



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	52 Porthcawl Green
Address:	52 Porthcawl Green Tattenhoe Milton Keynes Buckinghamshire MK4 3AL

The quality rating for this care home is:

two star good 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:
Chris Sidwell	2 5 0 3 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 Adults (18-65 years) 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	52 Porthcawl Green
Address:	52 Porthcawl Green Tattenhoe Milton Keynes Buckinghamshire MK4 3AL
Telephone number:	01908507149
Fax number:	01908508900
Email address:	
Provider web address:	

Name of registered provider(s):	The Disabilities Trust
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Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
The maximum number of service users to be accommodated is 3.		
The registered person may provide the following category/ies 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 categories: Learning disability (LD).		

Date of last inspection	0	8	0	1	2	0	0	9
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Brief description of the care home
Porthcawl Green provides accommodation and support for three service users with Autistic Spectrum Disorders. The house is situated in a quiet residential area of Milton Keynes, close to the Westcroft centre where there are several shops and supermarkets. Local bus networks provide regular access to central Milton Keynes and Bletchley. There are main line rail stations in Milton Keynes and Bletchley giving access to London, the Midlands and the North. The home has three bedrooms, one

Brief description of the care home

en-suite, a staff sleep-in room, office and a bathroom on the first floor. On the ground floor there is a large lounge, dining room, space to use the computer, laundry and kitchen. There is a small enclosed back garden and parking at the front of the home.

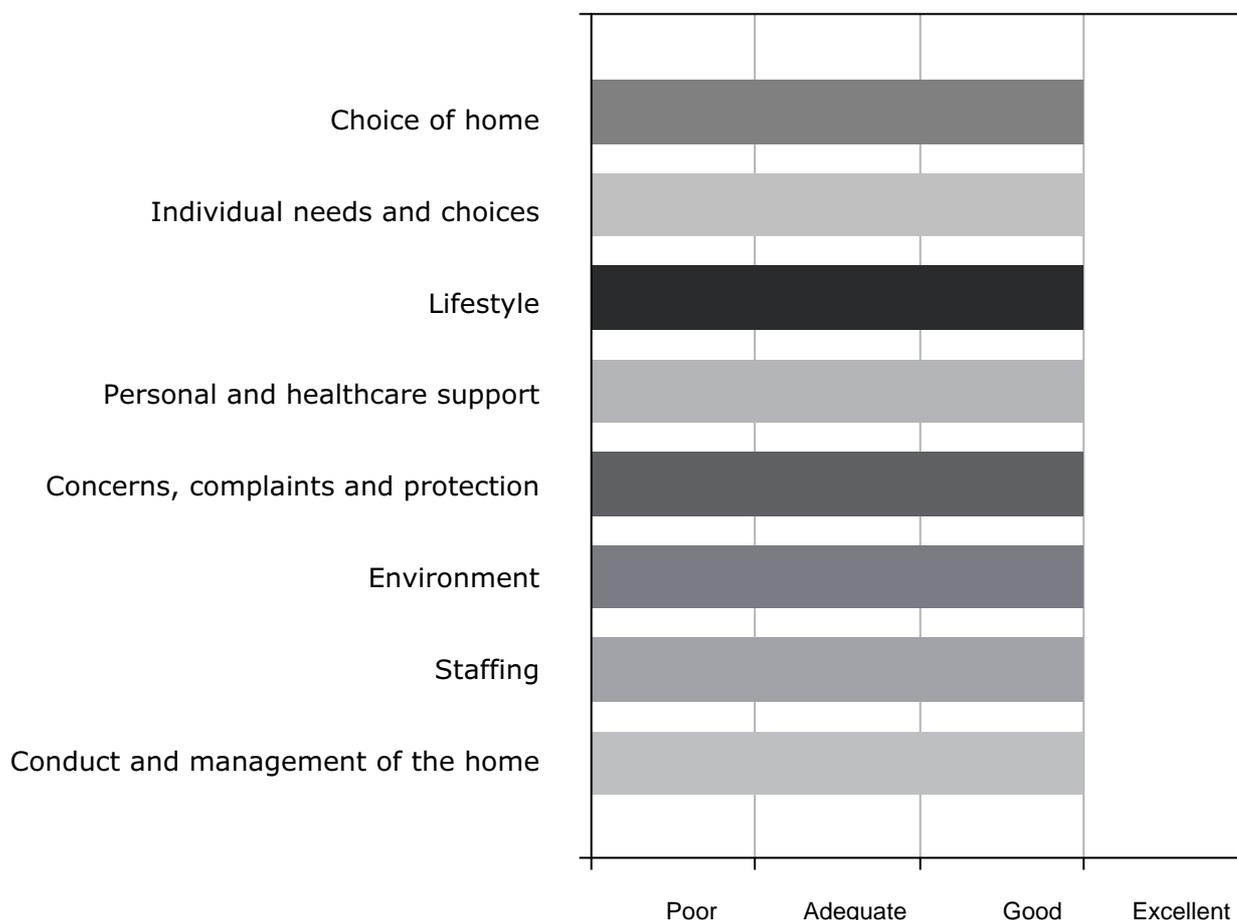
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The inspection was conducted over the course of three days and included a one day unannounced visit to the home. The key standards for adult services were covered. Information received about the home since the last inspection was taken into account in the planning of the visit. As this was the second key inspection this year the provider was not required to complete an annual quality assurance self assessment and surveys were not distributed to residents or other people connected to the home. Residents were spoken to on the days of the unannounced visit. Discussions took place with the manager, clinical psychologist, care and ancillary staff. Care practice was observed. A tour of the premises and examination of some of the required records was also undertaken. The home's approach to equality and diversity was considered throughout.

