



# Inspection report

## Carolina House Trust - Fostering Fostering Service

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<b>Inspected by:</b> (Care Commission officer)	Lorna Black
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	24 November 2009

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**Service provided by:**

Carolina House Trust

**Service provider number:**

SP2003001613

**Care service number:**

CS2004084075

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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:

 **6**       **5**       **4**       **3**       **2**       **1**  
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 size of the service and the accessibility of the management team mean staff, foster carers and young people feel involved in decision making. Staff and carers noted the size, flexibility and the approachability of management as key strengths of the service.

## **What the service could do better**

The management team should concentrate on supporting staff stability within the service following a period of change.

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

The service has made good progress in establishing a new team following a restructure of the whole of Carolina House Trust. The management structure has been reviewed and simplified providing a secure platform for service operation.

## **Conclusion**

Following a period of restructuring and change, Carolina House Trust are in a positive position to move forward.

## **Who did this inspection**

### **Lead Care Commission Officer**

Lorna Black

### **Other Care Commission Officers**

Linda Horsburgh

### **Lay Assessor**

Not applicable

**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:

<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 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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Carolina House Trust Fostering Service is provided by Carolina House Trust, a charitable organisation which provides a range of services to children and young people. The Fostering service undertakes the recruitment, assessment, approval, training and ongoing support of carers to meet the identified needs of looked after children. The service works in partnership with other agencies responsible for delivering services to Looked After Children.

The service was registered with the Care Commission in December 2005.

Carolina House Trust has continued to manage a process of change within the last 12 months. The organisation has been restructured providing for clear lines of accountability to the Director of Operations and ultimately the Board of Trustees. The Director of Operations was currently managing the fostering team but the Manager post will be advertised in the near future. The fostering team consisted of a Senior Practitioner post, a social worker post, a placement support worker post and an administration officer. Plans are also underway to appoint another part time social worker. Recently additional services have been commissioned from two social workers to complete foster care assessments.

Carolina House Trust aims to "provide the highest quality of care and standards of service to all young people with complex needs."

The fostering service aims to "provide family placements as part of a continuum of care for vulnerable young people."

At 31 December 2008, 14 carers were supported by the organisation, 1 short term carer, 8 short and long term carers, 3 long term carers and 2 respite carers. Four new foster carer applications had been made between the 1 January and 31 December 2008. As at 31 December 2009 these 14 carers supported 27 children receiving various types of foster care ranging from respite care to long term foster care. Of the 20 children placed within the service during the year 1 January to 31 December 2008, 5 children were identified as in need of permanent foster care.

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.

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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**

This report was written following an announced inspection that took place between 16 November 2009 and 24 November 2009.

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

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

Evidence from the service's most recent self evaluation

Personal plans of people who use the service

Minutes of Support Group Meetings

Discussions with various people including:

- The manager
- Supervising Social Workers
- The people who use the service (Foster Carers and 2 Young People)
- Children's Social Workers

### **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?**

The provider must ensure that all changes of Board Members are notified to the Care Commission.

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

A system was now in place to ensure this happened.

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

Met

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

Five recommendations were made at the time of the last inspection. The service had taken action in relation to all of these. In relation to the recommendation made in respect of effective recording and information systems, Care Commission Officers noted that some records which could reasonably be included in files (e.g the foster carer review) was filed separately.

#### **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 Act (Scotland) 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**

The self assessment was completed to a satisfactory standard and included information about what the service thought they did well and areas in which they thought they could improve.

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

The views of foster carers were considered as part of the inspection. Three foster care families formed part of the identified sample of children and young people who were considered as part of the inspection.

One foster carer commented on the strengths of the service: "They are good at the personal touch - it is more like a family rather than an organisation."

Two of the fostering families noted that the quality of support was not as good when the service was undergoing major changes in the staff group. Both however felt the staffing situation was much more stable and both had a very positive view about the future.

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

Birth parents were not contacted during this inspection.

# 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

A range of evidence was sampled and the performance of the service was found to be very good. The service had developed different ways to consult with people who used the service and could evidence that some changes had taken place as a result of those views.

Carolina House Trust had developed a participation policy which outlined the meaning of participation and how the organisation planned on involving people who used their services. There was a strong ethos within the organisation of involving service users in day to day operations.

The service had developed a participatory approach to the preparation of foster carers. For example foster carers and a young person had been involved in training prospective carers and carers reported being fully involved in the completion of their assessment.

Foster carers advised and records supported that regular meetings between supervising social workers and carers addressed any care and support needs within each placement. In addition to this there was clear evidence of carer reviews taking place regularly. As part of these reviews, the foster carer, children and their parents and workers could express their views. Outcomes were identified in relation to training and/or support needs.

One carer noted: "Carolina House Trust is an open and honest organisation. There are lots of meetings and we are kept well informed about what is going on. There are also opportunities to get involved in planning and improvement groups if you want to."

Regular news letters advised carers of changes in the service and invited them to express ideas about the operation of the service, policy development and training materials.

Support group meetings had been re established and provided a platform for the service to consult with foster carers and for foster carers to give their views. For example all carers had been consulted about changes to financial payments and were instrumental in changing the system for paying respite carers.

A series of participation days had been successful in gathering the views of children about the service and about the preferred method of consultation and contact. The view of young people was to communicate with the service electronically and the service was proactive in responding to this.

