



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Woodlands Ridge Nursing Home

**191 Woodlands Road  
Woodlands  
Southampton  
Hampshire  
SO40 2GL**

*Lead Inspector*  
Anita Tengnah

*Key Unannounced Inspection*  
8th June 2007      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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# SERVICE INFORMATION

<b>Name of service</b>	Woodlands Ridge Nursing Home
<b>Address</b>	191 Woodlands Road Woodlands Southampton Hampshire S040 2GL
<b>Telephone number</b>	023 8029 2475
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.contemplation-homes.co.uk">www.contemplation-homes.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Contemplation Homes Ltd
<b>Name of registered manager (if applicable)</b>	Julie Dawn Sutherland
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	24
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (24), Physical disability over 65 years of age (24)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      24<sup>th</sup> October 2006

## Brief Description of the Service:

Woodlands Ridge Nursing Home is a registered care home providing nursing and personal care for twenty-four service users in the older persons category. The home is situated in Woodlands on the outskirts of Southampton City with easy access to the New Forest. Accommodation is provided on two floors served by a passenger lift. There is an area of the home that is accessed via three steps and is not suitable for people with limited mobility. The registered person has confirmed that a stair master is available to facilitate access to this area. The home has eighteen single bedrooms and three double bedrooms with adequate numbers of bathrooms and toilets. It also benefits from having a large well-maintained garden accessible to wheelchair users.

The current fees charged range from £650 to £780 per week.

# SUMMARY

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

An unannounced visit was undertaken on the 8<sup>th</sup> of June 2007 as part of the inspection process. The process included viewing the service where a number of the bedrooms, communal areas, kitchen, and bathrooms were seen. As part of case tracking 5 staff, 8 service users and 2 visitors' views were sought and care records were looked at. Information gained from the Annual Quality Assurance Assessment (AQAA) was also used and included in this report, as was information gathered by the commission since the last inspection to contribute in assessing judgements in this report. References and findings from the random visit in October 2006 will also be included in this report.

Positive comments were received from the service users regarding the care that they were receiving at the home. The commission has also received 4 comment cards from relatives that indicated a high level of satisfaction. Care practices observed at the time of the visit showed that staff have developed good relationships and care was provided in a respectful manner.

## **What the service does well:**

The home has a good assessment process in place in looking at the needs of both potential and existing service users to ensure that the home can meet their needs.

The home has continued to develop the activity programmes to the satisfaction of the service users.

The environment is warm and homely.

The care plans were detailed and contained good information about the support the service users required.

The staff have developed good relationships with the service users and they expressed a high level of satisfaction regarding the care that they are receiving.

The home manager has clear lines of responsibility within the home that benefited the service users.

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

The home's manager has been registered with the commission.

The home has acquired a number of profiling beds and is updating their mattresses.

An audit system to seek the service users' views has been developed.

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

The management of some prescribed creams and ointments is poor and put the service users at a degree of risk such as infection control and wrong cream being applied.

One of the bedroom's carpets in a shared room was in poor state and was badly stained. The registered person is taking action to rectify this.

The use of communal toiletries must be addressed in order to safeguard the service users as this pose an infection control risk.

The laundry is in poor state of repair and attention to the flooring and wall is needed to manage infection control risk.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

3,6

The pre admission assessment process is good and ensures that service users' needs are assessed and the home can meet them.

The home does not provide intermediate care.

## **EVIDENCE:**

The care records of two recently admitted service users were looked at as part of case tracking. Detailed pre admission assessments of needs were carried out and staff reported that this information is used to formulate their initial care plans on admission. Assessments of needs for a service user seen included dietary needs, diabetes, and manual handling assessments, skin integrity. Other information was also gained from the transfer letter that accompanied the service user. Evidence that the service users/ relatives are involved in the

assessment process should be developed, as appropriate, in order to ensure that all care needs are identified.

The staff reported that the service users are offered the choice of visiting the home prior to admission. The service users' families visited, as most of them were unable to do so due to their frailty.

The manager confirmed that the service does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

7,8,9,10

The care plans and assessments were detailed. Regular review would ensure that any changes were recorded.

