

# CARE HOMES FOR OLDER PEOPLE

**Downing House**

**14 Swinbourne Grove  
Withington  
Manchester  
M20 4PP**

*Lead Inspector*  
Joe Kenny

*Unannounced Inspection*  
13th July 2007      10:00

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

<b>Reader Information</b>	
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Downing House
<b>Address</b>	14 Swinbourne Grove Withington Manchester M20 4PP
<b>Telephone number</b>	0161 434 8717
<b>Fax number</b>	0161 446 1346
<b>Email address</b>	a.downingcarehome@btopenworld.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Abbeyfield UK
<b>Name of registered manager (if applicable)</b>	Mrs Debbie McCormick
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	23
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (23)

# SERVICE INFORMATION

## Conditions of registration:

1. The home is registered for a maximum of 23 service users to include:  
\*up to 23 service users in the category of OP (Old age, not falling within any other category).

**Date of last inspection**      19th January 2007

## Brief Description of the Service:

Downing House provides residential accommodation with personal care for up to 23 residents within the category of old age (OP). It is owned by Abbeyfield UK.

Downing House was opened in 1983 and is a large purpose built property with accommodation situated on the ground floor of the building.

All the home's bedrooms are single; nine of the bedrooms have en-suite facilities. The home is set in pleasant grounds. The grounds were enclosed and residents could sit or stroll in the garden. There is car parking space to the side of the building. The home is situated in a residential area of Withington and is close to the local shops and public transport.

# SUMMARY

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

This inspection was carried out unannounced on Friday 13 July 2007.

The report has been written using information held by the Commission for Social Care Inspection (CSCI), information provided by people who use the service and discussions held with staff, relatives and the manager of the home.

Time was spent examining records relating to staff, recruitment and training care files, medication records and the homes policies and procedures.

A tour of the building and grounds was carried out. At the time of the inspection there were twenty-one people living in the home.

Discussions with staff, relatives and people living in the home were very positive and indicated the home was being managed in the best interests of people living and working there.

Comment cards were forwarded to people living in the home to seek their views; the Commission received six completed comment cards.

Fees in the home range from £373:54 (standard room) to £378:84 (en-suite room) per week.

## **What the service does well:**

The home offers a well-maintained, clean and homey environment for people to live in.

The management and administration procedures ensure the home is run in the best interests of people living there, this was supported by comments from people and relatives on the day of the site visit.

The manager demonstrated a commitment to ensure care was delivered to a high standard and relatives, staff and people living there spoke highly of the manager and the work she had done since her appointment as registered manager.

Staff at all levels demonstrated a clear understanding of their role and responsibility on care and protection issues. People living there stated they knew who to contact if they had a concern about the care they received and were confident their concerns would be acted upon.

The manager stated that programmes of recarpeting and decorating were planned for the future and internal fund raising committees had planned development of a conservatory to the side of the building to develop greater communal space.

Well maintained grounds offer people a secure area to access, weather permitting.

People spoke positively about the overall care they received. People commented on questionnaires that staff supported them and listened to them. One person stated, 'service is very good and staff are very friendly, caring and helpful'.

### **What has improved since the last inspection?**

The manager had conducted a complete review of internal policies relating to care planning and medication procedures.

Care plans had been reviewed to ensure all care needs are identified in consultation with people and that the staff have the appropriate information to assist them in supporting individuals. Medication procedures for recording, handling and administration ensure medication is held securely and protected people.

The organisation had also completed a review of all policies and procedures and provided the home with a manual of the revised documents.

The development and review of all documents and recording procedures had significantly improved and all documents were held secure and easily accessed.

The management procedures for the home had greatly improved and this was supported by very positive comments by relatives and people living at there.

The manager had taken positive steps to address requirements made at the last inspection. Staff demonstrated during discussion a clear understanding of adult protection issues and what to do in the event of an allegation of abuse. This addressed a previous requirement.

### **What they could do better:**

No requirements were made following this inspection. The home is advised to do a summary report of the findings of the recent questionnaire survey to people living in the home and include the findings in the home's statement of purpose to evidence this consultation process.

During discussions with people in the lounge there was evidence that further discussions with people should take place to ensure their preferred social and leisure interests were being met within the existing programmes of activities.

