



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Park Nursing Home
Address:	40 St Marks Road Derby DE21 6AH

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:
Helen Macukiewicz	1 8 0 5 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Park Nursing Home
Address:	40 St Marks Road Derby DE21 6AH
Telephone number:	01332200422
Fax number:	01332200644
Email address:	ecderby@btconnect.com
Provider web address:	

Name of registered provider(s):	European Care (Derby) Limited
Name of registered manager (if applicable)	
Mrs Susan Johnston	
Type of registration:	care home
Number of places registered:	41

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	41
physical disability	10	0
Additional conditions:		
European Care (Derby) Limited is registered to provide nursing and personal care to service users whose primary needs fall within the categories of: Old Age, not falling within any category, (OP) - 41 Physical Disability (PD) - 10		
The Maximum number of service users to be accommodated at The Park Nursing Home is 41		

Date of last inspection								
Brief description of the care home								
The Park care home provides personal and nursing care for up to 41 persons in single en-suite bedrooms. It is a two-storey purpose built Home, which opened in 1998, and is situated on the outskirts of Derby close to local shops and bus route. There is a spacious shaft lift between floors. Secure gardens surround the premises. The fees for the Home are 410.00 GBP to 620.00 GBP per week. Chiropody is 10.00 GBP and hairdressing 5.00 to 20.00 GBP. Basic toiletries and laundry are included. The manager provided us with this information.								

Brief description of the care home

Copies of the last inspection report are kept in the foyer.

