scottish commission for
the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD
01698 883043

Inspected by: **(Care Commission officer)**	Jim McNally
Type of inspection:	Announced
Inspection completed on:	18 October 2010

Contents

Service provided by:
Clinton House Strathclyde (Care Homes) Ltd

Service provider number:
SP2003002417

Care service number:
CS2003010566

Contact details for the Care Commission officer who inspected this service:

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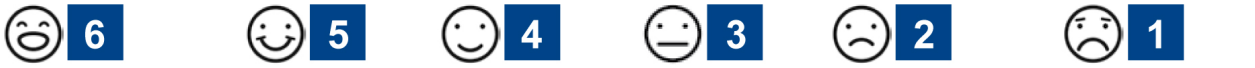
Easy read summary of this inspection report

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

We can choose from six grades:



We gave the service these grades

Quality of Care and Support	**5**	**Very Good**
Quality of Environment		**N/A**
Quality of Staffing		**N/A**
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

Participation and engagement with people who use the care home has continued to improve since the last inspection. The methods of getting that feedback about the quality of the service and ideas for improving the service from service users and their relatives have expanded. There were very good sources of information in the home about what the service provides and this information was presented in a much clearer way.

Ways of providing information to people who might want to use the home but cannot always visit the home have been developed. A comprehensive interactive web-site is now in place.

The Activities Coordinator has received the training that we recommended following the last inspection and is applying this well to her practice. There was very good evidence that links with local community groups have also improved.

The Manager had a very good relationship with service users, staff and visitors to the service. We received very positive feedback from service users and relatives/carers about the quality of care provided by staff at Clinton House.

What the service could do better

The link between meaningful activities,social care and healthcare needs was not as clear as it might have been. This may be because information about these issues were recorded in separate folders. There was less focus on social care needs and meaningful activity in formal reviews of care compared with items like healthcare needs. This is an area that the manager has agreed to address.

What the service has done since the last inspection

There has been very good progress made since the last inspection. The environment of the home is brighter, staff and people who use the home are communicating better and there is evidence of very good progress in areas for development that were highlighted at the last inspection. More staff are involving themselves with physical, mental and social wellbeing of people living in Clinton House.

The provider and manager of the home have responded positively to all the requirements and recommendations made following the last inspection. Clear actions had been put in place to address each area and this has been shared with people who use the service.

Conclusion

This service is maintaining a very good standard of care and support. The Provider, Manager and staff are continuing to develop and build on the very good progress to date.

Who did this inspection

Lead Care Commission Officer
Jim McNally

Other Care Commission Officers
None

Lay Assessor

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

About the Care Commission

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

Regulation involves:

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

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

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

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

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

The "Care services" area of our website also:

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

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

About the National Care Standards

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

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

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

You can get printed copies free from:

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

What is inspection?

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

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

When we inspect a service, typically we:

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

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

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

Our work must reflect the following laws and guidelines:

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

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

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

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

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

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

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

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

How we decided what to inspect

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

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

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

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

Our inspections take account of:

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

What is grading?

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

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

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

We grade each heading as follows:

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

We do not give one overall grade.

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

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

About the service we inspected

Clinton House Nursing Home is owned and managed by a private provider, Clinton House Strathclyde (Care Homes) Ltd. The home is situated in its own grounds in the small village of Shawsburn, near Larkhall and is close to public transport routes. There are no local amenities within walking distance of the home. The service has been registered with the Care Commission since 1 April 2002. It is registered to provide a care service to a maximum of 30 older people,of whom a maximum of 10 may be you physically disabled. There were 23 people living in the home on the day we inspected it.

The aims and objectives of the service state that :

" All care provided in our homes is delivered in a professional manner, adopting a holistic approach to care, whilst affording dignity and respect to each individual Service User in accordance to our company motto, 'Dignitas Qualitas Caritas' - 'Dignified Quality Care'. "

The service had written commitments to:

* offer support to promote maximum independence with minimum restriction
* acknowledge social, emotional and religious needs
* facilitate service user participation and choice in the planning of care as much as possible
* provide care in a relaxed and comfortable environment incorporating choice in the participation of activities.

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

Quality of Care and Support	**5 - Very Good**
Quality of Environment	**N/A**
Quality of Staffing	**N/A**
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.

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

How we inspected this service

What level of inspection did we make this service
In this service we carried out a 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 report after an announced inspection that took place between 9am and 2pm on Monday 18 October 2010. Feedback about the inspection was given to the manager and activities coordinator on the day of the inspection. There were 23 people living in the home on the day that we visited.