The record and review of wound care plans needed further details to inform practice.

The health care needs and access to external agencies are well managed.

The oral medication was well managed. However the management of prescribed creams and ointments were inadequate and put the service users at risk of receiving the wrong cream and infection control.

The service users are treated with respect and dignity and their right to privacy maintained

## **EVIDENCE:**

The care plans of 4 service users were seen as part of this visit to look at how the home plans to meet the needs of the service users. The care plans were detailed and contained adequate information about the assessed needs of the service users and actions required in order to meet them. These included assessments such as manual handling, dietary needs, continence, medication, and psychological needs. Daily records of the care given were maintained. Risk assessments for the use of bedrails were undertaken for those at risk, however there was only consent from one of the service user's daughter but not for all of the rails in use. This was discussed with the manager who confirmed that this was being developed and would be put in place. There was some evidence that care plans are reviewed and the need for further development of the review and recording processes was brought to the staff attention such as catheter and diet care plans for one of the service users.

Comments from the service users included "the staff help me when I need and they are good." Another service user said that " they do a good job and I am treated with lots of care." A relative stated that her mother was very well cared for and that the "staff were very kind and she felt reassured when she visited". Other comments were that the staff took "good care of their clothing and hair".

The home has a system in place for wound assessments and care plans were formulated for wound care as appropriate. The wound care plans contained information about the type of dressing needed. Further development is needed in the assessment/ treatment record following changes of dressings, as these were not always completed. This was discussed with staff who reported that dressings were changed daily and some records had not been updated to reflect this. The service users had pressure relieving mattresses and cushions provided as their assessed needs indicated.

All the service users are registered with the three local surgeries and one service user was on respite care and had retained her doctor in Lyndhurst. The manager reported that the home had good relationship with the local primary care trust and the service users were supported to access health care services as required. The GP did not undertake regular visits to the home but was available on request and visited. Advice was sought as required from external healthcare professionals, such as district nurses and tissue viability nurses. The manager reported that the home has developed good rapport with the local hospice and received support for palliative care.

A visitor spoken with said that her relative was unwell and staff had been "very quick" in calling out a doctor. The inspector observed that a staff member came back to update the service user and her relative about the doctor's visit.

The home has a medication policy and procedure and staff were aware of these. The home was using the Monitored Dosage System (MDS) for the service users medication. A sample of the Medication Administration Records (MAR) seen at the time of the visit showed that all oral prescribed medications given were recorded appropriately. The manager reported that the registered nurses were responsible for the medication management. Regular update in medication training was available for the staff. The manager reported that a senior staff member was responsible for the monthly audit of medication. Records of medication received and discarded were maintained. Controlled drugs were stored and recorded in the controlled drug register as required.

It was noted that in the shared rooms prescribed creams/ ointments were not managed safely as some did not contain the names of the service users. This posed an infection control risk and the service users may receive the wrong ointment. Prescribed cream for one service user was also being used for another service user. This was brought to the attention of the manager. A system for recording prescribed ointment when these are administered to the service users should be developed, as this was not available at the time of the visit. The manager must ensure that prescribed creams/ ointments are only used for the named service users that these are prescribed for.

The service users spoken with and practice observed indicated that the service users are treated with respect. Comments received included "the staff take good care of clothes and hair of my mother" and "staff are all caring". Another service user said that the staff are "always respectful" when dealing with her. Portable screens were available in all the shared rooms seen. The responsible person discussed that they are planning to fit ceiling tracks for curtains in the shared rooms and this would be better and easier to use.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

12,13,14,15

The social and recreational facilities for the service users meet with their satisfaction.

The service users are supported to maintain links with their family and friends.

The service users autonomy and choices are respected in their activity of daily living.

The meals are good and meet with the satisfaction of the service users.

### **EVIDENCE:**

The home has a planned and varied programme of activities for the service users. The service users' records seen indicated that activities undertaken were recorded in their care plans. The planned list of activities for the month was displayed. The service users spoken with said that there was " games and

quizzes" that they enjoyed. Another comment was that there was plenty to keep him occupied. A lady commented that she preferred to remain in her room and that the staff respected her wishes. The staff reported that the vicar visited and access to the priest and other denominational representatives could be accessed as requested.

