



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	St Bernard`s Residential Care Home Ltd
Address:	76 St Bernard`s Road Olton Solihull West Midlands B92 7BP

The quality rating for this care home is:

one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Sue Scully	2 1 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.csci.org.uk

Information about the care home

Name of care home:	St Bernard`s Residential Care Home Ltd
Address:	76 St Bernard`s Road Olton Solihull West Midlands B92 7BP
Telephone number:	01217080177
Fax number:	01217076434
Email address:	info@stbernardscare.co.uk
Provider web address:	

Name of registered provider(s):	St Bernard`s Residential Care Home Limited
Type of registration:	care home
Number of places registered:	39

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	39
Additional conditions:		
The maximum number of service users to be accommodated is 39.		
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age not falling within any other category (OP) 39		

Date of last inspection								
Brief description of the care home								
<p>St Bernards provides 24 care support for people who are 65 years or older. It is situated in a residential area in Solihull. The house is approached via a private driveway with off road parking to the front, and extensive landscape gardens to the rear providing beautiful views from all aspects of the property.</p> <p>The house retains many of its original and elegant features, which people living in the home are particularly pleased with. Bedrooms have en-suite facilities, there are assisted bathrooms,two laundry rooms two dining areas, and two conservatories with beautiful views to the rear landscaped gardens.</p>								

Brief description of the care home

A recent extension to the side of the main house has enhanced the home further, this has increased the number of people the home can accommodate to 39.

The current charge for living at the home start at £500:00 per week depending on the size of the room.

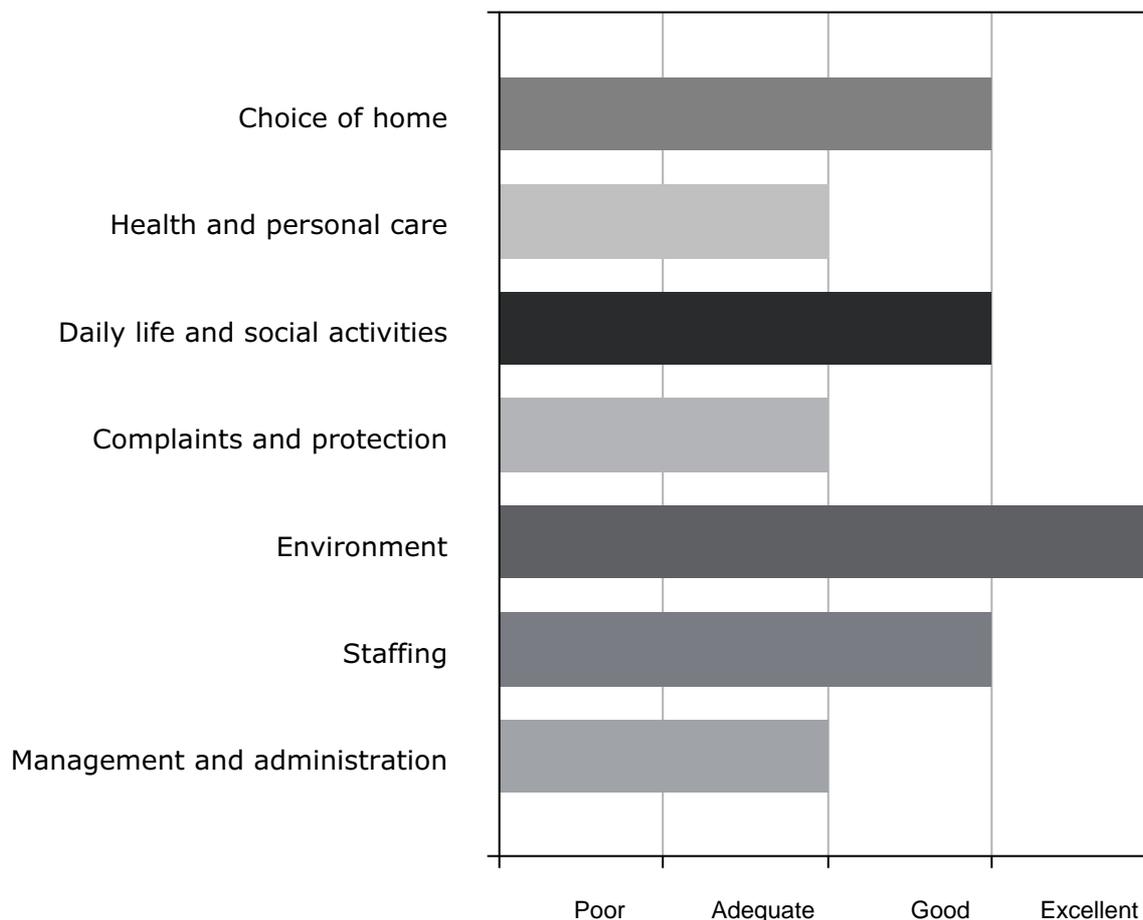
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections undertaken by the Commission for Social Care Inspection (CSCI) is upon outcomes for the people who use the service and their views of the service provided. This means they can tell us if the home is meeting their needs, if the home is flexible and suits their life style, and if the home enables them to maintain their independence.