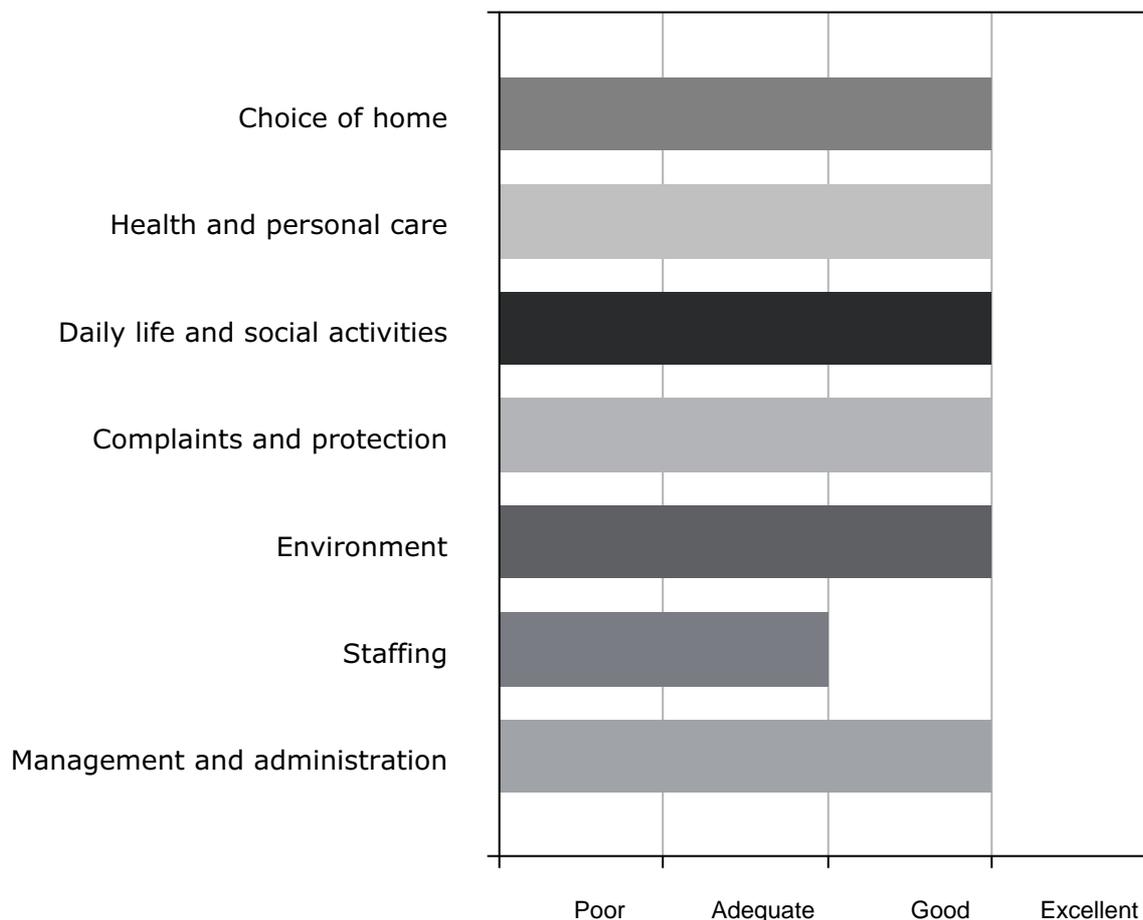
Summary

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 unannounced and involved a visit to the site on 18 May 2009 at 9am.

The focus of inspections undertaken by the Care Quality Commission (CQC) is upon outcomes for people and their views of the service provided. This process considers the home's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development.

Where possible, we include evidence from other sources, such as parents, staff and Social Workers. We also use information gathered throughout the year, to support our judgements. This may include notifications from the provider, complaints or concerns

and the pre-inspection self-assessment, which the provider is required to complete prior to a visit to the service.

The primary method of inspection used during the visit to this service was 'case tracking'. This involved tracking the care people receive through review of their records, discussion with them where possible, the care staff and observation of care practices.

All of the key standards were inspected on this occasion.

What the care home does well:

People have plenty to do, with planned activities taking into account group and individual needs.

Care plans are clearly written with a good level of detail to give staff clear directions.

Complaints are well received and recorded, so that people have their rights upheld.

More generally, the home continues to be well run and effectively managed in people's best interests.

What has improved since the last inspection?

The amount of activities available for people to access outside the home has improved, which means that people have greater access to their local community.

Standards of medication practices have improved, with regular audits now taking place.

Staff are now recording minor concerns as part of internal quality improvement.

There has been some development of internal quality assurance since we last inspected. Checks of people's finances, care plans and medication are being regularly carried out.

What they could do better:

Care planning records need to be signed and dated and show involvement from people.

Medication storage in bedrooms needs closer monitoring to ensure people do not have access to medications that belong to others. Medication charts must not record duplicate prescriptions and staff need to record how many tablets they give each time.

Catering could be improved so it meets people's needs and expectations better. Also to ensure people have meals at regular intervals.

All staff need to attend training in mandatory subjects including safeguarding, and systems for recruitment of staff need to ensure all checks are completed, so that people are fully protected.

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 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.

People have the information they need to choose a home that can meet their needs. Pre-admission procedures ensure people are not admitted inappropriately.

Evidence:

People had access to information about the home before they moved in, this information had recently been updated. Copies we saw accurately described the home and the services it offered. Copies were found in the foyer, on display for people to read.

In her pre-inspection survey the manager told us 'We encourage prospective clients to visit the home and if possible stay for a while or have a meal and also introduce them to residents who can tell them about the home. If they are unable to do this one of our senior staff will visit them prior to admission to make sure that we are able to cater for all their individual needs and they will fill in a pre admission assessment form to make

Evidence:

sure that we are able to provide person centered care. We have a brochure to give out or send to people and we have just rewritten our service user guide'.

We found records to show that people had their needs comprehensively assessed prior to moving in, to make sure the home could meet their needs. Not all records had been dated and signed as to when this took place, but there was evidence to support this was before admission. Copies of social services/health records, reviews and transfer forms from Hospital were also found in people's care records to show that staff had obtained as much information about the person as possible.

One person, in their completed pre-inspection survey, told us the home was 'one of the best places I have been 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive the care they need in a private and dignified way. Gaps in recording and medication storage have the potential to adversely affect well being.

Evidence:

People had their needs risk assessed in areas such as continence, mobility and skin condition. Such assessments had been regularly reviewed in the care files that we saw.