The home has an open visiting policy and it was evident from the record of visitors as kept by the home that there was no restriction on visiting. Comments received and three service users confirmed that they have autonomy to receive their visitors in private. A relative said that the family took it in turn and someone came in daily to visit the service user and they were "always made welcome". Another relative said that she came from a long distance and visited at different times of day and this was never a problem. Comment from another relative was that she "feels reassured that mum is in the right place" whenever she visited. Another comment was that the home has a special atmosphere and the visitors felt welcomed.

The home has a planned menu that the chef said was rotated on a monthly basis. The lunchtime meal was observed and it appeared appetising and nicely presented. The service users spoken with were complimentary about the meals and comments included "food is good, no grumble". "Food is plentiful and can't ask for anything more". Another service user stated that she chose from the menu and if "you did not like what's offered, you can have something else". The service users reported that the staff helped them to choose from the daily menu. There were some records of lunchtime menus/ meals that had been provided. The lunchtime meal for the day of the visit was different from the set menu. The home had a bank chef on the day and he stated that he had changed the menu but had not kept a record of the meal served. He was unable to show what the service users had chosen for their lunchtime meals on the day of the visit. The manager is aware that a record of meals served to the service users must be maintained at the home. The inspector was assured that this was not the normal practice and that the service users did have a choice of meals.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

16,18

The complaint management is good and the service users are confident that their complaints would be listened to.

Staff have clear understanding of adult protection and ongoing training ensures that the service users are protected.

### **EVIDENCE:**

The home has a complaint procedure in place and the service users and relatives spoken with said that they would approach the manager if they had any concerns. It was evident from the complaint log seen that the complaint investigation process worked very well. There were fourteen recorded concerns/ complaints since the last visit, the manager had investigated all of them and they had been resolved. Comment cards received, and the service users spoken with, said that they had no concerns and "this is a very good home".

The commission had received a complaint recently that had been referred to adult services as adult protection. This investigation is ongoing at the time of the visit. It was noted that this had not been recorded in the complaint log at the home as required. This was discussed with the manager who confirmed that this would be addressed. Part of a complaint was regarding the wrong

medication that was given to a service user on transfer from the home. The manager confirmed that this was substantiated and action must be put in place to protect the service users.

The home had in place the Hampshire adult protection procedure and staff spoken with said that they would approach the manager if they had any concerns about the care of people living there. Training in adult protection was available. The in house training in prevention of abuse included a video and discussion and the use of an alert form that staff would complete. The manager reported that all staff have the whistle blowing procedure as part of their induction. Two service users spoken with said that they felt safe living at the home.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is **adequate**.

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

19,26

The home provides the service users with a clean and well-maintained accommodation that meets their needs.

The infection control procedures at the home are good. However the use of communal toiletries and the poor state of the laundry pose infection control risks.

### EVIDENCE:

A tour of the premises was undertaken as part of the visit and a number of bedrooms, communal areas, bathrooms, and kitchen were viewed. It was evident that the home has an ongoing programme of refurbishment and one of the vacant bedrooms was being redecorated at the time of the visit. Recent refurbishment included an assisted bath and a new bedpan washer. The

responsible person reported an area of the home where a temporary ramp had been put in place and there are plans to redevelop this area that would improve access for the service users.

The home was warm, bright, clean and homely. Furnishing was of very good standard and appropriate to the needs of the service users. The service users are provided with adequate communal areas where a variety of activities are undertaken. The service users' bedrooms were personalised with pictures, televisions, small items of furniture and family photos. It was evident that the service users are encouraged to bring in items of personal belongings on admission. Comments from the service users included "this is a lovely home" and "I am happy in my room". Another lady commented, "I have everything I need around me". It was noted that the ground floor communal bathroom contained a box of toiletries that staff said are used for the service users. This was brought to the attention of the manager and must be addressed as this communal sharing poses an infection control risk to them.

The home has large well-maintained gardens and the patio area was planned for refurbishment next week. The manager said that this would improve the access to wheelchair users. Three service users said that they do use the garden where seating was available.