What the care home does well:

There is information available to prospective residents and their needs are assessed before they move to the home. Information is also available in easy read format if needed. Prospective residents are able to stay for trial periods before making their mind up as to whether they wish to move to the home. The support needs assessment is comprehensive and takes account of prospective resident's individual support needs and their faith and cultural wishes.

The home supports people to live as independently as possible and to contribute and shape the way in which the home is run. Service users are supported to manage their own personal allowance promoting their independence.

People using the service are supported to engage in community activities and to live a varied lifestyle. The standard of food is high meeting service users' nutritional and social needs.

Service users' personal and health care support is good promoting their health and wellbeing. There are good staffing levels. Staff are well trained and they are flexible in their hours of work to meet service users' needs.

The environment is homely and service users live in a the community and are encouraged and supported to make use of local facilities.

A new manager has been appointed who has registered with us. Staff said she has had a positive impact on the home and they feel valued. The atmosphere in the home was relaxed and service users were seen to be supported in their daily lives.

What has improved since the last inspection?

Service users are supported better to manage their own personal allowance and accurate records of transactions are kept. Service users sign to show they have taken money from their safe storage to spend themselves and an accurate audit trail is kept of money received and spent. Receipts are kept if staff spend money on service users behalf with their permission.

The medication handling procedures have improved and the requirements of previous inspections to improve handwritten medication administration records and to maintain accurate records have now been met.

The complaints procedures have been improved at local level and the home is responsive to people's concerns. The safeguarding procedures in place should protect service users from harm. We have not received any complaints and have not been notified of any safeguarding referrals made to the local authority which is the lead agency in these matters.

The provider has introduced a formal quality monitoring progress. A baseline audit has been undertaken and areas of good practice identified. An action plan has been developed to address areas requiring improvement.

Managers work together to undertake regular quality monitoring visits of each other's homes and records are kept of findings.

Recruitment procedures have been improved and gaps in prospective staff member's employment history are explored.

The maintenance schedules are up to date and a check of the electrical installation has been undertaken.

Staffing levels have been improved and the management of the home has been improved with the appointment of an experienced manager.

