



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Ashbrook Nursing Home

**217 Chase Cross Road
Romford
Essex
RM5 3BX**

Lead Inspector
Ms Gwen Lording

Key Unannounced Inspection
21st November 2006 09:30

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	Ashbrook Nursing Home
Address	217 Chase Cross Road Romford Essex RM5 3BX
Telephone number	01708 736 588
Fax number	01708 736 371
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	One Tree Estates Ltd
Name of registered manager (if applicable)	Johanna Christina Hope
Type of registration	Care Home
No. of places registered (if applicable)	37
Category(ies) of registration, with number of places	Old age, not falling within any other category (37), Terminally ill over 65 years of age (37)

SERVICE INFORMATION

Conditions of registration:

1. OP and TI - to be used flexibly between both categories.

Date of last inspection 13th October 2005

Brief Description of the Service:

Ashbrook Nursing Home provides personal and nursing care to 36 older people, including those who are terminally ill. The home is privately owned, and is situated in a residential area of Romford, on bus routes into the town centre and mainline rail services. It is a large, detached, building, which has recently been extended in order to improve and increase the facilities. There are 29 single rooms, of which 28 are ensuite, and 3 double rooms, one of which is ensuite. The bedrooms are on the ground and first floor, along with toilets, showers and bathrooms. The first floor is accessed via two lifts, one of which also goes down to an entrance to a landscaped garden. There is a large lounge with two smaller lounges leading off on the ground floor. Personal and nursing care is provided on a 24-hour basis, and the home works in collaboration with a nearby Hospice when people with terminal illnesses are admitted. An activities co-ordinator organises social and recreational activities within the home, as well as events, such as trips to Southend.

On the day of the inspection the range of fees for the home was between £520.00 and £600.00 per week. Copies of the home's Statement of Purpose, service users guide and most recent inspection report are available in the main entrance hall, together with other information about the home.

SUMMARY

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

This was an unannounced inspection undertaken by the lead inspector, Gwen Lording. It started at 9.30am and took place over six hours. The deputy manager was available throughout the visit to aid the inspection process. This was a key inspection visit in the inspection programme for 2006/2007.

Discussion took place with the deputy manager; nursing and care staff; the cook; laundry and domestic staff. Nursing and care staff were asked about the care that residents receive, and were also observed carrying out their duties.

The inspector spoke to a number residents and visiting relatives/ visitors. Where possible residents were asked to give their views on the service and their experience of living in the home.

A tour of the premises, including the kitchen and laundry was undertaken. All the rooms visited were clean and tidy with no offensive odours present throughout. A random sample of residents files were case tracked, together with examination of other staff and home records, including medication, accident/ incident records and staff recruitment procedures and files. Information was also taken from a pre-inspection questionnaire, which was completed by the manager.

At the end of the visit the inspector was able to feedback to the deputy manager.

The inspector would like to thank the staff and residents for their input and assistance during the inspection.

What the service does well:

There is a relaxed atmosphere throughout the home and residents appeared unhurried and are given sufficient time and support in their everyday lives. Residents receive good care from a committed staff team who have the skills and training to meet their needs.

Those residents spoken to, who were able to express a view, said that they, **“were happy in the home, staff were friendly, and they were well looked after”**.

Visiting times are flexible and people are made to feel welcome in the home so that residents are able to maintain contact with their family and friends.

75% of care staff are qualified to NVQ level 2 or above and this demonstrates a very positive commitment to training from both the organisation and the care staff.

What has improved since the last inspection?

The home is able to meet the needs of people requiring palliative care and works closely with a nearby hospice. The registered manager and key staff in the team have expressed an interest in implementing the Liverpool Care Pathway (LCP) for the Dying Patient and have met with the co-ordinator for the North East London Cancer Network.

What they could do better:

The registered providers have recently installed CCTV cameras in some communal areas of the home including the main lounge and corridors. However, the cameras in these areas must be switched off, as the use of CCTV cameras must be restricted to entrance areas for security purposes only and must not intrude on the daily life of service users.

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):

Standards 1, 3 & 5

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

Comprehensive assessments are being undertaken for all residents prior to them moving into the home. Care plans are drawn up from the information in these assessments, ensuring that the needs of the residents are identified, understood and met.

