

Care service inspection report

Aspire Greater Glasgow Housing Support Service

Housing Support Service

Unit 33

Ladywell Business Centre

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Glasgow

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Telephone: 0141 334 2608

Inspected by: Scott Morrison

Type of inspection: Announced (Short Notice)

Inspection completed on: 3 April 2014



HAPPY TO TRANSLATE

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Service provided by:

Aspire Housing & Personal Development Services Ltd

Service provider number:

SP2004004485

Care service number:

CS2004056481

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service continues to provide very good levels of individualised care based on person-centred support plans. The service continues to develop its service to ensure it meets the ongoing needs of people they support.

The staff and managers within the service presented as very dedicated and enthusiastic, with their central goal being to meet the health and welfare needs of people who use the service.

What the service could do better

The service should continue to explore and develop new ways of meeting the needs of service users.

The service should consult with staff in relation to their suggestions of developing a 'peer mentoring scheme' for new staff and introducing counselling skills training.

The service should ensure it has robust procedures for the accurate reporting of accidents and incidents to the Care Inspectorate.

What the service has done since the last inspection

The service has begun to develop a range of 'easy read' policies and procedures.

The service has developed a more robust staff training programme.

Conclusion

The service continues to provide a highly valued service that provides opportunities for people to improve their quality of life and work towards increased levels of independence within their community.

Who did this inspection

Scott Morrison

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

Aspire Greater Glasgow provides a range of services. They are:

Floating Support:

Working in the east of Glasgow, the Community Housing Support Service is available to individuals and families living in temporary furnished accommodation. The service is aimed at supporting people who are homeless or are at risk of losing their tenancy. It provides support based on an agreed person-centred Personal Development Plan.

The key areas of support are in working alongside and assisting people to:

- * (re)develop appropriate skills to develop and sustain a tenancy,
- * move on to permanent homes for themselves,
- * complete forms and access professional services such as health, social work, benefits agency, leisure and education,
- * be more proficient in shopping, personal budgeting and accessing debt counselling where required,
- * access advice and advocacy services.

The service is provided on a planned basis and ranges from 3 to 12 hours a week through visits to a person's home or support to access community facilities. Support may continue when the person moves on to ensure they are established in their permanent home and are linked to local services. Referrals may be made to the service by Community Casework Teams, Social Work, Health Teams and Housing Associations.

Resettlement:

The resettlement services provide individual tenancies with on-site 24 hour support. The aim is that people live within this supported accommodation service for a period of six months to two years before moving on to their own permanent tenancy. The service initially accommodated people moving on as part of the City Council's Hostel Closure Programme but has developed to accept referrals from Glasgow City Council for anyone who is homeless. It aims to support them to develop a range of skills that will assist them to sustain a permanent tenancy when they move on.

Emergency accommodation:

This service was set up in December 2007. It provides a high quality crisis response and support to people who find themselves homeless. It works closely with Glasgow Homelessness Services and the Hamish Alan Centre to make accommodation and low-level housing support available to anyone - single people, couples or families.

The service is provided in three locations throughout Glasgow, two in the west end of the city and one in the Ibrox area.

The accommodation consists of individual rooms within large tenement flats or town houses with shared kitchen, bathroom and lounge area. No more than three unrelated individuals share any communal facilities within each flat. There is a 24 hour staff team at each site and referrals are taken 24 hours a day. The key areas of support are:

- * completing forms and accessing professional support services, such as health, social work, benefits agency, leisure and education,
- * provision of emotional support at times of crisis,
- * advice and advocacy,
- * assistance with basic housing support needs.

Alcohol Related Brain Disorder Service:

The ARBD service supports adults who have alcohol related brain damage to remain in the community, avoiding institutional care and promoting independence. The project provides a wide range of developmental support, including helping individuals

to manage their household chores, to cope more effectively with their alcohol use and cognitive deficits, sustain social networks and access other services and facilities in the community and also assists with medication and vitamin therapies.