We also assess the homes capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development.

As part of the inspection process three people were case tracked, this involves

establishing individuals experiences of the service provided or observing practices of individual staff and how they have been trained to deliver a service that promotes the persons well being and choices. We also discuss people's care and look at care files focusing on outcomes for people. Case tracking can help us understand the experiences of people who use the service.

In addition to this, information is looked at during the inspection such as policy's and procedures, and the general operation of the home in relation to meeting people's needs. We also contact other professionals involved with the home such as contract monitoring officers for their views of the service provided.

The inspection was completed by two inspectors over one day , the home did not know we were coming.

during the visit we spoke with the people who live in the home observed practices and spoke with the manager and the owner. We sent questionnaire to the people living in the home before the inspection and used the information from the comments received as part of our inspection. The home manager completed a Annual Quality Assurance Assessment before we visited the service which provides information about what the service does well what has improved and what they intend to improve in the future.

What the care home does well:

Staffing levels in the home are good and this ensures that the home can meet people's needs.

The medicine management in the home is good and there are auditing systems in place to ensure people living in the home receive their medication safely.

A range of equipment is provided in the home such as aids and adaptations to the communal areas and bedrooms so people can be as independent as possible.

A range of activities are provided for people living in the home to attend if they choose.

A well balanced and nutritious diet is provided with an extensive choice. The dining facilities are of a high standard, and staff have a good understanding of individual likes and dislikes.

The recruitment procedures ensure all the relevant checks are completed to safeguard people living in the home.

What has improved since the last inspection?

The home has been decorated throughout and has been extended to the side of the original house. The gardens are well maintained and extend to the rear of the property. The home is furnished to a high standard.

What they could do better:

The care plans need further development to ensure the staff have the information to provide support and care on an individual basis.

Risk management plans need to be put in place for any identified risks to the individual.

Manual handling needs to be monitored to ensure the people living in the home are transferred safely and in line with current legislation.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The information that is provided to people enables them to make a decision as to whether to move into the home.

The home completes an assessment before a persons moves into the home to ensure the service can meets the person needs.

Evidence:

The service user guide for the home was available and had been updated. The document included the majority of the information that would be needed by anyone wanting to move into the home. The service user guide included information about what the person could expect how they would be supported and gave information about the fees that would be payable the accommodation, and the qualifications of the staff team.

Evidence:

When a referral is made by the social work team an assessment of the persons needs and what they would require is given to the home. The home then complete their own assessment to see if they can meet the persons needs. The home then encourages the person to visit the home to meet staff and other people living there, this also gives the person the opportunity to see their bedroom. The staff will explain the day to day operation of the home, what activities are available and answer any other questions the person may have before a decision is made.