The home does not offer intermediate care.

EVIDENCE:

Individual records are kept for each residents and a total of five files were examined. All records inspected have assessment information recorded and the information had been used to continue assessment following admission to the home, and develop written care plans. Where appropriate, information provided by the placing authority was also on file.

Prospective residents and their relatives/ representatives are provided with information about the home and there is always the opportunity to visit the home prior to making any decision to move in.

The Care Homes Regulations 2001 have been amended with effect from the 1st September 2006, for new residents, and for existing residents with effect from the 1st October 2006, so that more comprehensive information is to be included in the service user guide. Details of information to be included are contained within the amended regulations. Therefore, the service user guide must be reviewed and amended by the stated timescales.

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 & 11.

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

Residents' health, personal and social care needs are set out in individual care plans and provide staff with the information they need to satisfactorily identify and meet residents' needs.

There are clear medication policies and and procedures for staff to follow. However, there are some inconsistencies in the recording of medication, which may result in unsafe practices.

All residents could be assured that at the time of their death, staff would treat them and their family with care, sensitivity and respect.

The use of Close Circuit Television (CCTV) in the communal areas of the home impacts upon the privacy and dignity of residents.

EVIDENCE:

A total of five residents were case tracked and their care plans and related documentation inspected. All residents had comprehensive care plans, which covered health and personal care needs. There was evidence that care plans were being reviewed on a monthly basis and updated to reflect changing needs. As far as possible, residents' and/ or their relatives are involved in the drawing up of their care plan. The documentation/ health records relating to wound management; the management of a resident with diabetes; and a recently admitted resident, were examined. The records for these residents were found to be detailed and being adequately maintained.

Risk assessments are routinely undertaken on admission for all residents around nutrition, manual handling, continence, falls and pressure sore prevention; and reviewed on a regular basis. Records are maintained of nutrition, including weight gain or loss with appropriate action being taken where necessary. Records indicated that residents are seen by other health professionals such as tissue viability nurse; speech and language therapist; optical, dental and chiropody services.

The home is able to meet the needs of people requiring palliative care and works closely with a nearby Hospice. The registered manager has expressed an interest in implementing the Liverpool Care Pathway (LCP) for the Dying Patient and has met with the co-ordinator for the North East London Cancer Network. This transfers the hospice model of care into other settings and has been used effectively in care homes. There was no evidence of 'End of Life' care plans and the importance of developing these was discussed with the deputy manager, during the inspection. However, from discussions with staff and visiting relatives it was evident that staff dealt with a person's dying and death in a sensitive manner, both for the individual and their relatives.

There are policies and procedures for the handling and recording of medicines. An audit was undertaken of the management of medicines within the home and a random sample of Medication Administration Records (MAR) charts were examined. The following issue was discussed with the registered nurse on duty and the deputy manager:

- All hand written entries on MAR charts must be signed and dated by the person making the entry. The entry must also include the source of the information.

The aims and objectives of the home reinforce the importance of treating residents with respect and dignity and staff were observed to treat residents with respect and were seen to be very gentle when undertaking moving and handling tasks. However, the registered providers have recently installed CCTV cameras in some communal areas of the home including the main lounge and corridors. In discussion with the registered provider it is apparent that the

installation of these cameras was seen to be providing an element of 'assisted technology', but this form of technology is not acceptable in residential care homes. In line with National Minimum Standard 19.6, the use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of service users. Following discussion with the registered provider, the cameras in the communal areas have been switched off. The use of CCTV within the home is contrary to the aims and objectives of the home as stated in the Statement of Purpose. Residents living in the home must feel confident that their right to privacy is being upheld and the use of such equipment must not intrude on their daily lives.

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

The lifestyle within the home matches the expectations and preferences of residents. The attitude and practice of the service and that of the staff working in the home, promote opportunities for residents to remain independent, exercise choice and express their wishes and needs.

The nutritional needs of residents are well considered so that food and meal times are seen as being important for all residents.

