



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Pratt House

**Quill Hall Lane
Amersham
Bucks
HP6 6LU**

Lead Inspector
Julie Willis

Unannounced Inspection
21st November 2007 11:20

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Pratt House
Address	Quill Hall Lane Amersham Bucks HP6 6LU
Telephone number	01494 722940
Fax number	01494 433373
Email address	m.barzotelli@abbeyfield.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Michelle Anne Barzotelli
Type of registration	Care Home
No. of places registered (if applicable)	29
Category(ies) of registration, with number of places	Old age, not falling within any other category (29)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 16th June 2006

Brief Description of the Service:

Pratt House is a care home providing personal care and accommodation for 29 frail older people. It is owned by Abbeyfield UK Amersham Chesham Society Ltd, which is a registered charity. The home is located in Amersham close to shops, pubs the post office and other amenities. Public transport is not easily accessible. The home was originally opened in 1966 and consists of four floors basement, ground, first and second floor. Service users have access to the ground and first floors only. All the home's bedrooms are single with en suite facilities. There are two passenger lifts and extensive gardens that are well maintained and easily accessible.

The cost of this service (as at 21/11/07) varies from £2430.57 - £2595.56 per month. There are extra costs for hairdressing, chiropody & newspapers

SUMMARY

This is an overview of what the inspector found during the inspection.

The Commission has, since the 1st April 2006, developed the way it undertakes its inspection of care services. This inspection of the service was an unannounced 'Key Inspection'. The inspector arrived at the service at 11:20 am and was in the service for four and a half hours. It was a thorough look at how well the service is doing. It took into account detailed information provided by the service's manager, and any information that CSCI has received about the service since the last inspection.

Prior to the visit a questionnaire was sent to the Manager along with survey and comment cards for residents, relatives and visiting professionals such as doctors and nurses. Any replies were used to help form judgements about the service. Consideration has also been given to other information that has been provided to the Commission since the last inspection.

The inspector toured the building, examined records and met most of the residents and two relatives that were visiting at the time of the inspection. The inspector also spent time talking to staff and observing how care was being delivered to the residents.

From the evidence seen by the inspector and comments received, the inspector considers that this service has a good awareness and understanding of equality and diversity issues and would be able to provide positive outcomes for residents in the areas of race, ethnicity, age, gender, sexuality, disability and belief.

The inspector gave feedback about her findings to the homes Manager at the end of inspection. There were no legal requirements made as a result of this inspection.

The Commission has received no information concerning complaints since the last inspection.

What the service does well:

The home is comfortable, clean and attractively decorated and furnished throughout. Residents are encouraged to personalise their own rooms and these are decorated and furnished to a good standard. Residents confirm that the home is always "clean & well kept" and provides a "homely and comfortable place to live".

There are enough staff on duty at all times to meet the needs of residents effectively. Recruitment practices are well carried out and the staff files

contain all information needed to ensure that residents are kept free from harm.

The written care records are well kept and up-to-date and provide staff with the information they need to provide the right care to the residents. Residents are involved in planning their care and feel their views and opinions are valued and listened to.

The home offers residents a wide range of leisure activities including games, crafts and quizzes as well as the opportunity to see outside entertainers, take trips out and to join in parties and themed events. Residents say that there is enough to do at the home and that the home works hard to provide variety and choice. Relatives say that they are made welcome at any time and have the opportunity to participate in fetes, parties and other activities held at the home. They say that they feel they are kept well informed about what is going on and are provided with plenty of opportunity to express their opinions and to meet with the staff and management.

Food provided by the home offers residents variety and choice and is well presented in pleasant comfortable surroundings.

What has improved since the last inspection?

Since the last inspection the Manager has updated the training records. All staff have been provided with refresher training in order to update their skills so that they can effectively meet the needs of residents.

What they could do better:

There are no requirements arising from this inspection. The home is effectively meeting its legal obligations and the needs of its residents.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 3

Quality in this outcome area is **excellent**. All prospective residents are fully assessed by the home before admission to ensure that the home will be able to effectively meet their needs.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

It is evident from discussion with residents, relatives and staff that prospective residents are only admitted to the home if the service is confident staff have the skills, knowledge and ability to meet their assessed needs. Examination of the documentation of the two most recently admitted residents confirmed that the home carries out a full holistic assessment of each residents needs before they are admitted to the home. The assessment is usually carried out by the homes Registered Manager in the prospective residents home. The assessment is very thorough and involves the resident and their family or representative.

