing developments. This identified who was responsible for the children, the areas they could access and the procedure staff should follow if they had any concerns. Staff spoken with were knowledgeable of the policy. This recommendation had been met.

A recommendation was made at the last inspection that the provider will obtain and where necessary implement best practice guidance including Rights Risks and Limits to Freedom and Safe to Wander. This recommendation had been 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 28 February 2009.

#### **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 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 sent out 23 questionnaires. Eight were returned to us prior to the inspection. We spoke with service users individually and in groups.

Both tenants within the sheltered housing schemes and service users in the key project were very positive of the support they received from staff. Comments received included:

- "Staff go beyond the call of duty".
- "The wardens are very good - I have nothing adverse to say about them".
- "They are attentive".
- "Staff do more than they say they do".

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

Carers include guardians, relatives, friends and advocates. They do not include staff.

Comments received from carers included:

- "The staff have been an excellent support - we are extremely grateful".
- "I have no concerns with the warden".

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

Support plans were in place. These detailed the individual support being offered and provided to service users. The format of the plans varied in response to the different projects within the organisation. There was evidence that the support provided had been agreed with the individual service users.

Within the sheltered housing schemes the support plans identified the level of support the individual tenants requested. This was predominately in relation to communication with and through the warden. Support plans were reviewed on a regular basis.

Support plans within the key project were individual to the needs of the service users. The plans were service user led. From examination of service users' files and observation of staff practice there was good evidence that service users were fully involved in the support they received. Discussion took place around what support could be offered and by whom. The service users were encouraged to consider the options before making any decisions. At the end of the visits staff confirmed on what had been agreed and the way forward.

Support plans were reviewed with the service user. This included a review of what had been undertaken, achieved and future plans. The plans were signed.

The organisation was in the process of introducing changes within the sheltered housing schemes. This was in relation to staff cover including the withdrawal of staff being on-site overnight. The organisation had undertaken a consultation process and were now at the implementation stage. Meetings had been held within the relevant schemes. Further letters were being sent to the tenants confirming the new arrangements. There was evidence within one of the schemes of where specific concerns raised by the tenants and their relatives had been acknowledged. For this scheme the proposed changes were being further considered.

The service had a complaint's policy and procedure in place. There was evidence of where complaints received had been investigated and outcomes actioned. Where relevant, new policies and procedures were put in place.



**Areas for Improvement**

The organisation identified in their self assessment that they were looking to establish a Forum Group for sheltered housing tenants.

Discussion with tenants and phone calls received identified that for some of the tenants and their relatives there were concerns in relation to the consultation process. They felt that insufficient information had initially been provided as to the reasons behind the proposed changes; that it was a fait accompli and were told rather than consulted and that they were not kept sufficiently up to date with the outcomes.

The managers acknowledged the difficulty of achieving the right balance between the level of information provided and the timing of this when communicating with so many individuals. There was a commitment to taking on board the comments made in influencing future communication.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **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**

Support and information was provided to enable service users to make informed choices.

Within the key project staff ensured that service users were aware of the choices available to them. The decisions made by the service users were fully respected by staff. There was evidence of where staff took forward suggestions made by the service users and spend time in information gathering to support the choices made.

Records maintained of staff visits identified the support offered. This included amongst other areas support to complete forms, contact agencies and pursue interests and community contacts. The agreed actions and outcomes were clearly detailed.

Service users identified who information would be shared and could be shared with. This was recorded.

Within the sheltered housing schemes the support plans identified the level and means of contact with the warden and the support to be provided. There was evidence of where tenants who requested to have no formal contact with the warden that this was respected. Social activities planned were arranged in consultation with the tenants. There was an acknowledgement that group living had an impact on certain areas of choice.

Communication systems were in place to inform staff. This included passing on general information along with changes to individual care needs.

Accidents and incidents were recorded and responded to appropriately.

### **Areas for Improvement**

Evidence was available of where personal information relating to individual tenants in one of the sheltered housing schemes was recorded within their diary. The diary was used for communicating between staff. The service should ensure that all records relating to personal information are recorded in a manner which supports confidentiality.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

## Number of Recommendations

0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

Staff were knowledgeable of the service users both within the key project and the sheltered housing schemes. Individual needs and interests were identified.

Service users were positive of the support they received from staff. Comments received included:

- "Staff go beyond the call of duty".
- "Staff pop up to see if I am OK in the morning".
- "They do more than they say they do".
- "The wardens are good I have nothing adverse to say of them".
- "They are attentive".

There were no concerns received in relation to staff.

#### Areas for Improvement

There was a recognition that where permanent staff vacancies occurred within the sheltered housing schemes that this had an impact on the service offered. The organisation were looking at ways to address employment recruitment issues.

The organisation had not to date involved service users in the recruitment process. During the feedback session discussion took place on how this might be undertaken. The organisation displayed a commitment to progressing this avenue of involvement.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### **Service Strengths**

The organisation had a recruitment process in place. This included:

- The completion of an application form.
- Maintaining interview records.
- Requesting two references.
- Undertaking an enhanced Disclosure Checks.

Staff employed received an induction.

Staff spoken with confirmed that they received supervision. Staff working within the key project received this on a regular basis.

The Housing Manager (Sheltered Housing) visited the schemes three times a year. Staff were aware of these visits in advance and all staff who worked at the individual schemes were invited to attend. Staff confirmed that they were encouraged and able to contact the Housing Manager at any time. Evidence was available of where this had occurred to discuss concerns. Staff spoken with stated that they received a positive level of support from their manager.

Training was provided for staff and all members of staff spoken with identified training they had recently undertaken. Further training was planned.

### **Areas for Improvement**

Examination of staff recruitment files evidenced that some staff had commenced working with service users prior to their disclosure being received. Due to the nature of the service provided staff undertook lone working. It was recognised that the recruitment in some geographical areas had proved to be difficult. The protection of service users should not be compromised. We have made a requirement so that the service will ensure that staff do not work alone with service users prior to the receipt of a satisfactory disclosure (see Requirement 1).

Arranging training for all staff was restricted due to the location and availability of staff particularly casual relief staff. The service was looking at ways to address this.

Not all relief managers were available to meet with the Housing Manager on his visits to the schemes. Consideration should be given to alternative communication systems to ensure that all staff have regular contact with the manager.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

1

**Number of Recommendations**

0

**Safer Recruitment - Inspection Focus Area (IFA) outcome**

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

**Requirement**

1.

The provider must ensure that measures are in place to safeguard the protection of service users. This should be inclusive of the receipt of a satisfactory disclosure prior to commencing employment.

**This is in order to comply with:**

**SS1 2002 114 Regulation 9 (1) - a provider shall not employ any person in the provision of a care service unless that person is fit to be so employed.**

**SSSC Code of Practice - Employer - Make sure people are suitable to enter the workplace.**

## Other Information

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### **Complaints**

There have been no complaints since the last inspection.

### **Enforcements**

There have been no enforcements since the last inspection.

### **Additional Information**

N/A

### **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

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<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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## Terms we use in our report and what they mean

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**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

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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

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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.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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

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

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-هه بایتسد یم وونابز رگید روا دولکش رگید رپ شرازگ تعاشا هی

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

ی.رخأ تاغل بو تاقي سينتب بلطلا دن ع رفاوتم روشنملا اذه.

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Improving care in Scotland