EVIDENCE:

The home employs a part time activity co-ordinator and she is viewed as a valued member of the staff team. There is a general programme of activities available for all residents and regular visits by professional entertainers. There is a variety of small and large group activities and the activity co-ordinator takes into account the needs, preferences, expectations and capabilities of all residents in the home by arranging activities suited to individual's interests. Quizzes and bingo are very popular as are the cooking sessions where residents are able to help prepare cakes and home made soups. Relatives and friends are encouraged and welcomed to be involved in special events in the home

such as the well established annual Summer Garden and Christmas parties, so that residents are able to maintain contact with their family and friends. The activity co-ordinator maintains an individual recording sheet for each resident, which details their hobbies/ interests, and level of participation and interest in the particular activity they are involved in.

The inspector observed members of staff allowing time for residents to express their wishes and supporting individuals to make choices in their daily lives, for example choosing a drink, newspaper, or where they wishes to eat their meal.

The serving of the lunchtime meal was observed and provided residents with an appealing and nutritious meal. Residents can choose to eat in the lounge/ dining room or in their rooms. Staff were seen to offer assistance where necessary and this was done discreetly and individually. Pureed meals were presented in an attractive and appealing manner and residents who required assistance were not hurried. The cook supervises the serving of the lunchtime meal as this enables her to supervise the provision of food to residents and receive their feedback/ comments.

A visit was made to the kitchen and the inspector discussed the storage and preparation of food and menus with the assistant cook. She was aware of those residents requiring special diets and appeared very much aware of individual's preferences. The following was noted and discussed with the deputy manager:

- The base of the liquidiser is cracked and needs replacing.
- The tiled floor and walls require deep cleaning. When completed this must continue at regular intervals as the kitchen staff are only able undertake superficial cleaning of these areas.

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):

Standards 16 & 18

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

The manager and staff make every effort to sort out problems and concerns. However, the information in the complaints policy/ procedure must be amended to provide residents and relatives with the appropriate information and ensure that their complaints are dealt with promptly, effectively and to their satisfaction.

EVIDENCE:

The home has a complaints policy/ procedure and the records indicate the number of complaints received and includes details of the investigation, any action taken and the outcome for the complainant. The policy states "telephone complaints should be followed up by a written complaint". Not all complainants would have the capacity or wish to follow up a verbal complaint in writing. However, in discussion with the deputy manager and from viewing the complaints record it is apparent that all complaints are taken seriously and residents and relatives can feel confident that their complaints and concerns are listened to and acted upon, regardless of how they are communicated to the home. The registered providers may wish to amend the policy accordingly to reflect current practice. The information contained in the policy must also be amended/updated to include information for referring a complaint to the Commission for Social Care Inspection (CSCI), at any stage should the complainant wish to do so; and include the correct details for contacting the local Commission office.

There is an in house training programme for all staff in adult protection/ abuse awareness. Those staff spoken to during the inspection were aware of the action to be taken if they had concerns about the safety and welfare of residents.

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, 20, 24 & 26

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

The overall atmosphere in the home is very welcoming with access to indoor and outdoor communal facilities. The environment is well maintained and provides residents with clean, comfortable and pleasant surroundings in which to live.

EVIDENCE:

The building was toured by the inspector, accompanied by the deputy manager, at the start of the visit, and all areas were visited again, unaccompanied, later during the day. Some bedrooms were seen either by invitation of the resident, or with permission, whilst others were seen because the doors were open or being cleaned. There were no offensive odours and the home was clean and tidy. The standard of the décor, furnishings and fittings

are being maintained to a good standard. All of the bedrooms seen were very personalised and were representative of the occupant's interests.

The use of CCTV in the lounge and communal areas has already been commented on earlier in this report.

The laundry area was visited and this was found to be clean, with soiled articles, clothing and foul linen being appropriately stored, pending washing. Laundry staff were aware of health and safety regulations with regard to handling and storage of chemicals. Personal Protective Equipment (PPE) such as clothing, goggles and gloves were available and in use.

Comments have been made earlier in this report regarding the deep cleaning of the kitchen floor.

Hand washing facilities are prominently sited and staff were observed to be practising an adequate standard of hand hygiene.

Adaptations and equipment are in situ which are capable of meeting the needs of all residents. Call alarm systems are provided and were accessible and within reach of residents whilst in their rooms.