The home has a laundry where all the service users laundry is undertaken internally. The washing machine was fitted with sluicing facilities and a large dryer was available. Information on infection control was available and staff practices observed indicated that they were aware of them and used protective gloves and aprons as needed.

The laundry wall and flooring were both in poor state of repair. The flooring was heavily stained and had a broken area on the wall, which staff said could not be easily cleaned. This was brought to the attention of the manager and remedial action is needed as these posed infection control risk.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

27,28,29,30

The staffing numbers are adequate to meet the present needs of the service users.

The home has system in place to ensure that staff have the skills to deliver care safely.

The recruitment process is good. All checks are undertaken prior to employment to ensure the safety of the service users.

There is an ongoing training programme in place to ensure that staff are supported in their work.

### **EVIDENCE:**

The home has a duty roster for nurses and carers and a separate roster for ancillary workers. A sample of the staff roster indicated that there are 2 trained staff and 3 carers on the early shifts, and 1 trained staff and 2 carers on the afternoon shifts. The night staff included 1 trained staff and 1 carer. Staff and service users spoken with confirmed that they felt that there were adequate staff to meet their needs. Comments from the service users were that there were "always" staff available when they needed assistance. The

manager reported that she reviewed the staffing on a regular basis and according to the needs of the service users.

Information received showed that home has 6 carers who have completed NVQ2 and above. There are 7 carers who were undertaking the course at present. The manager reported that the staff were supported to achieve NVQ training and the carers are very enthusiastic. There is an induction programme in place and the manager reported that this met with Skills for Care guidance.

The home has a recruitment procedure and the manager interviewed all job applicants. A sample of records for 2 recently recruited staff indicated that the home had a good recruitment process that staff followed. Checks were undertaken and references secured prior to employment. Induction records were maintained.

The home has an ongoing training programme in place to ensure that all staff have mandatory training in health and safety. A sample of training records in health and safety indicated that staff had completed this training. Some of the other recent training for staff included first aid, palliative care, prevention of abuse and "well leg " training that looked at leg ulcers prevention/ treatment.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **good**.

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

31,33,35,38

The home has a manager who is highly regarded and has clear lines of accountability for the service.

The financial interests of the service users are safeguarded through accounting procedures.

There is an audit system in place that works towards the home being run in the best interests of the service users.

There is a satisfactory procedure in place to ensure the health and safety of the service users is promoted.

## **EVIDENCE:**

At the last visit in May 2006 a requirement was made for a manager's application to be made with the commission. Following a random visit in October 2006 this requirement was met. The home now has a registered manager who demonstrated clear lines of accountability within the home. The manager is a registered nurse with years of experience in caring for the elderly. She stated that she undertook regular training/ updates to maintain her skills and as part of her nursing register. Mrs Sutherlands holds the registered manager's award. The service users and staff spoken with commented that they would approach the manager if they needed anything and the service users were happy with the care they were receiving. The manager reported that she had recently employed a deputy to support her in her role.

The manager confirmed that the service did not manage any of the service users personal allowances. The service users' relatives or their appointees were responsible for their financial arrangements. The home's administrator would raise invoices for items such as hairdressing, chiropody, telephones and newspapers and these were sent to the people concerned.

A random visit in October 06 indicated that the home had effective systems and procedures in place to ensure that the quality of the service that it provided was monitored and residents were consulted as part of this process. Fire safety was addressed properly and records concerning that aspect of the home's management were kept up to date.

The manager reported that there is an ongoing audit in place that included care planning and medication. The responsible individual undertook monthly visit to the service as part of the care auditing and records of these are kept at the service.

Information from the AQAA indicated that the last review of the home policies and procedures was completed in February 06. It also confirmed that health and safety policy and risk assessments were up to date and compliant with the relevant legislation. The manager reported that there is an ongoing contract for the servicing of equipments including lifts, hoists and assisted baths.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

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

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

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

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

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	All prescribed creams and ointments must be labelled with the service users' names.  These must only be used for the named person.	30/07/07
2	OP26	13(3)	The laundry must be kept clean and in good decorative order to prevent the spread of infection.	30/07/07

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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