The senior team of the home meet after the initial assessment to discuss any issues or concerns that has been raised during their visit to the home. Intermediate care is not provided at the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People cannot be sure that all their needs will be met as the management for care planning including the management of risks are lacking all the information.

Evidence:

We looked at the care plans of people living in the home. The care plans should show us what peoples' needs are. For example what people need to support them, such as assistance with their personal care, assistance with their mobility, and the risks involved while supporting people such as manual handling. The care plans also inform staff of the person's medical condition, physical strengths and weaknesses so staff are aware of what may prevent the person doing things for themselves.

We chose three care plans to look at in depth to see if the home was meeting peoples' needs in a way they choose. While there was good information about peoples' needs we were unable to case track to see if all their needs were being met. For example, the service use a book called assessment for good care planning this contains information about the persons history, social and leisure activities, physical health,

Evidence:

mental health, and nutrition. Their needs and preferences along with other information about the person is included.

The book about are also contains what is called an action plan of what the staff are to do for that person. For example, maintain independence, encourage to join in activities continue with one to one sessions. The information was not expanded to tell staff how these needs were to be met.

The information in one file showed us that the person had a mental health assessment scoring 12, but there was no information to say what this meant or what staff should be doing for the individual. The person's behavior was said to be physical aggression, verbal aggression and hoards things, there was no information to say how staff were to manage these behaviours.

A book about care stated a person had a score of 26 for pressure care but again did not say what staff should do to minimise the risk of pressure sores. The booklet continued to say the person had short term memory loss, but did not say how this affected the person when staff provided care.

The persons health and hygiene assessment guided staff to support the person with oral hygiene, but did not say if the person wore dentures, have their own teeth or if they preferred a bath or shower. Throughout the book the service had identified different scores for areas, but did not continue with what support was necessary from staff to reduce the score. The review of the book about the person care said no changes.

Another book about the persons care under section physical health said that the risk was very heavy and had scored 23 but did not detail what this meant. The manual handling assessment said the person used a hoist when transferring. There was no risks assessments for when staff used the hoist. The dependences level for this person scored 67, very heavy, but did not say what this meant.

The health action plans for people where staff recorded information about doctor visits and other health care professionals contained good information about the outcome of the visit and what staff should do. Records showed that where appropriate a range of health professionals are involved in the care of individuals to ensure their health needs are met. Records showed that people have regular check ups with the optician, dentist and chiropodist where appropriate. Each person has an annual health check at their GP practice to ensure their health needs are being met and any health needs are identified so they can be treated.

Evidence:

Daily records were repetitive and did not identify how peoples' needs were being met on a daily basis. For example, "slept well all care given" "All care needs met".

When we spoke with the people living in the home we were told about the care they received, for example one person said . "The staff bend over backwards to help you, they are very nice and will do anything you ask". and another said "Where else would you get a service like this".

It was clear that peoples' needs were being met from observations made during the visit and by speaking to the people using the service. We also sent questionnaire's to people before the inspection and comments were very positive. For example a relative said "My mother receives excellent care and support at all times". "I am very satisfied with the care in the home".

Observations of the staff interactions with the people living in the home was good, staff were seen to ask people what they wanted, were polite and waited for a response giving the person time.

Medication management ensured people receive their medication safely. Medication administration records showed us that staff ensure these are completed correctly and cross reference with prescriptions. The service ensures all medication coming into the home and any returned to the pharmacy are recorded this enables the home to keep adequate audits. On each medication administration record there is a clear statement of any allergies that the person may have which assists the service if it is not the persons own doctor prescribing new medication.

Since the inspection the manger of the home has commenced reviewing the care plans and the risk assessments. These will be assessed at the next inspection.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There were good arrangements in place to ensure the people living in the home experienced meaningful lives. The people living in the home were very satisfied with the catering arrangements at the home.