What they could do better:

The provider should ensure that service managers and home managers implement the findings of the annual quality assurance audits in a timely manner.

The provider should ensure that if it's responsibility to monitor the quality of services is delegated to home managers as a 'peer review' process, the managers have the necessary training and independence to undertake the role. There should be evidence that the provider is aware of the findings and has validated those findings.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

There is information available to prospective residents and their needs are assessed before they move to the home. They are able to stay for trial periods before making their mind up as to whether they wish to move to the home.

Evidence:

There is information available to prospective residents and their family in the form of a statement of purpose and service users' guide. These were updated in February 2009. There were records in service users' files to show that they had seen these. Nobody has moved to the home since the last inspection. The manager said that the initial assessment procedure would involve a full multi professional assessment by the care manager and by the home. The assessment documentation takes account of prospective residents' cultural and faith needs. Prospective residents would be invited for lunch, short stays and would be able to stay for a trial period before deciding whether they wished to move to the home.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 supports people to live as independently as possible and to contribute and shape the way in which the home is run. Service users are supported to manage their own personal allowance promoting their independence.

Evidence:

The support plans of two residents were examined. They held a photograph and information about key people in the residents life, including their family, doctor and other professionals and information about their faith. The care needs assessment undertaken by the service user's care manager was in the file as well as copies of subsequent reviews. Support plans were up to date and had been evaluated regularly. Service users had signed the plans, as had some family members. They were observed to be making choices as to how they spent their day and the support plans reflected this.

A requirement was made at the last inspection that the support residents receive to manage their personal allowance be improved, as some discrepancies had been found.

Evidence:

This has been addressed in full. The provider's policy and procedure on the management of service users money and financial affairs was updated in February 2009. The clinical psychologist undertook an assessment as to whether each resident had the capacity and wished to manage his own personal allowance. One service user manages his own money himself and two manage their money with help. Records of transactions are kept and these were found to be accurate. Service users have their own safe storage and book to record transactions.

Service users were supported to undertake everyday activities and their support plans held risk assessments to help manage any risk that might be associated with an activity for the individual. There are policies and procedures guiding staff as to how to respond to unexplained absences. There are regular 'house meetings' and the minutes showed that service users contributed to everyday decisions about the home. Staff spoken to were very clear that this is the service user's home. One said 'it is their home, I am here to help'.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

People using the service are supported to engage in community activities and to live a varied lifestyle. The standard of food is high meeting service users' nutritional and social needs.

Evidence:

The records showed that service were supported to participate in community activities. The home is in a quiet residential street and the manager said that they had good relationships with neighbours. Staff duty times were flexible to facilitate this and service users were able to go out and not be constrained by rigid staff hours. The home has access to private transport and also uses local taxis and bus services to go to the town centre. One service user's support plan showed that he had severe communication difficulties when he moved to the home. His support plan showed that he had received support with communication over a period of time and the manager and staff felt that this was now paying dividends. He was observed to be talking and

Evidence:

laughing with staff. One service user is a talented musician and is supported to play in the home and in public performance.

The standard of food is very high. Menus are varied and all food is home cooked. Menus include fresh food, vegetables, salads and fruit and most food is sourced locally. Service users participate in menu planning and help with shopping. Lunch was seen to be a sociable occasion, with staff and service users sitting down together. Snacks are available and mealtimes are flexible depending on the activities of individuals.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users' personal and health care support is good promoting their health and wellbeing.

Evidence:

Individual support plans detailed service users personal and health care needs and wishes. Care was observed to be given sensitively and service users had been supported to maintain their personal appearance. Records were kept of doctor and other professional visits. Service users at Porthcawl Green do not have a physical disability and no adaptations to the home were necessary.

