



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Alexandra Rose Residential Care Home
<b>Address:</b>	358 Havant Road Farlington Portsmouth Hampshire PO6 1NE

The quality rating for this care home is:

three star excellent 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.

<b>Lead inspector:</b>	<b>Date:</b>
Mick Gough	2   8   0   4   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](http://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](http://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	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Alexandra Rose Residential Care Home
Address:	358 Havant Road Farlington Portsmouth Hampshire PO6 1NE
Telephone number:	02392382944
Fax number:	02392352352
Email address:	enquiries@alexandra-rose.co.uk
Provider web address:	

Name of registered provider(s):	Riva Limited
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	32	0
old age, not falling within any other category	0	32
Additional conditions:		
The maximum number of service users to be accommodated is 32		
The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Dementia (DE) Old age, not falling within any other category (OP)		

Date of last inspection								
-------------------------	--	--	--	--	--	--	--	--

Brief description of the care home
Alexandra Rose Care Home is a residential home that is registered to accommodate 32 service users over the age of 65 years. The home is situated in the Farlington area of Portsmouth and is close to shops and transport links to the city of Portsmouth. The home fits well into its residential surroundings. The building is set out over two floors and has a shaft lift to enable service users access to the first floor. Fees at the home range from pounds 450 to pounds 655 per week and this is dependant on the type of accommodation and the level of support required, full details of current fees are available from the home. Service users are responsible for paying for their own

Brief description of the care home

toiletries, hairdressing, chiropody and items of a personal or luxury nature.

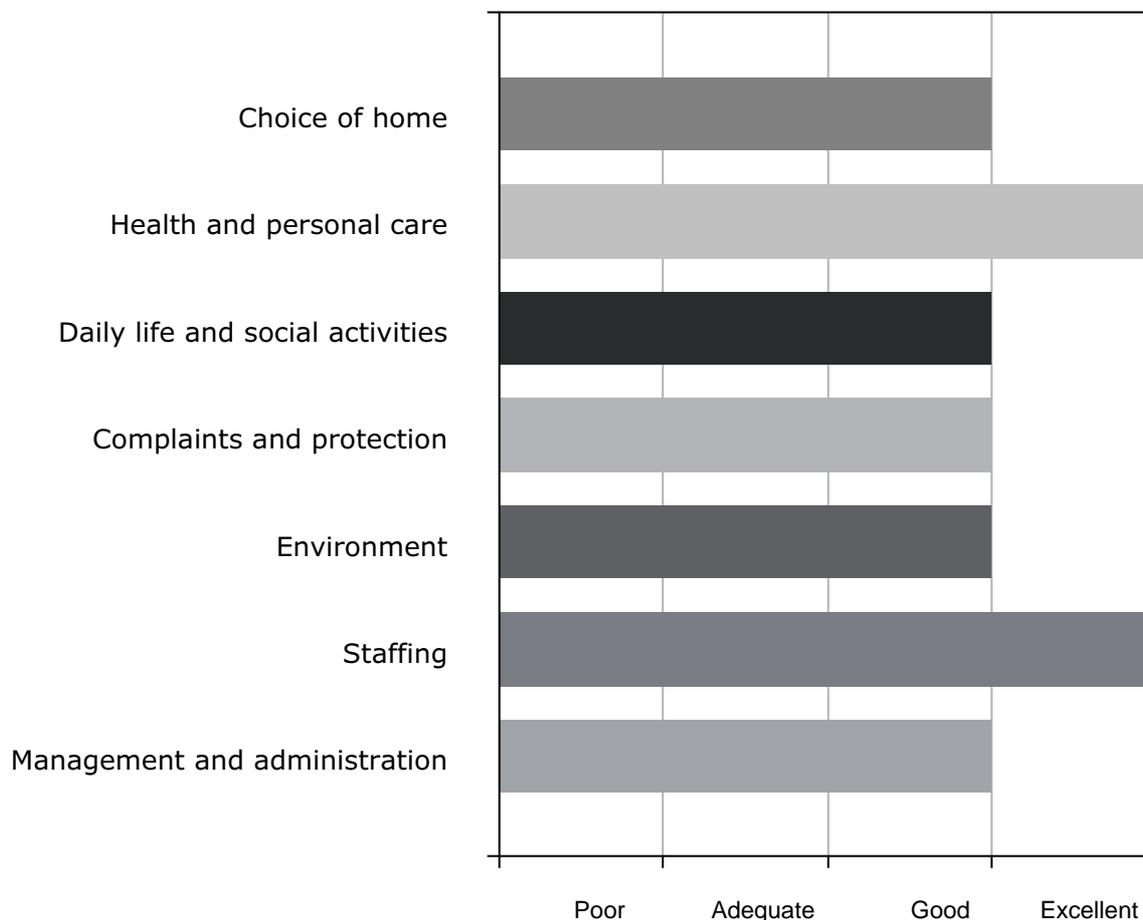
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