Evidence:

The home employs separate staff who help people with activities. this helps to ensure there are enough staff around to help with peoples needs. The activity coordinator is employed for 24 hours per week and oversees the other activity workers as part of the activity facilities, which include trips, craft classes, one to one sessions with the people living in the home, music sessions, art, minibus trips, pub grub lunches, comedy evening's burns night shopping and games. In each persons bedroom is a copy of the activities for each week so they can choose whic ones they wish to join in with.

The home have purchased a mini bus so the people living in the home can go out into the community more and enjoy social activities. Family and friends are welcome to join in activities and are encouraged to visit their relatives regularly.

Evidence:

Observations made during the inspection showed us that the people living in the home make choices and are given the opportunity to make decisions about the care they receive and participate in activities in the home and local community. The daily records of peoples activities lets the service down as they are not completed in detail, for example one to one sessions do not say what the person has done, how long it lasted and what the person thought of the activity.

Meals are taken in a very attractive dining area, one person described it as a plush hotel. The dining area is well equipped and tables are laid out to a very high standard. The service does not provide the meals instead they have employed a catering firm that takes full responsibility and have there own staff. This has proved to be very successful.

The people living in the home are consulted about the menus, and how they would like their food prepared. The manager assists the catering firm by ensuring they have the information about peoples' special diets, any aids that are used, medical condition and preferences. The people living in the home said they could have what they wanted, have a glass of sherry with their meals and if they did not like what was on the menu could always have an alternative. People are asked every day what they would like to eat. There is plenty of fresh fruit and vegetables available and the presentation of the food was very good. Meals are varied and well balanced.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints are handled objectively and the people living in the home are confident that their concerns will be listened to and acted upon.

The arrangements for manual handling fail to ensure safe practices.

Evidence:

The home has a complaint procedure displayed in large print for people to see when entering the home. People spoken to said they would inform the staff if they had any concerns or worries. The complaints log and procedure were looked at during the inspection. There had been one complaint in 2007 and one in 2008 both complaints had been investigated thoroughly and resolved.

The home also has a policy and procedure in place for the protection of vulnerable adults from abuse. Training records confirmed that staff have received training in safeguarding adults. Staff spoken to were able to identify what they would do in the event of an allegation of abuse being made and who they would contact.

The financial arrangements for people living in the home who are unable to deal with their own finances are either looked after by a solicitor, family or appointee. The home does not look after any person's money. When people require the hairdresser, chiropody, or any other personal items the home invoices the responsible person. This

Evidence:

enables the home to have clear audits of any financial arrangement the individual has and protected them.

It was very concerning that during the inspection the inspectors witnessed unsafe practice by two members of the staff. When transferring a person from a wheel chair to a chair in the lounge, both staff lifted the person from the wheel chair into the lounge chair by placing their arms under the person's arms without the person's weight bearing using a swinging technique. This is very poor practice and could result in either or both the person being moved and staff being injured. It was also noted throughout the day when staff were assisting people in wheel chairs that foot plates were not always used. This was brought to the attention of the manager immediately who took action by speaking with the staff members and told us further action would be taken.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is clean, safe, comfortable, well maintained and provides the people with a very high standard of accommodation..

Evidence:

The service ensures people living in the home are involved with choosing, curtains carpets decor etc., especially their own rooms which are very personalised. The home has recently undergone major refurbishment, carpeting throughout, all lounges stairs and corridors. New furniture has been purchased for lounges and conservatories making them a pleasant and comfortable environment. The new extension is well equipped with exceptional decor and bedrooms are furnished to a very high standard. Each bedroom is very different in style and focuses on people's personality and choice. A new dining room has been created, and furnished to an exceptionally high standard. The staff room has also been modernized providing staff with lockers for their own personal use, suitable seating and tables for tea breaks and lunch breaks.

The facilities available to people living in the home are excellent and included a well equipped laundry areas, aids and adaptation for people with disabilities, activities facilities, five individual lounges, two conservatories and dining areas.

Evidence:

The home has an infection control policy that ensure cross infection is kept to the minimum.