All children and young people could express their views at their child care review either directly or through their social worker and/or foster carer.

Parents of children using the Fostering service could make comment about care and support issues through the child care review and also the Foster Carer Review process.

**Areas for Improvement**

The service had identified their wish to review the training strategy for foster carers such that foster carers were more involved in identifying training needs and had an appropriate system to record development (not just training).

The service is in the process of further developing their quality assurance systems to ensure that staff, stakeholder and service users views form part of a formalised service development planning process.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 5**

We respond to service users' care and support needs using person centered values.

### **Service Strengths**

A range of evidence was sampled and the performance of the service was found to be very good.

Foster Carers confirmed that the fostering handbook and the foster carer agreement which foster carers had been involved in reviewing, provided them with a good level of information about the service including policies, procedures and expectations.

Day to day placement agreements were completed in all cases considered as part of the inspection and these provided basic information about a child's needs. Most carers stated they had been part of a matching process, where possible, prior to a child being placed. Perhaps due to this detailed matching process and the stated aim of the trust to provide children a continuum of care to meet their needs, there were few placement disruptions. Foster Carers worked alongside the young person compiling a personal plan which detailed daily routines and preferences.

All carers had completed a carer profile which provided a very good level of information to children about where they were moving to. One young person commented:

"Yeah - I have lived with a few different foster carers and this was the first time I got information about the foster carer. It was good to know where I was going. I love it here and in my review report, I said they were excellent."

Very good systems were in place to ensure that the placing authority was kept up to date with any planned or unplanned respite arrangements. One social worker stated:

"I am always told about respite arrangements and have been impressed with the level of professionalism of the workers in arranging respite and addressing any issues which have arisen in the fostering placement."

In some cases where placements had broken down, or there were changes within the foster carer's home, there was evidence of the service taking an individualised approach to decision making about proposed moves. Foster Carers had been involved in these decisions as had young people. One example of this was a residential worker moving into a foster carer's home to support a male foster carer when his wife was away - rather than the young person having to go to respite.

Foster Carers confirmed that the service actively identified training/development needs to ensure that foster carers were equipped to support the children for whom they were caring. Examples included carers being supported to access information from the

internet about specific health conditions.

Files indicated that all carers had had a health and safety risk assessment carried out on their premises. Some risk assessments were seen for the children using the service.

### **Areas for Improvement**

The service should consider the need to carry out more formalised risk assessments in relation to children they are placing within the service. These should detail any risks the young person poses to others and the risks the young person may be exposed to in the placement and how these risks will be managed. (See recommendation 1 made under Quality Theme 1, Statement 5)

The system in relation to foster carers going over numbers (having more children than they are approved for), should be formalised and a recording system developed. (See recommendation 2 made under Quality Theme 1, Statement 5)

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

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

2

### **Recommendations**

1.

The service should ensure that personal risk assessments are formalised in relation to children being placed within the service and that these are updated regularly.

National Care Standards, Foster Care and Family Placement Services, Standard 2: Promoting Good Quality Care

2.

The system in relation to foster carers going over numbers (having more children than they are approved for), should be formalised and a recording system developed.

National Care Standards, Foster Care and Family Placement Services, Standard 13: Management and Staffing

## 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

Information recorded under Quality Theme 1 Statement 1 has also been taken into account here.

Care Commission Officers sampled evidence identified by the service and assessed that service users generally had good opportunities to participate in assessing and improving the quality of staffing.

Foster carers reported and records confirmed that their annual review provided a platform for expressing their views about the quality of support they received from their link worker.

During the participation day children and young people were given opportunities to make comment about the quality of staff within the Organisation.

Perusal of the organisation's newsletter evidenced that service users were regularly advised about staff training and recruitment issues.

#### Areas for Improvement

The service noted that there is scope for further development in this area namely to involve young people in recruitment and selection for new staff.

The service should continue to consider ways of involving service users in assessing and improving the quality of staffing within the service. (See recommendation made under Quality Theme 3, Quality Statement 1)

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

1

## **Recommendations**

1.

The service should continue to consider ways of involving service users in assessing and improving the quality of staffing within the service.

National Care Standards, Foster Care and Family Placement Services, Standard 13: Management and Staffing

## **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 inspection focus area (IFA) on Safer Recruitment was considered under this statement. The organisation had in place a comprehensive and well organised recruitment and selection procedure which was supported by very effective administrative systems and linked to an independent monitoring service.

A sample of staff files was examined and all were found to have Disclosure Scotland checks, appropriate references and pre-employment medical checklists. Effective systems for ensuring that staff had the necessary qualifications and experience were in place. The organisation also had very good systems in place for checking professional registers and for rechecking with Disclosure Scotland every two years.

The service had a structured induction for new staff which included orientation towards key policies and procedures and the organisation as a whole. Staff advised that following induction they felt confident in their role within the organisation.

### **Areas for Improvement**

When reviewing the written recruitment procedures, the organisation could include their existing practice in relation to checking professional registers.

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

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## Other Information

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### **Complaints**

There have been no complaints upheld or partially upheld against this service since the last inspection.

### **Enforcements**

There has been no enforcement action taken against this service since the last inspection.

### **Additional Information**

None

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

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>
12 Jan 2009	Announced	Care and support      5 - Very Good Staffing                      4 - Good Management and Leadership      4 - Good

## 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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