This report represents a review of all the evidence and information gathered about the service since the last key inspection, which was carried out on the 9 May 2007, we also conducted an Annual Service Review in May 2008. Included in the inspection was an unannounced site visit to the home, which took place on the 28 April 2009.

Evidence for this report was obtained from reading and inspecting records, touring the home and from observing the interaction between staff and residents. We sent out surveys to interested parties to see how the home was meeting the needs of residents and we received completed surveys back from 12 members of staff, 2 health care professionals, 2 care managers, 2 relatives and 16 users of the service. All responses to our surveys were positive about the care and support provided by the home.

During our visit it was also possible to gain the views of people living at the home and we had the opportunity to speak with 2 visitors to the home, 9 residents, 4 members of staff and by speaking with the homes manager, who assisted the inspector throughout the visit.

The home is registered to provide accommodation and support for up to 32 residents and at the time of the inspection there were 30 people living at the home.

### **What the care home does well:**

The home provides a friendly and welcoming environment and those residents spoken to were very happy at the home.

Comments received from service users were; its very nice here; they look after me well; I cannot fault the staff; I have everything I need and the staff are wonderful.

Relatives spoken with said that they were always made welcome and that they were very happy with the care their relatives received at the home.

Residents are given choice in their day to day lives as much as possible with appropriate support provided by staff at the home.

There is an effective care planning system in place and each resident has a key worker who assists individuals to be involved as much as possible in this process.

The staff were observed to be interacting well with the residents and were noted to be good humoured and sensitive to their needs.

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

Since the last inspection the homes care planning system has been improved and this provides staff with all the information they need to enable them to provide the support residents want in the way they prefer.

The home has purchased 2 new industrial washing machines, 3 new fridges and a new oven.

More specialist equipment has been purchased such as a stand aid and a new profile bed.

More staff have been employed to enable cover for sickness and holidays.

A major refurbishment of the home took place 2 and a half years ago and since the last visit to the home a bathroom has been refurbished and made into a shower room which has proved to be beneficial for residents. Also some of the rooms have been re-decorated and new carpets have been laid in some areas of the home.

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

There were no requirements or recommendations as a result of this inspection.

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.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.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.

Any new residents have a needs assessment undertaken prior to moving into the home this allows both the home and the resident to see if the home can meet their needs.

Evidence:

Residents have their needs assessed before they move into the home. The manager or her deputy carries out a full assessment of prospective new residents to ensure that their needs can be met. This is done using an assessment form, which includes information on; mobility, communication, recreational needs, medical history, sight, hearing, continence, religious & cultural needs, dietary needs, family involvement, history of falls, likes and dislikes, health and personal care needs and any particular needs. The home also obtains Social service assessments if appropriate.

Potential new residents are able to visit the home prior to moving in and then the

Evidence:

home and resident can make a decision on whether the home can meet their needs. The needs identified during the assessment form the basis for the care plans that are written when the resident moves into the home.