Care plans were detailed, individualised and contained clear instructions for staff as to how care needs could be met. There was reference to peoples' preferred name and the need to maintain dignity.

There were some variances in the way care was recorded. Some care plans were not dated and signed, so the person assessing those needs could not easily be identified should future queries arise. Also, it meant that any future review of care could not be made within accurate timescales. Some changes to care needs identified through the daily progress notes had not been transferred into the plan of care, but there was

Evidence:

evidence within progress notes that people were getting the care they needed.

Not everyone had agreed to the content of their care plan, which would have supported that they were involved in the planning of their care. However, when talking about their care plan, one person said they were aware they had one and said, 'if I wanted to see it I could do'.

People told us their need for privacy was upheld and that staff provided care in a dignified way. In their completed pre-inspection questionnaires relatives told us 'respect by staff when dealing with and caring for the residents is very obvious and interactions are good when providing the care'. Also, 'personal hygiene of the resident is good'. We observed staff knocking to request permission, prior to entering people's bedrooms.

We found that staff had taken care over people's personal appearance and that they had helped people to maintain good standards of personal hygiene. We found one example where staff had not been adhering to the instructions written in care plans. One care plan asked staff to assist a person with their drinks, but we found this person had not been given such assistance with their morning cup of tea. However, there was evidence that people were given medical attention when needed and had health checks regularly. One health professional in their completed pre-inspection surveys wrote 'the nurses seem to liaise with the GP's all the time', 'all patients registered with us have annual medication reviews'. People told us they were happy with their care.

The manager was undertaking weekly care plan audits and we saw the most recently completed one. This showed that standards of record keeping were being monitored.

Staff were also undertaking monthly recorded medication audits, this had helped to raise standards of medication practices. We found that most medication charts had been correctly filled in, and that people were receiving the medication they required. On one medication chart a medication had been written up twice. Whilst the person had received the correct dose, one of the records needed removing to remove the risk of error. We also found that staff were not recording the exact amount given each time of a variable dose medication.

One person had two 'over the counter' purchased medicines in their bedroom but did not have a self-medication agreement. These medicines were not locked away and although the person was in their bedroom, they had indicated that some people living in the home had been known to wander into their room in error. Therefore there was potential for other people to access medications that were not prescribed for them. The manager was informed and she stated that she would take action to ensure these

Evidence:

were safely stored.

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.

People lead a varied lifestyle of their choosing. The food provided does not always meet with people's needs.

Evidence:

People's care plans included a life history which recorded how they liked to spend their time and what activities they may wish to pursue. Such records corresponded with what people actually told us they enjoyed doing and how they spent their time. An activity co-ordinator was provided for three days/week although there were enough staff on other days to ensure that people could participate in some activity. On the day of this visit, one person had been accompanied on a museum trip, another person told us they were taken to the shops by staff. The activity person undertook floor games with people who were less physically able during the afternoon. Talking books and newspapers were obtained for people with visual impairment.

An individual record of what activity people took part in had been started, but was not completed. However, there was an activity diary, which detailed regular group events such as a clothes show and entertainers that came in. A music and movement session was held each month, this was advertised in the foyers. The manager told us that

Evidence:

there was an outing booked once a month, people were going to Markeaton park and on a boat trip in May and a Dovedale trip was planned for June 2009.

People told us they had freedom of movement around the home, and that they could spend time in their bedrooms. They said that activities were discussed at the monthly residents meetings. Visitors were coming and going throughout the Inspection and people were seen in their bedrooms, wandering in the grounds and in the main lounge areas.

Unforeseen staffing events meant there had been disruptions to the catering service this year. However, when we spoke to the temporary cook, she had a clear knowledge of peoples dietary needs and showed us records to support that a varied menu was provided. People's comments about the food included 'the food is just alright'. One person said that it was not the choice but the quality of food that was the problem, 'not like it is at home'. Another person told us 'the foods gone downhill'.