Two requirements were made at that last inspection to improve the way in which medication was handled. A specialist pharmacist inspector visited the home on the 8th January 2008. She found that these requirements had been met and that in general medication was managed well. She made a requirement that a clear records of any medication received left over at the end of the month be kept and this has now been fully introduced. There are written policies and procedures to guide staff and clear records of medication dispensed, given and returned are now kept. The medication

Evidence:

administration records were completed accurately and there were two signatures where an entry was hand written. Care plans were in place to describe how one person's anxiety was to be managed and when it was appropriate to give 'as required' medication. Medication is given by designated care staff. The training records showed they had had training in medication administration. There are policies and procedures to guide staff if service users wish to manage their own medication although none were doing so at the present.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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 complaints procedures have been improved at local level and the home is responsive to people's concerns. The safeguarding procedures in place should protect service users from harm.

Evidence:

Two requirements were made at the last inspection that the management of complaints be improved. The complaints policy has been reviewed and updated in January 2009. An easy read and large print version is available. There have been no written complaints since the last inspection. A complaints record is kept in the home and a record of both written and verbal complaints is kept. One verbal complaint was recorded and there was evidence to show that it had been dealt with promptly and appropriate action taken. At the previous inspection the home's records about a written complaint made in March 2008, which resulted in a safeguarding referral to the local authority, were not complete and the provider did not demonstrate that this had been dealt with appropriately. These records were now in the home and showed that the complaint and safeguarding referral had been dealt with appropriately, although not within the timescales envisaged. At the conclusion of the investigation the Director for the service met with the family and a written explanation was given. Appropriate action had been taken and there were positive outcomes for the service user.

There are restraint and whistle blowing procedures in place of which staff were aware.

Evidence:

There have been no incidences when restraint has been required. The staff spoken to said that they would have no hesitation in raising concerns and knew how to raise concerns with the provider if they felt their concerns were not addressed in the home.

The home has a copy of the local multi agency safeguarding policies and procedures and the training records showed that all staff have had training in safeguarding vulnerable people. Service users have access to a clinical psychologist who they can see confidentially. Although she has not had any concerns raised with her this is another route that service users may use if they are worried. The latest annual reviews held with service users, care managers and families were seen and these did not show that service users or their families had any concerns. They were positive about the care and support given. We have not received any complaints and have not been notified of any safeguarding issues raised with the local authority which is the lead agency in these matters.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 is clean and well decorated providing a welcoming and homely environment for service users.

Evidence:

The home is an unobtrusive, two storey house in a quiet residential cul de sac. The entrance is welcoming and homely. There is good access to the city centre where there are shops, transport links and entertainment. Service users are encouraged to personalise their rooms and all have their own keys. One room has an ensuite and there are additional bathrooms and shower facilities. The communal areas are welcoming with a good sized kitchen and dining room. There is a piano in the dining room which is used by one service user, who is a talented musician. The home was clean and tidy on the day of the unannounced visit. There is a separate laundry room with the necessary equipment. The office and staff sleeping in room is on the first floor. There is an ongoing maintenance programme and maintenance records were up to date.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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 are sufficient carers to provide flexible and supportive care to service users. Their training programmes are relevant and they are given support to develop their knowledge and skills. The recruitment procedures are thorough and should protect service users from unsuitable carers.

Evidence:

Staff were observed to speak with service users in a polite and gentle manner. They gave service users time to make their wishes known and supported them to make choices. Staff were respectful of service users and were not patronising in their speech. Service users appeared relaxed and interacted with staff in a positive way. The day was planned and service users were all undertaking different activities in line with their wishes and abilities. There were no vacancies at the time of the unannounced visit to the home and additional bank staff had been recruited since the last inspection. The manager said that she felt that continuity of carer was important to the service users. The staff rota showed that staffing levels and start times were flexible to meet service users' needs and activities. The manager said that staffing levels were also flexible enough to meet unplanned needs. One service user's anxiety levels had been raised recently and he was given additional support until he was more settled.