Following discussions with people during the inspection the home is advised to consult with people on the time of the evening meal as some people said they would appreciate the meal half hour later than it is currently served.

A record of tests and checks on exit routes, fire extinguishers and emergency lighting should also be maintained.

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](mailto: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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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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):**

3 and 6.

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

People are provided with sufficient information about the home prior to admission. People's needs are assessed before a service is offered.

## **EVIDENCE:**

The home provides people with a detailed Statement of Purpose of the care and service offered at Downing House. People moving to the home are provided with their own Service User's Guide specific to the service they will receive.

Information in each document provides people with information about the care arrangements, staff structure, premises and information on how to complain or who to speak to if they are not happy about any aspect of their care.

A small brochure is also available about the organisation Abbeyfield UK, with more specific information about Downing House. The current brochure was

printed in June 2007 and contained detailed information about the home, care planning staff structure including staff names, complaints procedure and information on activities and meal arrangements. A copy is available in the main reception area at the home. This information is also located in each bedroom.

Abbeyfield UK is a federation of voluntary local societies each with a charitable status.

Discussions were held with relatives and people living in the home. All confirmed they were offered the opportunity to visit the home prior to moving in, and most people said a relative had assisted them in the process of deciding to move to Downing House. On the day of the visit, relatives were observed to be shown around the home by staff and answering questions about the services and care offered. A date would be set with relatives for the manager to do a home visit to complete the home's assessment of need.

The manager stated she would take the opportunity to meet people prior to moving in, to gather information about people's care needs and to seek their involvement in the development of their care plan. The home's procedure and information in the home's procedure clearly states 'All service users must receive a full assessment prior to admission'. A discharge form is completed where a service user moves to alternative care such as discharge following a nursing assessment.

A sample of files were examined and contained detailed information from the time the person was admitted to the home. Files contained information from the person's care manager, review notes, the manager's assessment and daily notes from the manager and staff on how people are supported and cared for.

The manager had completed a survey of questionnaires to people using the service and was advised to do a summary report of the findings to be included in the home's statement of purpose to evidence this consultation process.

People's files also contained copies of contracts if privately funded and with a statement of terms and conditions of their placement, if funded by the local authority.

People using the comment cards confirmed they were provided with information about the home and received a contract or statement of the terms of their care.

The home does not provide intermediate care.

## 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):**

7, 8, 9 and 10.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Procedures in the home ensure people's personal and health care needs are met in accordance with their individual and chosen plan of care.

### **EVIDENCE:**

There were twenty-one people living in the home at the time of the inspection; relatives of a person considering moving to the home were viewing the remaining vacant bedroom and facilities at Downing House.

The registered manager and staff have completed significant work in relation to the development of care planning and recording procedures. A selection of files were examined and contained a comprehensive assessment of each person's needs covering a wide range of headings. Each area assessed identified a plan of support and expected outcome.

It was encouraging to note the when staff reported on how they supported a person they referred to the care plan record and reported against the identified plan of support.

The main daily files are located in the staff room and are held in a secure lockable cabinet. Staff complete daily records in the staff room.

Plans also assessed issues relating to identified risks and set out strategy to minimise risk to people. The development of records to a more person centred approach had started in order to evidence people are consulted about the care they received and how they wished to be supported. The home monitors and supports people using the key worker model of care delivery, each member of staff having specific responsibility to support three named people.

Procedures and records relating to medication were clear in terms of its overall management and protected people. Medication is held securely in the main office and administered by senior staff.

All staff with responsibility for the administration of medication had received appropriate training, had signed up to the homes medication policy and provided a sample signature for recording procedures. The person with responsibility for daily administration procedures held the key and signed a register to confirm they were in receipt of the key.

An audit of medication in the medication trolley, controlled drugs and records was conducted on the day and found to be in order.

The manager had also compiled a file containing information guidelines for each medication prescribed to individuals. A record is maintained on medication received and returned for disposal to the pharmacist. Medication records included a photograph of each individual resident.

People are registered with a general practitioner of their choice and district nurses were supporting two people at the time of the visit. No person was being cared for who required pressure care management.

The home had reviewed and completed risk assessments with specific reference to falls, diet and weight loss and included strategies to minimise risk to address a requirement made at the previous inspection.