We found that there was a lack of clarity between management and catering staff about what was provided for people to eat during the evening. We also found that one person did not have a sufficient gap between their tea, breakfast on the day of the Inspection and lunch.

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.

People have their rights upheld through effective complaints management. Gaps in staff training means that all safeguards are not in place for the protection of people.

Evidence:

People knew how to make a complaint and records kept at the home showed that concerns had been acted upon appropriately. Minor concerns were also recorded. People had access to the right information about how they could raise concerns.

There had been one potential safeguarding referral made since we last inspected the home. Staff had dealt with this correctly and worked co-operatively with the relevant agencies. Most staff had attended safeguarding training, but there were still some that had not. However, there was a regular training programme in place to cover such gaps.

Some staff had attended training on the Mental Capacity Act and Deprivation of Liberty. The manager intended to ensure all staff had an awareness of this throughout the forthcoming year. She had literature available on the subject.

People who needed mechanical restraint in the form of bed rails for their care had appropriate consent recorded in their care plans.

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.

The environment is suitable for meeting the stated aims of the home.

Evidence:

One person in their completed pre-inspection survey wrote 'I am very pleased to be here, I have a lovely room with my own toilet'. One relative said 'the accommodation is excellent'.

In her completed pre-inspection survey the manager told us 'We are continuing to redecorate the residents bedrooms on a rolling programme and also recarpeting the bedrooms gradually. We have a much better nucleus of housekeepers now and the home is evidence of this'. 'We will be sending in quotes for approval to head office for the redecoration of our communal rooms, further bedroom carpets and also new net curtains and voile curtains for our downstairs bedrooms. We have a plan to replace hoists'.

We found that people's bedrooms were personalised with their own belongings and that people could lock their bedroom doors. One person told us they 'can lock your bedroom door but I don't like the door locked'. The building is purpose built, and the upper floor mirrors the shape of the lower floor, with similar decor in place. A couple of people told us that this had been problematic to people, who had ended up getting lost

Evidence:

and wandering into the wrong bedroom. Although people had their names on their bedroom doors there was a lack of visual cues around the home for those people with sensory loss or mild confusion.

Most areas were well maintained although the main lounge areas were in need of redecorating and lacked freshness. The gardens were maintained and provided flat and enclosed walkways for people.

We observed that some of the chairs and dining carpets were stained and some wheelchairs and dining chairs had a build up of food debris. This contributed to the lack of freshness in main dining areas. The manager told us that such areas were identified within the forthcoming redecoration programme.

Laundry equipment was sufficient for maintenance of infection control, and laundry staff had access to appropriate equipment. One person told us that although laundry could sometimes get lost, in general, the service was satisfactory.

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

People are cared for by sufficient numbers of competent staff, although gaps in recruitment and training means people may be placed at risk.

Evidence:

Staffing rotas showed there were sufficient numbers of staff planned. The manager had supernumerary time throughout the week. People told us there were occasional shortfalls of staff and staffing rotas showed this was mainly due to short notice sickness. The manager said she had put systems in place to monitor this. One person told us 'on the whole I get on well with staff' and 'staff are always polite, nobody's ever been otherwise'. One relative in their completed pre-inspection survey told us 'the staff are helpful and friendly'.

The manager had a system in place to clearly record what training staff had received and what training gaps there were. She had a training programme in place to address any shortfalls. However, we saw that a small minority of staff had attended very little training in mandatory subjects, leaving people more exposed to risks when they were on duty.

As well as mandatory training, staff were attending effective communication and therapeutic hand and arm massage courses. There was also a programme in place to

Evidence:

ensure that required numbers of staff completed National Vocational Qualifications in care to level 2 or 3.