The manager told us that there is a full assessment of peoples needs before they move in and the homes completed AQAA and the case tracking of 4 service users provided evidence that needs assessments were in place and on file, and relatives and residents spoken to confirmed that someone from the home assessed their needs before they moved in.

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

Residents health, personal and social care needs are set out in a plan of care and these give staff the information they need to provide the support that residents need and in the way they prefer. Medication procedures in the home protect service users and they are treated with dignity and respect and their right to privacy is upheld.

Evidence:

We viewed care plans for 4 residents and the care plans had information on communication, behaviour, personal hygiene, dressing and undressing, nutritional assessment, sleep patterns, continence, risks, eating and drinking, medication, recreation and leisure, pressure areas and skin viability, weight chart and emotional well being. There were also social profiles included in the care plans, which gave information such as times of getting up and going to bed, preferences regarding the number of pillows used, preferences for meals and whether residents preferred the door to their room to be open or closed during the day and at night.

The care plans seen were comprehensive documents and these gave information on

## Evidence:

the support that residents needed and also information for staff on how support should be given, staff spoken to said that the new care plans gave much better information than those previously used in the home and felt that they were good working documents.

Care plans contained risks assessments and these gave information for staff on the identified risk and information on how identified risks could be minimised. The manager said that residents and families were involved in the compilation of care plans and relatives and residents we spoke with confirmed this.

Recording on care plans were made at the end of each shift and records were clear and provided evidence of care delivery. There was regular reviews for each service user each month and where the needs of the service user had changed there was information on the care plan about what the changes were and this was pointed out to staff at handover and also recorded in the review section of the care plan, however the reviews for those service users whose care needs had not changed were just signatures and dates and they would benefit from information on how the care plans was working for the individual.

The manager said that she had delegated monthly reviews to senior carers or her deputy and told us that relatives and residents are involved in these reviews. The relative of one service user told us that they were kept informed if there were any changes to their relatives plans of care and they told us that they felt that the care plans provided good information about the needs of their relatives.

Service users at the home are registered with a four different local GP surgeries and have different GPs, the manager stated that there was a good relationship with the GPs who visit the home when required and resident may keep their own GP if they wish. The manager stated that home can arrange for a dentist to visit if necessary through the local health centre and a visiting optician provides eye care. The home has a visiting chiropodist who calls every 6 to 8 weeks, there is a community nurse service who call at the home when required and access to other healthcare professionals is through GP referral. Each resident has health forms in their plan of care which details information on any health care visits or appointments.

The home has changed its medication provider to a new pharmacist and uses a monitored dose system. The home has a medication policy and procedure and this was seen on the day of the visit and was a comprehensive document and included information for receipt, recording, storage, disposal and administration of medication. All staff who are authorised to administer medication have received appropriate training and staff spoken with confirmed that this training had taken place. Medication

Evidence:

administration records were inspected and these were all up to date and accurate. The home keeps controlled drugs for two residents and these were stored appropriately and there was a controlled drugs register and 2 staff signed records. At present there are no residents in the home who self medicate.

Staff were seen to behave appropriately with residents and we observed staff interacting with service users and using service users preferred form of address. Staff were seen to knock on service users doors before entering and service users spoken to confirmed that staff treat them with dignity and respect. Comments from residents were very positive about the staff and included; the staff are wonderful; they are always smiling and cheerful; they can not do enough for you and they are so kind and caring.

## 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.

The home provides a range of activities for residents, which meet their expectations and their religious and recreational interests are provided for. Residents are able to maintain contact with family and friends and visitors are welcome at any time. Residents are supported to exercise choice and control over their lives as much as possible and they are provided with a balanced diet in pleasant surroundings at time convenient to them.

Evidence:

The home employs a range of visiting entertainers who come into the home on a regular basis, entertainers include, a saxophone player, pianist, organist, comedian, local DJ and a singer. Other activities are provided such as arts and crafts, physical movement, skittles, reminiscence, bingo, board games, manicures, massage and karaoke.