As requested by us, the provider sent us an annual return and a self assessment form. We issued 10 questionnaires to friends, relatives or carers of people who used the service. Two completed questionnaires were returned before the inspection. We also sent 10 questionnaires to the service to be completed by people living in the home. We got two completed questionnaires back before the inspection.

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 assessment
personal plans of people who use the service
the provider's service user, relative and staff questionnaires
discussions with various people, including:
- the manager
- two care staff
- the activities coordinator
- one member of domestic staff
- three people who use the service
- one relative of a service user
- observing how staff work

examining equipment and the environment (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?).

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

For 2010/11 we will focus on:

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

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

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

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

The provider must ensure that staff providing activities either solely or as part of their post, are appropriately skilled and trained. SSI 2002/114 Regulation 13 (a) Staffing - A provider shall, having regard to the size of the service, the statement of aims and objectives and number and needs of service users (c) ensure that persons employed in the provision of the care service receive (i) training appropriate to the work they perform. Timescale: Within 3 months of receipt of this report.

Action taken on the Requirement
The activities coordinator has attended training organised by the University of Stirling's Dementia Services Development Centre. Additional training from the National Association for Providers of Activities for Older People has also taken place. Care staff have also received some training in this area.

The requirement is:
Met

The care service must provide or arrange access to suitable equipment and adaptations that support the promotion of independence of people who use care services. This is to comply with: SSI 2002/114 Regulation 12 Facilities in care homes 12 (b) provide such other equipment for the general use of the service users as is suitable and sufficient having regard to their health and personal care needs. (c) provide adequate facilities for service users to prepare their own food and ensure that such facilities are fit for use by service users. Timescale: To commence immediately and be completed within six months of the date that this report is published.

Action taken on the Requirement
Progress had been made in this area. Regular "cookdays" were taking place in the hone to encourage people with an interest in cooking and baking. Appropriate equipment was provided for this activity.

The requirement is:
Met

Actions Taken on Recommendations Outstanding
The following recommendations were made after the last inspection. We have detailed any action that the provider has taken in relation to each recommendation:

1. The manager and staff should continue to look at using different ways to encourage service users and their families to give feedback about all aspects of the quality of service they receive. Participation with people who use the service should continue to be developed.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.
Standard 11- Expressing your views

Very good progress has been made with this. Please see Quality Statement 1.1.

2. The construction of the web page about the service should be completed as soon as possible so that people who cannot visit the home can access on-line information about the service provided.

National Care Standards. Care Homes for Older People.
Standard 1 - Informing and deciding.
Standard 20- Moving on.

This is now in place. Please see Quality Statement 1.1.

3. The service has limited links with the local community. Efforts should be made to improve links with local community groups that might be beneficial to service users.

National Care Standards. Care Homes for Older People.
Standard 17 - Daily Life.

Improved community links have been established. Please see Quality Statement 1.2.

The annual return
We use annual returns (ARs) to:

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

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

Annual Return Received
Yes - Electronic

Comments on Self Assessment
We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. 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
We sent 10 questionnaires to the home and asked the provider to distribute them to people who lived there. We got two completed questionnaires back. Of these, two people said that they strongly agreed with the statement "Overall, I am happy with the quality of care I receive at this home." Some comments made to us by service users in the questionnaires and from talking with them during the inspection are paraphrased below:

Taking carers' views into account
We sent 10 questionnaires to the home and asked the provider to distribute them to friends, relatives or carers of people who used the service. We got two completed questionnaires back. Of the two questionnaires returned to us, both people who replied said that they strongly agreed with the statement "Overall, I am happy with the quality of care my relative/friend receives at this home". Excerpts of comments made to us when we visited or comments made by carers in questionnaires are detailed below:

"I think that Clinton House Nursing Home is a very good home and takes very good care of the people that are in it."

"My aunt moved here from another care home. Family are more than happy with her care. 100% better in all aspects than previous care home."

"This not just a care home, it is a caring home."

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 service had a written participation strategy and this had been shared with staff, service users and carers.

Copies of the participation strategy, service user agreement and service user guide were available in each service user's bedroom.

There was very good evidence of frequent consultation with service users and their carers/families in a number of ways. Examples included various questionnaires for relatives, residents and about the quality of different aspects of care provided in the home. The service have also provided an e-mail address that can be used by carers and families to write to their relatives and friends who live at Clinton House.