The service provides person-centred support to individuals with a diagnosis of ARBD or who are exhibiting symptoms of ARBD, along with information, support and advice to carers and other organisations with an interest in ARBD. It enables individuals to plan positive personal outcomes for the future, including abstinence or decreasing their alcohol use, effectively manage day to day living, contributing to their community through involvement in local social activities, volunteering, learning and employment. Service delivery times are flexible over seven days a week depending on the person's individual needs.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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 we did during the inspection

We wrote the report following an unannounced inspection. The inspection was carried out by Scott Morrison, Inspector and began on 06/03/14 between 9.30am and 4.30pm. The inspection continued on: 12/03/14 between 9.30am and 3.30pm; 13/03/14 between 9.30am and 4.00pm; 14/03/14 between 10.00am and 3.30pm; 17/03/14 between 9.30am and 4.00pm; 18/03/14 between 9.30am and 2.30pm. We gave feedback to service managers and the Chief Executive on 03/04/14. As part of the inspection we spent time at the service's headquarters and seven of its services.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- * eighteen people who use the service
- * five service managers and the external manager
- * twelve support workers

We looked at:

- *the service's most recent self-assessment
- * support plans/ records of people who use the service
- * registration and insurance certificates
- * minutes of resident meetings
- * minutes of staff meetings
- *service policies and procedures
- * service user and carer questionnaires
- * care plan audits
- * staff training records & supervision minutes
- * service evaluation and reports
- *accident/ incident reports

* external audits of service

* newsletters

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The service had provided us with an action plan for addressing recommendations from our last inspection. During this inspection we were satisfied that the service had implemented its action plan and addressed all recommendations.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

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. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

'The place is really good.....staff are really attentive and friendly....staff chat away and always put a smile on your face'.

'We have tenants meetings every Sunday - we talk about noise and who's allowed in flats. We have Sunday breakfast together'.

'I've had plenty of support....anything needed, gets done. Any housing meetings staff go with me'.

'Anything I've asked for they've supported me'.

'Staff give me good support - they've helped with application forms for different Housing Associations.'

'Staff are on hand for any advice. They give good suggestions - things like SAMH can help with housing applications'.

'We review my progress through monthly Better Futures meetings. We review my progress in health, housing, employability and IT skills (my keyworker is getting information about courses).'

'Staff encourage me to meet with people - they are good at putting me in touch with the right people. I've started meeting with addiction workers. It's made a big difference to me being here. They're giving me a positive outlook. Staff have picked me up and given me real confidence'.

'I have no problems with the service or staff....they give lots of help for drink and drugs. They've referred me to addiction services, the dietician, re-registered with GP, and got an appointment with the optician. They're helping me get a place in rehab'.

'They helped me develop a prompt sheet for my medication - it reminds me to take it and I can now self-medicate and record it. They help me with shopping, paying bills, they take me for coffees and we go trips to the People's Palace and Police Museum. They've always been 100% reliable'.

'The service has helped build bridges with my family and friends which makes me feel good about myself'.

'I am much more confident and able to deal with things as they come up'.

'Aspire has certainly helped me to get my feet back on the ground and improve my quality of life. I feel involved in making decisions about all aspects of my support'.

'I feel they have taken a lot of weight off my shoulders by helping me prepare my day'.

Taking carers' views into account

No carers were interviewed during this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

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

The strengths and areas for improvement discussed under this statement also apply to Quality Theme 3, statement 1 and Quality Theme 4, statement 1.

During our inspection we found the service to be performing very well in the areas covered by this statement. We came to this conclusion after looking at personal support plans, reviewing policy/procedures (and how these were used), talking to people who use the service, talking to staff and managers. From this evidence we were satisfied that a number of methods were employed to encourage those who used the service to participate in assessing and improving the quality of the service.

Service users we spoke to indicated they were very happy with the service and the levels of support/ involvement it offered them. Opportunities for people who use the service to get involved included:

* The use of person-centred support plans using the 'Better Futures' framework. These plans allowed people who use the service to have a direct influence on the service they received - expressing preferences, needs and choices about their support. Using the 'Better Futures' framework, individuals chose particular aspects of their life that they wanted to address - the framework allowed staff and service users to chart their progress. This led to a strengths and outcomes based approach to need and ensured those who use the service were at the centre of devising and reviewing their support plans. Each person who used the service had an identified keyworker who they met regularly to review their support plan and discuss any other issues. We were impressed by the way the service could collate and analyse data from the 'Better Futures' framework. We saw evidence of this data being used to identify training

areas for staff based on the needs and profiles of service users. The 'Better Futures' system also provided quality assurance data used to drive service developments. At the time of inspection, the service was introducing the use of 'ipads' with 'off-line applications' that allowed staff to develop and review support plans with service users in their homes.

* Across all the services we inspected we saw evidence of regular residents meetings, and could see that people who use the service were encouraged to attend and contribute. The format of meetings varied across services, depending on the profile and preferences of residents. Many of the services had introduced regular Sunday brunches - this provided an opportunity for people to get together and discuss issues in a less formal way. We saw evidence of meetings having an agenda (contributed to by service users) and the meeting being minuted. We were also satisfied that any issues raised were addressed by the service. We were impressed by the training that some services had made available to service users to encourage their involvement in meetings (e.g. 'How to chair a successful meeting' and 'Minute taking for meetings').