From discussion with residents and their relatives it is evident that the home provides residents with sufficient information during the assessment visit to prepare the resident for admission. All prospective residents and their relatives are invited to the home informally to meet staff and other residents, view the room to be occupied and acquaint themselves with the homes daily routines. It is evident that significant planning is undertaken pre-admission to ensure that the resident's move to the home is uneventful. This includes ensuring that the home has in place any specialist equipment needed by the individual during their stay. All residents are admitted on a trial basis to ensure that the resident is happy with their decision to move to the home. Following the initial 4 – 6 week trial period a review of the placement is held before the residents move to the home is confirmed as permanent.

The inspector had the opportunity to meet one of the residents that was being case tracked. The resident confirmed that they had been visited by the management of the home pre-admission and had been provided with sufficient information about the home to enable them to make a decision as to whether to live there or not. They confirmed that they had been offered the opportunity to visit the home informally before they were admitted in order to tour the home and meet staff and other residents. They said "I like it here", "we are happy" and "staff are kind".

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7, 8, 9, 10

Quality in this outcome area is **excellent**. Residents are encouraged to make choices about their lives and to take everyday risks. The written records accurately reflect the individual needs, aspirations and lifestyle choices of each resident.

The system for the administration of medication is good with clear and comprehensive arrangements in place to ensure the safety of residents.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

From discussion with staff, management and residents and from observation of practice the home was able to evidence that it understands that the delivery of care must be highly personalised and must be tailored to meet the needs of the individual. Observation concluded that the staff were mindful of the need to provide care in a discreet manner, respecting the residents right to dignity, privacy, choice and independence. It is evident from discussion with residents and staff that provision of personal care is not task oriented or rushed, and is

wholly person centred. The staff are provided with sufficient time to over-see self care in order to maintain the residents abilities and independence.

Examination of the care plans for three residents evidenced that the plans fostered independence and promoted choice and autonomy. Residents confirmed that they have the opportunity to say how they wish to be cared for and can decide which staff members they want to help them with personal care tasks such as toileting, bathing and showering. Each resident has a nominated key-worker that pays special attention to his or her needs and is responsible for ensuring the care plan is kept under review. The care plan considers all aspects of a person's lifestyle including their personal, health and social care needs. Care plans are regularly reviewed and updated and any changes to the plan are discussed and agreed with the resident and their family. Residents care plans give an overview of the resident's general health and act, as an indicator for changing health needs. All risks to residents are fully assessed using a range of clinical tools and effective guidelines and equipment is in place to reduce the likelihood of occurrence.

The residents confirmed that they were provided with access to health and social care professionals when required. They said that screening and preventative treatments are offered routinely by their doctor's practice. Several residents said that they had been recently vaccinated against flu. They confirmed that they could ask to see their doctor when they need to. There was evidence on file that residents have regular chiropody treatments, hearing tests and sight tests.

From examination of the medication administration system and discussion with staff it is clear that the home follows best practice guidance in relation to the storage, administration and disposal of drugs. All residents are risk assessed on admission and have an individual medication sheet. The majority of medicines are administered by the staff but a few residents self-medicate their own painkillers and 'homely' remedies. The home has a policy on self-administration and provides lockable storage in each person's bedroom for the safekeeping of medicines and valuables.

All of the staff were observed to be polite and courteous to residents at all times. The inspector had the opportunity to speak with a number of residents and their visitors. One visitor told the inspector that they felt that the home was "very friendly and welcoming" they said "I was so pleased when Mum & Dad moved here they are very settled and happy", "it was the best move for them". Other residents made comments such "its lovely here, I wouldn't want to be anywhere else" and "I've no regrets, the staff are kind, the food is good, what more could anyone ask for".

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14, 15

Quality in this outcome area is **excellent**. A range of activities is offered that provide opportunity for mental and physical stimulation. Residents are encouraged to maintain contact with their family and friends and are able to have visitors at any time.

The home provides a varied and nutritious menu designed to meet the needs of its residents.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

From discussion with the management, staff and residents it was clear that residents are offered the opportunity to participate in a range of activities suited to their needs.