During the tour of the building it was noted that some rooms have magnetic closures fitted and others do not. Several doors were seen to be wedged open. It is a requirement that the registered providers make contact with the local fire authority and consult with them in regard to the issue of fitting door guards/ magnetic closures to all rooms and ensure that the home is complying with fire regulations.

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

Staffing levels are satisfactory and there is sufficient staff on duty to meet the individual assessed needs of the residents.

The procedures for the recruitment of staff are robust and provide safeguards for people living in the home.

Residents benefit from a committed staff team who have the skills and training to meet their needs.

EVIDENCE:

Staff rotas were inspected and the staffing levels and skill mix of qualified nurses and care staff was sufficient to meet the assessed nursing and personal care needs of residents. The duty rota must include the first name, surname and designation of all members of staff. Care workers were being effectively deployed to ensure that residents choosing, or needing to remain in their bedrooms were being cared for appropriately.

The home has a relatively stable staff team and effective team working was observed and evidenced throughout the inspection. Staff interacted well, both with each other and residents.

A random sample of the personnel files of the most recently recruited staff were inspected and these were found to be in good order with necessary references, Criminal Records Bureau disclosures, and application forms duly completed. It was evident that the recruitment procedures are robust and in accordance with the Care Homes Regulations.

In discussion with the deputy manager, staff and examination of training records it was evident that nurses and care staff have undertaken a wide variety of training. Staff had received training in essential areas such as moving and handling, health and safety, fire safety and infection control. Staff have also received training specific to the care of individuals, for example with palliative care needs and dementia. The pre-inspection questionnaire completed by the manager stated that 75% of care staff are qualified to NVQ level 2 or above. This demonstrates a very positive commitment to training from both the organisation and the care staff.

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, 32, 33, 35, 36 & 38

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

The manager of the home is a well qualified and experienced person and residents benefit as the home is run in their best interests.

EVIDENCE:

All staff spoken to throughout the visit, both care and ancillary staff, spoke very positively about how well supported they felt by the manager and her deputy. Mrs Hope has an open and inclusive style of management and staff feel valued. She is very resident focused and works in partnership with the family of residents and professionals involved in their care.

The responsible individual undertakes monthly Regulation 26 visits to the home and a copy of the report is sent to the Commission. However, the report

of such visits is recorded on a one page pro-forma document and does not provide the Commission or the registered manager with comprehensive information about the quality of care being provided to people living in the home. Such monthly visits must be conducted so as to check on the quality of care being provided, ensuring that care is delivered in accordance with the individual care plans and wishes of residents; inspect the premises of the care home; and its record of events.

Currently the manager does not act as an appointed agent for any resident. Residents' financial affairs are managed by their relatives/ representatives. The manager has responsibility for the personal allowances of a small number of residents and secure facilities are provided for their safekeeping, with records being maintained.

A wide range of records were looked at including fire safety, accident/ incident reports, lift and hoist maintenance, water temperature checks and portable appliance testing (PAT). These were found to be detailed, up to date and accurate. Of particular note were the fire safety records, which were found to be very detailed. These records are maintained by one of the care staff that has undertaken the appropriate training and is the designated fire marshall for the home.

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	3
2	X
3	3
4	X
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	2
11	3

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	2
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	3
21	X
22	X
23	X
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	2
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
1	OP9	13	All hand written entries on Medication Administration Records (MAR) charts must be signed and dated by the person making the entry and include the source of the information.	21/11/06
2	OP10 OP19	12 (4) (a)	The registered providers must ensure that the use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of service users.	21/11/06
3	OP16	22	The registered providers must amend/update the information in the complaints policy to include the correct details for contacting the local Commission office.	31/12/06
4	OP19	23	The registered providers must make suitable arrangements for deep/ steam cleaning of the floor and walls in the main kitchen. When completed this must continue at regular intervals.	31/01/07
5	OP19	23	The registered providers must consult with the local fire authority in regard to the fitting of door guards/ magnetic closures to all bedrooms.	31/01/07
6	OP27	17	The registered providers must	31/12/07

			ensure that the duty rota records the full name of each member of staff.	
7	OP33	26	The registered providers must ensure that the reports of Regulation 26 visits are more comprehensive and include information about the quality of care being provided to people living in the home.	31/01/07

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

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