Residents who we spoke with told us that there was always a range of different activities going on, those residents who completed surveys all told us that activities were good. One resident who was moving out of the home told us that she would definitely be coming back to see everyone at the next karaoke night. We were told

## Evidence:

that families and friends are involved in activities and this was confirmed by those people we were able to speak to. Although the home did not have a dedicated activities co-ordinator, one member of staff arranges activities 2 days per week and she is employed to do this outside of her caring duties. The home keeps an activities book which records what activities have taken place and also who has taken part, there were a number of photographs around the home which showed residents involved in a range of activities. The manager told us that in the summer months afternoon tea is organised in the garden and families are always welcome to attend.

There is a church service at the home every 6 weeks and the relative of one service user is arranging for her to visit the local church each Sunday. Activities at the home are displayed on the notice board and Staff go around and encourage residents to take part.

The home has a clear visitors policy and there are no set times, visitors sign in at the home and the visitors book is kept in the hallway, Service users spoken to said that their visitors were always made welcome and we had the opportunity to speak with two visitors to the home who confirmed that visiting times were flexible and they told us that they had never experienced any restrictions.

Residents were observed to be free to choose where and how they spent their time and there were no restrictions imposed upon them. The inspector observed staff supporting service users and they were consulted about life in the home as much as possible, service users spoken to confirmed that they are able to make informed choices and they said that they were consulted regularly and felt that staff at the home respected their views. The majority of service users had bought some of their own possessions into the home and rooms had been personalised. Residents receive their mail unopened and staff were on hand to provide support if required.

The home operates a four week rolling menu which is changed regularly. The manager said that she regularly consults with residents to get their views on meals and the menu takes residents likes and dislikes into consideration. Residents spoken to were very happy with the food provided by the home and stated that the food was plentiful and good, We spoke to the cook who told us that each resident had their own preference card for breakfast and the main meal of the day was at lunch time. Staff go round and inform residents each morning what is on for lunch and if the choice is not to the residents liking then an alternative meal would be provided. Residents are encouraged to eat their meals in the dining room but they can eat elsewhere if they prefer. Supper is normally a snack type meal and the kitchen is open 24 hours a day and residents can request a snack at any time and staff will make this for them. The home had an inspection from the environmental health team in January and was

Evidence:

assessed as Excellent.

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

There is a simple, clear and accessible complaints procedure, which includes timescales for the process and any complaints are logged and responded to appropriately. The homes policies and procedures protect service users from any form of abuse.

Evidence:

The home has a clear complaints procedure which contains all of the required information and residents spoken to were confident about raising any concerns they may have and stated that they would address any complaint they may have to a staff member or to the homes manager. We spoke to 2 relatives who confirmed that they had been given a copy of the homes complaints procedure and told us that they were confident that any concerns or complaints would be dealt with quickly. Staff members spoken to were aware of the complaints procedure and said that they would support any service user to make a complaint if they wished to do so. The completed AQAA told us that since the last inspection there had been no complaints made to the home and this was confirmed by the manager.

Staff at the home have received training on adult protection and the home has a whistle blowing policy and also a copy of the Hampshire Adult Protection procedure. Staff spoken to including the home manager were aware of their responsibilities in this area and knew what to do should they suspect any form of abuse had taken place.

Evidence:

Residents spoken to said that they felt safe at the home.

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

Residents live in a safe, clean and homely environment that is maintained to a good level, however storage space at the home is limited and the home should look at ways to increase storage for wheelchairs and other aids and equipment when not in use. The home was pleasant and hygienic with no offensive odours.

Evidence:

We conducted a tour of the building and the home was clean and tidy with no offensive odours and residents rooms were homely and personalised. Relatives spoken with said that there was a nice atmosphere in the home and that it was always clean and tidy. The home employs a maintenance man who works flexibly and he is responsible for maintenance issues in the home. There is a log where any defects are recorded and these are signed off as they are repaired. As we were touring the home we noticed that some of the communal areas, as well as the summer house in the garden contained equipment that was not currently in use and the manager explained that storage was a problem and that she was working with the provider to try and arrange additional storage space for equipment when it was not in use.