The Activity Organiser is responsible for arranging the activities and regularly arranges trips out, festivities and celebrations. The home recently celebrated Halloween and held a themed fancy dress party, which was enjoyed by all. In the summer there was a garden fete to raise funds for entertainments and activity equipment. The BBC orchestra recently held a concert in the home,

which was a huge success, and there are other regular visits by outside entertainers such as 'The Sapphire Singers'.

The home has a schedule of activities, which is displayed on the notice boards. There are weekly exercise classes and sessions in nail care. The home has regular residents meetings where residents can have a say in the running of the home. A regular item on the agenda is activities and menus. At the most recent residents meeting held on the 18th October the forthcoming Christmas festivities were discussed. Residents were in agreement that the home should hold a Christmas party, employ a visiting professional pantomime and hold a carol service before Christmas. The activity organiser runs regular shopping trips using transport provided by 'Age Concern'.

The garden is very attractive and is laid to flower beds and lawns which is easily accessible to residents. There is a large patio outside the conservatory with comfortable seating and sun umbrellas for use in the summer. Residents confirmed that the conservatory is their favourite place in the home during the summer months when the French doors are left opened so that they may use the gardens.

Residents confirmed that their visitors are made most welcome at any time and are offered appropriate hospitality during their visits. A number of social events are held throughout the year which promotes community involvement and which provide residents families with the opportunity to engage with the staff and residents on an informal and regular basis.

The menu provided by the home is varied and nutritious. The residents are encouraged to take meals in the dining room to aid socialisation. The residents were eating lunch on the day of inspection of cottage pie or chicken & mushrooms in white wine sauce with carrots, potatoes and spinach. Pudding was plums and custard or ice cream, fresh fruit or yoghurts. Special diets can be catered for including soft diets, diabetic and vegetarian meals.

The residents confirmed that the food was very well cooked and tasty. Residents commented "the food is marvellous", "always tasty" and "there is a choice each day".

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 16 & 18

Quality in this outcome area is **good**. The home has a satisfactory complaints system. Residents feel their views are listened to and acted upon.

Residents are protected from abuse and exploitation by staff that can demonstrate knowledge of the homes abuse of vulnerable adults and whistle-blowing policies.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The complaint policy in the home meets the requirement of Regulation and Standard. Residents are provided with information on how to make a complaint, the predicted response time and the various stages in the procedure. Examination of the complaint records indicated that there has only been one complaint made to the home since 1st January 2007. The complaint was resolved to the satisfaction of the complainant and was well documented. There has been no information about complaints reported to the CSCI since the last inspection.

Residents said that that they felt confident that any concerns or complaints would be taken seriously by the home and efforts would be made to remedy any problems in a timely fashion.

There was evidence in staff files and from discussion with staff, that they receive training in 'Safeguarding Adults' as part of their formal induction to the

home. The initial learning is later consolidated when staff undertake NVQ (National Vocational Qualifications) training in which it forms a core module.

Staff interviewed were aware of the homes whistle-blowing policy and understood the importance of protecting residents from abuse and exploitation at all times.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19 & 26

Quality in this outcome area is **good**. The standards of décor and furnishings in this home offer residents a comfortable and homely place to live. Standards of hygiene are good throughout.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Pratt House is a modern purpose built care home that is well maintained clean and comfortable. The inspector toured the premises. The communal lounges and dining area are pleasantly decorated and furnished in a homely manner. Lighting is domestic in character and bright enough to read by. All rooms are centrally heated and the residents may adjust the temperature in their bedrooms. The grounds are well maintained and easily accessed by residents.

New dining furniture has been provided since the last inspection and new curtains have been fitted to the lounge and dining room. A new carpet has been fitted in the first floor lounge.

There are suitably equipped bathrooms and toilets conveniently situated around the home. The laundry has appropriate facilities for the laundering of resident's clothes and linens and there are appropriate infection control procedures in place to protect residents from harm.

The home employs a handyman and gardener to ensure that the premises and grounds are kept well maintained and that there is an on-going revolving programme of refurbishment and redecoration.

Residents commented on the quality of the décor and furnishings in the home. Comments such as "its always warm and comfortable here", "this home is kept clean and tidy", "I've no complaints my room is always beautifully clean, warm and homely".

Residents said "who could ask for more, the home is lovely", "I rarely stay in my room because it's so much nicer in the conservatory where I can meet my friends".