Evidence:

The training matrix showed that staff have an initial induction programme and complete the Learning Disabilities Framework (LDF) programme at level 2. The manager said that all staff have now completed this and that staff are registered for the National Vocational Qualifications in Care at level 3. There was evidence that staff have mandatory training in safe working practices. In addition staff have training in specialist topics including autism, person centred care, positive behaviour support and deescalation strategies to deal with challenging behaviour and equality and diversity training. A clinical psychologist visits the service weekly to support service users and to assist staff to provide appropriate, supportive care. The staff spoke highly of this support and the training that they received, saying 'this is the best organisation I have worked in for training' and 'the insight given by the clinical psychologist helps me understand the clients better'.

The recruitment files of two recently appointed staff were checked. Both had the required documents and had evidence that Criminal Records Bureau checks and references had been sought before the staff member started work. Proof of identity had been sought and interview records were kept. One staff member's application form showed a gap in their employment history. This was checked at interview and the reasons recorded. The manager said that interviews were always held and that candidates spent time with service users. Service user's feedback was sought as part of the interview process.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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 is well managed in the interests of the service users.

Evidence:

There is an experienced manager in post who also manages another small home nearby. She has registered with us and is undertaking the National Vocational Qualifications in Management at level 4. She has undertaken training this year and has support through regular supervision and appraisal. Her last formal supervision was in January 2009. The staff spoken to said that she was approachable and that she 'puts residents first'. Staff felt the home was well organised and that they were supported. The home was calm and organised on the day of the day of the unannounced visit and everyone appeared to know what was expected of them on that day. Service users' care plans showed that service users had individual year on year goals which had been evaluated at their reviews. The reviews seen were positive. One service user had been supported to lead his own review which had been undertaken near to his family's home as they were unable to travel. The clinical psychologist said that this had been a positive experience for him.

Evidence:

A requirement has been made at previous inspections that the organisation introduce a quality assurance programme, which includes seeking the views of service users and other stakeholders. This has now been implemented. An organisational wide quality assurance team has now been set up and an initial baseline audit of the home has been undertaken. The audit tool aims to identify areas of excellence and good practice as well as compliance with legislation. An action plan has been drawn up with the manager and operational manager to develop and continually improve the service. The views of service users were sought. The initial action plan has not yet been evaluated to measure its effectiveness. The organisation intends that the audit will be undertaken on an annual basis, when there is a change in management of the home or at random in response to specific issues. There is a well developed annual business planning cycle and the manager receives monthly budget statements. She was aware of the need to identify the improvements she wished to make for service users at the planning stage, in order for them to be funded.

A requirement was made at the last inspection that the provider ensures that monthly quality monitoring visits to the home are made, in line with the regulations. These had not previously been made on a regular basis by the service managers. The provider has now established a system of peer review where managers visit each others homes on a monthly basis and a record is kept of their evaluation of the service. Another home manager had visited this home on a regular basis and records of her quality monitoring visits were kept in the home. The manager felt that this was helpful and ensured that the visits were undertaken. There was no evidence however in the home that the service managers had read these reports. The provider should ensure that where it delegates its responsibility to monitor the quality of services to home managers, that they have the training and independence to undertake the role and that service managers accept and act on the findings of 'peer reviewers'. A recommendation to this effect is made in this report.

There are health and safety policies and procedures in place. Maintenance records were up to date and staff had had training in safe working practices. At the last inspection a requirement was made that the electrical installation was checked at least five yearly. This has now been undertaken and an electrical safety certificate was in place. An up to date fire risk assessment is in place and fire safety checks were made. There were individual risk assessments in service users' files.

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
1	39	The provider should ensure that service managers and home managers implement the findings of the annual quality assurance audits in a timely manner.
2	39	The provider should ensure that if it's responsibility to monitor the quality of services is delegated to home managers as a 'peer review' process, the managers have the necessary training and independence to undertake the role. There should be evidence that the provider is aware of the findings and has validated those findings.

Helpline:

Telephone: 03000 616161 or

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Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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