## 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):**

12, 13, 14 and 15.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The arrangements for daily living and social activities respected people's preferences. Procedures were in place to consult with people on social, cultural, religious and meal arrangements.

### **EVIDENCE:**

Discussions were held with relatives and people living in the home about daily living arrangements. People living in the home said they could get up when they wanted to and go to bed when they choose. Breakfast time was flexible and enabled people to rise late with breakfast served upto 10:00 in the morning. A menu is available on the table at breakfast time.

The lunchtime meal and tea offered people a choice of two menus. The cook or care staff consulted people on a daily basis to determine their preference. Records were available to confirm people were consulted and evidence from observations on the day confirmed this happened.

Ample provisions were available in the kitchen and all care staff have received Basic Food Hygiene training as they will assist in the preparation of evening meals.

Prior to the evening meal it was encouraging to note that a person who had chosen sandwiches, had asked if she could have the hot meal choice for that day having seen staff prepare the meal. Staff responded to her request.

One person commented on the comment card that the 'meals have gone very small' and 'sandwiches for tea is not enough'. Discussions were held with the manager in relation to these comments. Minutes of residents meetings clearly evidence that meals are discussed as a standard topic at the meetings and these comments would be discussed at the next one.

An activity organiser is included as part of the staff structure, with designated hours set aside for organising programmes of activities of interest to people. There was evidence of a wide range of activities available to people in the main lounge. However, during discussions with people in the lounge there was evidence that further discussions with people should take place to ensure their preferred social and leisure interests were being met within the existing programmes of activities.

People also said they could freely access their rooms during the day if they wished.

The home is located off the main street in Withington Village and people said they are supported by relatives and staff to go into Withington.

There was also evidence that the home supported people on trips to events outside of the home, and that people were supported by staff on such events.

People had attended a social event on the evening prior to the inspection at which a guitarist entertained people. An artist comes into the home on a monthly or bi-monthly basis and relatives are invited to attend these events.

A monthly newsletter and public notice boards inform people of forthcoming events.

Residents meetings are held and relatives are encouraged to attend. A copy of the minutes of such meetings are forwarded to relatives who are unable to attend.

Following discussions with people during the inspection the home is advised to consult with people on the time of the evening meal as some people said they would appreciate the meal half hour later than it is currently served.

People using the comment cards indicated that staff were available to support them and listened to their wishes. One person commented 'the home is very satisfactory and staff very kind'.

# 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):

16 and 18.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Procedures relating to complaints and protection safeguarded people and ensured they were protected.

## EVIDENCE:

People living in the home and relatives are informed about who to contact if they have a concern or complaint about any aspect of the care they receive. Information about who to contact is detailed in the homes complaints procedure. Information was going to be ammended to inform people of the recent change in address of the Commission for Social Care Inspection.

A register is maintained of complaints received by the home and contains information about how the compliant is investigated.

Since the last inspection the CSCI have not received any complaints about the home.

Issues relating to safeguarding people and adult protection are addressed through training and in supervision and staff meetings. Discussions were held with staff about safeguarding issues and staff gave a clear and appropriate account of the action they would take if a person was to disclose, or they witnessed abuse taking place. The information available at the time of this visit indicated the home had taken appropriate steps to ensure people were

protected and that the Local Authority would be informed to take the lead in all Adult Protection investigations.

People using the comment cards said they knew who to speak to if they had a concern about the care they received. One person commented she was 'especially confident in the manager'.

## 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):

19 and 26.

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

The home offers a clean, homely, well maintained environment for people living there.

### EVIDENCE:

The home's location offers people access to public resources and transport systems. Programmes of decorating and recarpeting of corridors are planned and plans are currently being looked at to develop a conservatory area to the side of the building, which will offer greater communal space. The home is well maintained and employs a handy person for internal maintenance and safety checks and a gardener to maintain the grounds and landscaped areas.

The home's design and lay out provides spacious corridors. Bedrooms offer single occupancy and 11 bedrooms offer en-suite facility. Bedrooms are

furnished to a high standard and people can bring in personal items to decorate their bedrooms.

Discussions were held with domestic staff who assist in maintaining a high standard of cleanliness in communal and individual bedrooms.

There is an evident commitment to providing a homely environment for people living there. People can hold a key to their room and have unrestricted access to communal facilities. Bathrooms and toilets are designed to meet the varying needs of people in terms of spacious access to baths, use of hoists and call systems.