* The service had begun to develop a range of 'easy read' policies that were accessible to service users; such as their 'Charter of Rights' and the 'Service Review and Forward Plan' in easy read format.

*The service had developed a participation strategy and members of staff were delegated to undertake specific tasks in relation to this. We saw evidence of service user meetings, service user forum, newsletters, noticeboards and suggestion boxes. Staff also worked with service users to identify and plan a broad range of activities including day trips, outings, 'community clean-ups', information workshops (e.g. 'Welfare and Wellbeing' events), gyms, etc. This means that we were satisfied that service users were being regularly consulted and encouraged to be involved in activities and opportunities to socialise.

*There was a complaints procedure in place and all people we spoke to and returned our questionnaires told us they knew how to make a complaint. The service maintained a complaints register that recorded and tracked the outcomes of any complaints. Service users felt able to raise any issues or concerns directly with staff and managers within the service.

* We saw evidence of people who use the service being involved in the recruitment and selection of new staff. We also found evidence of service user feedback being used in the annual appraisal of staff.

Areas for improvement

The service should continue to develop ways of seeking views from service users and facilitating community participation. In particular, it should develop ways to evidence outcomes from its participation approaches. This should focus on how participation is improving the service's ability to help service users maintain and develop their

independence.

The service needs to amend its complaints procedure to make reference to the 'Care Inspectorate' rather than the 'Care Commission'.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that the service was performing very well in the areas covered by this statement.

The service was able to evidence that it effectively met the health and wellbeing needs of people who use the service. To come to this conclusion we spoke to service users, spoke to staff and managers, sampled personal plans, reviewed records and reviewed procedures.

We sampled at least four support plans in each of the projects we visited. We consistently found that support plans provided a clear and comprehensive evaluation of the health and wellbeing needs of each service user. The service carried out an initial assessment of the overall needs of service users in the areas of accommodation, health, safety and security, social and economic wellbeing and employment and meaningful activity. A support plan agreed with the service user was developed for each of the areas of need identified. The plans were written from a strengths based perspective - this is very good practice and helps develop a person-centred care plan. Plans were detailed and included risk assessments and preferences for how support should be provided. There were detailed personal histories and good daily routines to assist staff to provide person centred support. The use of the 'Better Futures' framework meant that people who use the service could be involved in identifying their own goals and bench-marking/reviewing their progress. Each support plan included a detailed risk assessment. We saw evidence of support plans and risk assessments being updated and reviewed on a regular basis.

There was evidence that the service works closely with other agencies and professionals to help those who use the service to feel safe and supported within their community. The service had very good links with other agencies such as addiction services and the physical health team for homelessness. Staff told us that they had good access to healthcare resources and good support and advice when needed from health professionals such as community mental health services, Occupational Therapist and Alcohol Related Brain Damage (ARBD) nurse. Where

required, staff had received specialist training to meet the specific health needs of individual service users.

We heard from service users that they were encouraged by staff to be actively within the community. Such activities were promoted by staff and advertised through the use of leaflets, newsletters and notice boards. Activities included: cycling, running, football, gardening, day trips, barbeques, theme nights, pamper sessions and information/knowledge workshops.

In order to keep people safe, daily welfare checks were carried out in some services. Also there were detailed risk assessments in place for areas such as drugs/alcohol misuse and deterioration of mental health. These were reviewed monthly or more often in response to any issues.

Areas for improvement

The service should more explicitly incorporate the views of the service user in developing risk assessments. When considering issues of vulnerability, aggression or behaviour that present challenges, the service should further develop its assessments to record and analyse triggers and effective strategies. The service should also more specifically consider aspects of positive risk taking within Risk Assessments. Risk assessments should be signed by service users.

'Running notes' were detailed and completed on a daily basis, however, they would benefit from cross-referencing to key aspects of the individual's support plan and 'Better Futures' indicators. This would help the service evidence how its work contributes to positive outcomes for service users.

Within its incident/accident reports, the service should include a prompt for managers to consider the need to notify the Care Inspectorate. During our inspection we found examples of incidents that had not been reported to the Care Inspectorate, yet met notification requirements.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that all managers have a clear understanding of Care Inspectorate notification requirements. The service should consider including a prompt in its accident/incident recording forms, reminding managers to consider Care Inspectorate notification requirements. National Care Standards: Housing Support Services, Standard 3: Management and Staffing Arrangements.