COSHH products are kept in a locked cupboard and data sheets are available for any accidental spillages. The home is clean throughout.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Training records demonstrate staff have received training in areas that will enable them to care for people safely, however what they have learnt must be put into practice at all times.

Staff recruitment and selection procedures ensure that only those individuals deemed to be suitable are employed.

Evidence:

The staffing levels ensure people have the support they require to enable them to remain as independent as possible. Training records were reviewed and demonstrate that staff have attended various training courses such as infection control, moving and handling, health and safety, medication, first aid and hold a qualification of NVQ 2 or above.

It was concerning that staff has received training in manual handling but continue to practice unsafely when transferring people from one chair to another as cited earlier in the report.

Three staff files were reviewed to show whether the recruitment and ongoing training processes at the home are satisfactory. All required documentation was in place to

Evidence:

demonstrate that appropriate pre-employment checks are undertaken. All staff have a criminal records bureau and protection of vulnerable adults check and a full induction in line with the Skills for Care specification.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Overall there are systems in place that ensure the home is well managed for the benefit of the people living there. People can be assured that they live in a well run home where the manager and provider are committed to making the necessary improvements.

Evidence:

The manager has the necessary skills and is qualified to run the home in the best interest of the people living there. We discussed with the manager the areas identified during the inspection that require further development, she was receptive to the comments we made and committed to address matter that needs attention.

The manager has knowledge of the needs of the people living in the home and is dedicated to meeting these needs. However the manager must ensure she supervises staff to ensure any delegated tasks are completed safely.

Evidence:

The service does not hold any finances for the people living in the home. Various records were looked at to show whether health and safety documentation is kept up to date. Fire service and test records were all up to date and in good order, lift service records, portable appliance test records and water disinfection records were all in good order and up to date.

The management ensures the people living in the home are consulted regularly, about their choices, how the care is being provided, what could be improved and general consultation about the running of the home. The manager seldom holds large resident meetings as the manager feels this is not appropriate for the people who live in the home

Regular senior management meeting take place monthly where they discuss issues that may affect the running of the home or people who live there.

Staff meetings are not frequent and information is normally shared from the meetings of the management team. The manager stated that information is passed from senior care staff to the care worker at each shift change.

Risk assessments require more details to ensure people are not placed at risk of harm when staff carry out personal care tasks. Where risks to the individual have been identified the manager must ensure management plans are put in place.

The care plans need further development to show how people's needs are being met. Daily records need to identify how staff are supporting and meeting people's needs on a daily basis.

The manager must ensure regular observations are made to ensure when staff have received training what has been learnt is put into practice, this will ensure the people living in the home are cared for safely.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>Individual needs of the people living in the home must be set out in a plan of care that details the action which needs to be taken by staff.</p> <p>This will ensure The people living in the home receive person centered planning.</p>	29/05/2009
2	8	13	<p>Where people are identified as at risk of developing pressure sores a management plan must be in place to show how this is managed.</p> <p>This will ensure appropriate intervention is actioned.</p>	27/03/2009
3	18	13	<p>Foot plates on wheel chairs must be used at all times when transporting people unless a management plan is in place where the person has asked for them no to be used.</p>	01/03/2009

			This will help prevent injury to the individual.	
4	18	13	The staff must use the training they have received in manual handling. This will ensure people are moved safely.	18/03/2009
5	18	13	Manual handling risk assessments must clearly detail any handling methods to be used, and monitored to ensure safe working practices at all times. This will ensure people are cared for safely and all manual handling management plan are in place.	18/03/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	7	The manager should sample the daily records from time to time to ensure appropriate and accurate information is recorded and reflects the care that being provided as per the person care plan.
2	12	The manager should ensure the activity records explain the activity taking place when people have on to one sessions.This will help the staff to identify what activity the person enjoyed and arrange the same activity again.
3	28	The manager should review at intervals how the training staff have received is being put into practice. This will ensure staff are updated as required.
4	31	It is recommended that staff meetings are held more frequently to ensure that all information is passed to the care workers to ensure continuity of care practice.

Helpline:

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

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.