The home has a laundry, which provides a full laundry service for residents and this is equipped with 2 industrial washing machines and 2 tumble driers. The home does not

Evidence:

employ staff to carry out laundry duties and any laundry is carried out by the care staff. Dirty laundry is placed in bags and is brought down to the laundry room. Any soiled laundry is placed in red sacks so that staff are aware of the contents. All areas of the home were clean and there were no offensive odours.

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

The home has a mix of staff that has a range of skills and there were sufficient numbers of staff on duty to meet the needs of service users. The homes recruitment policy and practice supports and protects service users. Staff morale was good and service users benefit from a stable staff team that has had sufficient training to meet the needs of service users

Evidence:

On the day of the visit we looked at the homes normal staffing levels and this showed that there are 5 staff on duty in the mornings, in the afternoon there are 4 staff on duty and at night there are 2 members of staff on duty who are awake throughout the night. These numbers are complemented by 2 cooks, 2 domestic staff, a maintenance man and also an administrator who works 3 days per week. The homes manager and also the responsible individual are also in the home 5 days per week and are in addition to the normal staff numbers. Staffing numbers were discussed with the manager and she stated that since she has been in post she has increased the staffing levels and felt that the staffing levels were sufficient. All residents spoken to said that they felt that staffing levels were sufficient and comments received included; the staff are very good; I get all the help I need; I am well looked after and they are wonderful and can not be faulted. Staff spoken to also said that they felt that staffing levels were sufficient.

## Evidence:

The home employs a total of 18 care staff and has 11 members of staff who have NVQ2 or above and have 5 members of staff currently undertaking NVQ qualification.

The home has a stable staff team and recruitment records were seen for 3 members of staff and the files seen contained all of the required information including; application form, 2 references, Criminal Record Bureau checks, birth certificate, contract of employment, passport and photograph. The completed AQAA told us that all new staff members have all the required information prior to commencing work and the records we saw on the day of the visit confirmed that the recruitment practices were robust.

We looked at training records and this showed that staff had received training in; first aid, Challenging behaviour, adult protection, health and safety, fire training, medication training, infection control, dementia awareness, food hygiene, blood sugar monitoring, coping with aggression, death, dying and bereavement, mental capacity act and deprivation of liberty as well as NVQ training. The home has skills for care induction booklets which staff have to complete in the first 6 weeks and foundation training booklets which need to be completed within 6 months. The manager has produced individual training matrix for each staff member and this gives details of the training undertaken, and also the date for refresher training. Staff members spoken to said that training at the home was very good and that they had received the training they needed to do their jobs effectively.

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

The manager provides effective management of the home and the home is run in the best interests of residents.

The financial interests of residents are protected by the homes policies and procedures and the health, safety and welfare of residents and staff are promoted and protected.

Evidence:

The manager is experienced and has been running the home for over 2 and a half years she has NVQ4 in care and has completed the Registered Managers Award. Residents spoken to had no concerns about the management of the home and comments received from relatives and from staff spoken with said that the manager was very approachable and provided good motivation and support for staff.

The home has a quality control system in place to monitor standards and the home receives regulation 26 visits. The manager carries out regular audits of care plans,

Evidence:

medication records and sends out surveys to relatives, health care professionals and service users. The results of surveys are collated and displayed on the notice board at the home. The manager said that residents meeting are periodically held and that there are regular staff meetings. Staff also consult residents on a one to one basis and staff feed back information to the manager.

The home does not manage any service users finances, however the administrator does keep some personal spending money for residents, the manager informed us that there are clear records kept of all transactions.

The home has a policy and procedure regarding any health and safety issues and there was a fire risk assessment for the building and the fire log book was inspected and all required recording and testing had been carried out. Certificates for the testing of equipment was available and these were all in date.

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
-----	----------	------------	-------------	----------------------

### 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
-----	-------------------	-------------------------------

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.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.