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27. Service users' needs are met by the numbers and skill mix of staff.
- 28. Service users are in safe hands at all times.
- 29. Service users are supported and protected by the home's recruitment policy and practices.
- 30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27, 28, 29, 30

Quality in this outcome area is **good**. Staff recruitment procedures are satisfactory and protect residents from harm. Staffing levels are sufficient to meet the needs of the residents.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Examination of the staff rosters evidenced that there were sufficient number of staff on duty at all times with particular attention given to busy times of the day. There is a low staff turnover at Pratt House with evidence that many of the staff have been working at the home for many years. This has helped to build excellent relationships between staff, management and residents and provides a level of continuity.

Examination of two staff files evidenced that the selection and recruitment procedures at this home are robust. All necessary checks are carried out on staff to ensure that they possess the necessary attributes to care effectively for residents. Records were well kept and met the required standard.

The home has a comprehensive training plan in place, which provides the manager with details of the whole staff teams need for training. 'Abbeyfield' have recently produced a training database, which will help the Manager plan and prioritise the annual training and refresher courses in the home.

All staff have been properly inducted to Skills for Care Standard and have received training in core skills such as fire safety, first aid, medication, communication, nutrition, manual handling, food hygiene, health & safety, medication awareness, COSHH and infection control. All staff have received training in adult protection as part of their induction and as a core module in NVQ training. All staff at the home are well motivated and have either achieved or are working towards a National Vocational Qualification at level 2.

The home has an increased budget to provide mandatory training and training on more specialist topics. Most of the staff have recently watched a DVD on dealing with 'challenging behaviour' and all staff have undertaken training in 'equality & diversity'.

All staff receive regular formal supervision at least six times a year and have regular opportunities to express their views in the frequent team meetings and the daily shift hand-over sessions.

Residents and their relatives were highly complimentary about the qualities of the staff at the home. They made comments such as "they are lovely girls, so kind and helpful", "you can't fault the staff here they go out of their way to help you" and "I've always found the staff most welcoming". "They keep me up-to-date with how Mum's feeling, if she's not well they are on the phone immediately". One relative said, "The staff are very kind and I trust them to do a good job."

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31, 33, 35, 38

Quality in this outcome area is **good**. The resident's benefit from living in a well managed home, where there is evidence that their health, welfare and safety is of primary importance.

The registered person is qualified, competent and experienced to run the home for the benefit of residents.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Michelle Barzotelli has been in the post of Registered Manager since 2005 and is widely experienced having worked in the care sector for 18 years. Michelle has attained a number of formal qualifications to further her career including an NVQ 3 & 4 in care. She has also attained the Registered Managers Award to further enhance her knowledge and skills. She is a well-liked and respected

manager and keenly supports and encourages the staff to achieve further qualifications to enhance their own professional development.

The staff confirmed that the Homes Manager demonstrates effective leadership skills and vision and communicates a clear sense of direction and purpose. Staff feel that they “have a voice” and are “valued” and consulted about the way the service is delivered.

The residents are highly complimentary about the management of the home and feel that the office is always open and accessible to them. Residents feel that they are regularly consulted on issues that affect them and feel that their views are taken into account on a day-to-day basis. From examination of the minutes of residents meetings there was evidence that when requests are made or concerns expressed in the meetings the issues raised are followed up promptly by management.

The home has recently carried out a customer satisfaction survey with the residents, relatives and other stakeholders the results of which were collated at the Head Office. The outcomes were very positive and it is clear that Pratt House is providing a high quality service to its residents. The Organisation has surveyed its staff and it is evident that they feel valued by the Organisation and are committed to providing good quality care to the residents. Proprietor’s Representative visits are carried out monthly and an action plan is put in place, which identifies how the service can be further developed and improved. All of these quality assurance measures and monitoring checks are fed into the homes business development plan and help the Organisation to reach its strategic objectives.

The home has robust financial procedures in place to protect resident’s finances. Detailed records are kept of all transactions made on behalf of residents. All transactions require double signatures and are receipted.

Examination of health & safety records indicated that they were up to date and in good order. Routine servicing and maintenance of equipment is undertaken at appropriate intervals to maintain the home as a safe and risk free environment for residents. All risks to residents are effectively risk assessed and managed.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	4
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	3
9	3
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

Oxford Office

4630 Kingsgate

Oxford Business Park South

Cowley

Oxford

OX4 2SU

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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