In her completed pre-inspection self-assessment the manager told us 'as many staff as possible will be attending a study day on challenging behaviour and also another one arranged on effective communication, this will help our staff to deal with situations which can arise when there is a communication difficulty or a resident is becoming frustrated and unsettled. We are sending staff on extra safeguarding of vulnerable adults, deprivation of liberty, mental capacity act, further medication training and a safe eating course. Our link nurses attend the meetings arranged for infection control, tissue viability and continence promotion. Four staff, two trained and two care assistants have just completed a four day palliative care course and we hope that another four will be able to attend soon. The manager is also involved in the new strategy committee recently set up to look at end of life care in the community setting. We are proposing to send several staff on a challenging behaviour study day and also a study day for some staff to attend regarding organising activities. We also want to continue the Alzheimer's Yesterday, Today and Tomorrow dementia training'.

The recruitment files for three recently employed staff showed that staff were subject to a 'skills for care' common induction programme when they first started, which was in depth and signed off by the person, and the manager. Training certificates were also kept with staff details and showed that they received regular updates.

There were some gaps in recruitment files, which meant that all required pre-employment checks on staff had not been completed.

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 home is managed effectively in people's best interests.

Evidence:

The manager is a registered nurse with varied hospital experience, she has an ENB 941 care of the elderly qualification and a registered managers award.

There was a system in place for the safe keeping of people's personal money and to reduce the risk of financial abuse. One person told us they could access their money anytime. They were happy with the system for handling their money and knew how much they had at any given time. They said 'the nurses check my money, it's alright for me'.

There had been some development of internal quality assurance since we last Inspected. Checks of people's finances, care plans and medication were being regularly carried out. The programme manager for the Company has an office base at the home

Evidence:

and maintained regular visits, as well as completing formal monthly monitoring visits. The reports of such visits showed that he was gaining the views of people who used the service.

Monthly residents meetings were also planned, one person told us they attended them, and said 'most things get seen to, it's our way to complain'. The manager told us that the minutes of the last meeting were waiting to be typed up. However, she verbally was able to tell us what issues people raised, and what she had done about it. This matched what those who had attended told us they had raised. The manager showed us questionnaires that had been sent out to relatives and people using the service to gain their feedback.

All equipment had been maintained and services at regular intervals, and risks arising within the environment had been identified and recorded.

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
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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
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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		19	and Schedule 2) Written evidence of the reasons why, in previous employment, a person ceased work with vulnerable adults must be obtained prior to their appointment. This is to ensure people are protected from potentially unsuitable workers.	30/06/2009
2		18	ci) the staff identified during the inspection must attend mandatory training at regular intervals. This is to ensure people are protected by suitably trained staff.	31/07/2009
3	7	15	2b) care plans must be kept up to date to meet people's needs. Staff must ensure they follow the instructions of the care plan to ensure needs are met. This is to ensure no care needs are overlooked.	30/06/2009

4	9	13	<p>2) Medication must be safely stored to legal requirements.</p> <p>This is to ensure people are kept safe in the home.</p>	30/06/2009
5	15	16	<p>2i) Improvements must be made to the times food is provided to people and the quality of food provided.</p> <p>This is to ensure food is provided to people that is to an acceptable standard for them and at regular intervals throughout the day and evening.</p>	30/06/2009
6	18	13	<p>6) All staff must receive safeguarding training.</p> <p>This is to ensure that all safeguards are in place for the protection of people.</p>	31/07/2009

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	3	Pre-admission assessment forms should be dated and signed, so that they support the assessment was done pre-admission and show the status of the person carrying out the assessment. This is to support pre-admission assessments are done appropriately to prevent inappropriate admissions.
2	7	Care plans should be able to demonstrate the involvement of the person.
3	7	Staff should ensure that care plan audits identify where entries have not been dated and signed. This is to ensure that records are completed to professional guidelines.
4	9	Prescribed medicines should only be recorded once on medication charts.

		The exact amount given each time of variable dose medicines should be recorded.
5	12	A more accurate record of the activities that people take part in should occur. This should form part of their regular care plan reviews. This is to support people are getting the care they need.
6	15	People should be consulted more about the food provided. This is to ensure that quality is maintained.
7	19	The provision of visual cues around the home should occur, to help people orientate themselves to their surroundings.
8	26	Staff should maintain a programme for cleaning dining chairs and wheelchairs to prevent build up of food debris.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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