Quality Theme 3: Quality of Staffing

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 staffing in the service.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users,
- * Spoke with staff and management,
- * Looked at questionnaires,
- * Reviewed a sample of personal plans and other records.

The strengths for service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

Areas for improvement

The areas for improvement for service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

Grade awarded for this statement: 6 - Excellent

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

We found that this service was performing very well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires

* Reviewed a sample of personal plans and other records

In addition:

We found evidence that the annual appraisal and regular staff supervision identified practice/professional development issues and these were reviewed on an ongoing basis. Our discussion with staff indicated they felt well supported by managers within the service. All staff interviewed confirmed they received supervision in-line with the Organisation's policy.

Staff confirmed that regular hand-over and team meetings took place regularly and in-line with organisational policy.

We also reviewed the service's induction programme for new staff, observed an induction session and spoke to a newly appointed member of staff. We were satisfied that the induction programme was comprehensive and equipped staff to undertake the role of a support worker.

Annual appraisals incorporated feedback from service users - this was used as the basis for areas of strength and areas for development.

All staff interviewed identified a broad range of training received in the past year. All staff were satisfied with their levels of training. A training programme was clearly evident for each member of staff.

We were also able to see how staff were encouraged to work in partnership with service users to facilitate service development. We heard about 'Future Days' meetings that provided a forum for staff at all levels, across the Organisation, to meet and discuss service development and planning.

There were good opportunities for staff development in this service. New staff had the opportunity to shadow more experienced staff until they felt more confident in their role. Some staff had worked in other Aspire services to develop their knowledge and skills and we saw that some had the opportunity to gain experience by 'acting up' in a more senior role.

Discussion with staff indicated that they have a clear understanding of the aims and objectives of the Service. Staff and managers have a very evident commitment to developing the Service. Staff and managers spoke enthusiastically about their Service and this commitment was reflected in the positive feedback about staff from service users.

Areas for improvement

It was suggested by a new member of staff that a 'peer mentoring' scheme would be beneficial. This would afford new staff an additional level of support and learning.

The service should consult with staff and managers to explore the possibility of peer mentoring further.

Staff we spoke to expressed a view that counselling skills were central to their work. This was considered to be an important area of training development for staff. The service should consult with its staff to identify the best way to address this expressed training need.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

The strengths for service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

Areas for improvement

The areas for improvement for service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

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

We found that this service was performing very well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires

* Reviewed a sample of personal plans and other records

In addition:

Through talking to managers and reviewing procedures within the Service we were satisfied that there was a robust quality assurance framework being implemented. Systems and processes were in place to assess the quality of care, activities, staffing and aspects of management and leadership.

Staff performance systems included supervision, appraisal and team meetings. We spoke with staff and service users who told us that management were good at responding to the issues raised from meetings and other feedback systems.

We saw evidence that audits of the services were being carried out by an external manager. It was evident that the external audit evidenced a detailed evaluation of the service. We could also see clear evidence of how findings from the external audit were used by the service in developing its operational plan and annual review. In doing so, the audit would appear to reflect the best practice principles of social care audit as suggested by Payne (2008). We also saw evidence of services being 'peer-audited' by managers from other Aspire services.

In order to further ensure quality the service carried out a range of audits:

* Monthly report by Team Leaders for each service which monitored areas such as supervisions, training, use of agency staff, service user involvement, team meetings, incidents, accidents and complaints.

* Support plan audits were carried out in some services.

* Peer audits of the service were completed by a Team Leader from another service. An audit tool identified areas where action was needed.

* Quarterly audit for commissioners (Glasgow City Council) giving information on staff sickness, vacancies, complaints and accidents.

* Accidents and incidents were monitored by the manager and by Head Office so that there is an overview across the service of any patterns and trends.

* Audit of frequency of supervision and team meetings by the manager

* Audit of complaints by the manager.

Areas for improvement

Where service user file audits raise action points, it was not always clear whether these had been addressed. It would be beneficial for the file audit paperwork to be amended to clearly indicate when action has been taken to resolve the issue - these should be signed and dated.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 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

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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
3 Apr 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
28 Feb 2013	Unannounced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
14 Dec 2010	Announced	Care and support	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
13 Mar 2010	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good
26 Jan 2009		Care and support	5 - Very Good
		Staffing	5 - Very Good

Inspection report continued

		Management and Leadership 4 - Good
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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