A designated treatment room is available; this room is suitably equipped as a hairdressing facility also.

Procedures relating to infection control are evident in all facilities, with hand washing (soap and alcohol washes), paper towels and information leaflets available in all facilities. There was a high standard of cleanliness throughout the home.

The home offers secure well-maintained and landscaped areas for people to access in good weather. Car parking is available at the side of the building. Some car spaces may be lost if the home receives planning permission for a conservatory. In the event of permission being granted the manager stated the home would apply for reserved parking to the front of the building.

## 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):**

27, 28, 29 and 30.

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

Recruitment, selection and development procedures for staff ensure a competent staff team supports people.

### **EVIDENCE:**

People are supported by a committed staff team and manager who demonstrated that an open and inclusive style of management ensures people needs are met. The building is divided up into zones; at the beginning of each day staff are assigned to support people in a nominated zone.

The social needs of people are planned in consultation with people and the designated activity organiser. The activity organiser's hours are dedicated to social care, the manager having allocated hours specific to this role as part of the homes overall staffing allocation.

The staffing arrangements for the week ensure appropriate staffing levels are being maintained to meet the needs of people.

On the day of inspection a senior support worker was on duty prior to the manager arriving. There were three care staff, two domestic staff and catering staff on duty. A clerical administrator is also based at Downing House. There is a reception area in the main foyer which is usually staffed up to 1:00 pm.

Each member of staff has an individual training portfolio and systems are in place in the home to monitor training needs and attendance on courses. There is evidence of ongoing training and development to include POVA and health and safety courses.

Three staff files were sampled and all contained the appropriate documentation including two written references. CRB checks had been completed on all staff. Evidence was seen of all CRB reference numbers.

Staff meetings are held on a monthly basis with a comprehensive record of topics discussed. Supervision is held every eight weeks.

There were records of training provided to staff and topics planned for the future. Relatives are offered the opportunity to attend training on subjects such as Dementia, and the manager stated that relatives had participated in such training. The home uses volunteers to support people as escorts and or they will carry out Regulation 26 visits to the home. Volunteers participating in such events are offered training on relevant courses such as Moving and Handling and medication to support the work they do.

People using the comment cards spoke positively about the support offered by staff and accepted 'they are very busy' and even 'if there is an occasional delay, I've never gone waiting for long'.

## 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):**

31, 33, 35 and 38.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Management and administration procedures ensure the home is run in the best interests of people living in the home.

### **EVIDENCE:**

The manager holds the relevant qualifications and experience appropriate to the position of registered manager.

Significant improvements had taken place in the management of the home.

The improvements were supported by comments from staff, people living in the home and relatives spoken to at the time of the visit.

The registered manager had taken appropriate steps to address requirements and recommendations made at the last inspection.

Programmes of supervision were established to ensure consistent support was available to staff.

Information on staff files in relation to training had been updated and reviewed to ensure past and planned training was recorded in the staff development section.

Monies deposited by relatives on behalf of people living in the home balanced with records and receipts were in place for all purchases. This system is overseen by the manager who carries out regular internal audits.

The organisation employs a building control officer who is responsible for monitoring and checking safety standards. Records relating to lift maintenance, service, service of hoists, electric and gas certification were examined on the day and provided evidence of recent tests and service. An appropriate insurance liability certificate was on display and dated to September 2007. Records of tests of the fire alarm system, fire drills and check on water temperatures are maintained by the maintenance person.

A record of tests and checks on exit routes, fire extinguishers and emergency lighting should also be maintained.

Discussions were held with the manager about notifications received by the Commission since the last inspection carried out on the 19 January 2007, and indicated that the home had taken appropriate action in relation to each of the notified issues.

# 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	4

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

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

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

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

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	X
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
1	OP2	A summary report of the outcomes of the recent survey should be included in the homes statement of purpose to evidence this consultation process.
2	OP13	Further discussions with people on social care issues should take place to ensure their preferred social and leisure interests were being met.
3	OP12	People should be consulted on the time of the evening meal as some people said they would appreciate the meal, half hour later than it is currently served
4	OP38	A record of tests and checks on exit routes, fire extinguishers and emergency lighting should also be maintained.



## **Commission for Social Care Inspection**

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