The home has a newsletter, which is compiled by a staff member. Invitations to contribute to the newsletter had been made to service users, carers and friends. Newsletters and minutes of meeting were posted out to relatives of people who used the service. Since the last inspection the newsletter format had been updated and made available online. The noticeboards in the home have been changed to present information in much more clear and distinct format than before. As a result, the information is more noticeable and easier to read.

A suggestion and complaints book was easily accessible for carers. There were very good sources of information available in the foyer of the home including:

- Information about independent advocacy services
- Details of keyworkers and staff were on display. This had been updated to include photographs of each staff member.
- Minutes of recent meetings with staff and residents
- Carers and service user questionnaires
- The most recent Care Commission inspection report and the service's action plan in response to the report.
- Information about planned activities

The provider has completed the development of an interactive web-page about the service which is a very good way that information about the home is shared with existing users and potential users of the service.

Service users and their relatives had been involved in decisions and choices about the redecoration and refurbishment of the home. We saw good examples of service users being assisted to pick new decor, such as wallpaper, colour schemes and pictures for their own bedrooms. Good use was made by staff of internet technology to assist in this process.

Areas for Improvement
We looked at three personal plans during the inspection. Much of the information was comprehensive and up to date but the link between meaningful activities,social care and healthcare needs was not as clear as it might have been. This may be because information about these issues were recorded in separate folders. (see recommendation 1).

Grade awarded for this statement
5 - Very Good

Number of Requirements
0

Number of Recommendations
1

Recommendations

1.

It might assist staff more if the link between meaningful activities,social care and healthcare needs was promoted further. Consideration should be given to recording information about these issues in the same personal plan with joint care plans that link activities, social care needs and healthcare needs.

NCS 6 Care Homes for Older People - Support Arrangements
NCS 12 Care Homes for Older People - Lifestyle - Social, Cultural and Religious Belief or Faith
NCS 14 Care Homes for Older People - Lifestyle - Keeping Well - Healthcare

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

Service users received very good support to make individual choices and achieve their potential.

The service offered a very good range of activities and encouraged service users to express their preferences and interests.

We examined three service user personal plans. Each plan showed a good record of social and life history for each service user. Personal choices such as food likes and dislikes, preferred activities and how to access money were also detailed in the plans we examined.

The activities coordinator has attended training related to activities with older people and people with dementia. This was arranged via the Dementia Services Development Centre at Stirling University. Additional training from the National Association for Providers of Activities for Older People has also taken place.

We saw staff and service users taking part in physical exercise during our visit. This was enjoyed by service users with a range of cognitive and physical impairments. The range and type of activities had been improved since we last visited the home. There was more evidence of outings to garden centres, barge trips and visits to the local hotel for a meal or drink. Other activities such as pet therapy had also been organised.

People that we spoke with who lived in the home told us that they were regularly consulted by staff about their choices of what to do each day, what to eat and about improving their environment such as their bedroom or the communal areas in the home.

Links with the local community had improved since our last inspection. Contact had been made with a local primary school and arrangements made for service users to attend events at the school or for school pupils to to visit the home. There was also involvement with the local clergy.

Areas for Improvement

Regular care reviews took place in the home with social work, keyworkers, service users and carers. There was less focus on social care needs and meaningful activity in formal reviews of care compared with items like healthcare needs. (see recommendation 1).

Grade awarded for this statement

5 - Very Good

Number of Requirements
0

Number of Recommendations
1

Recommendation

1.

Similar focus should be given to social care needs and meaningful activity in formal reviews of care as with items like healthcare needs.

NCS 6 Care Homes for Older People - Support Arrangements
NCS 12 Care Homes for Older People - Lifestyle - Social, Cultural and Religious Belief or Faith
NCS 14 Care Homes for Older People - Lifestyle - Keeping Well - Healthcare

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 Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

Summary of Grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Environment - Not Assessed	
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

Inspection and Grading History

Date	Type	Gradings	
10 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good *Not Assessed* 5 - Very Good *Not Assessed*
28 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good *Not Assessed* 4 - Good *Not Assessed*
30 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Mar 2009	Announced	Care and support Environment Staffing	4 - Good 4 - Good 4 - Good

		Management and Leadership	4 - Good

Terms we use in our report and what they mean

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

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

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

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

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

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

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

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

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

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

How you can use this report

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

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

People who use care services, their relatives and carers

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

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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 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 cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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Improving care in Scotland