



Making Social Care  
Better for People

# inspection report

**CARE HOME ADULTS 18-65**

**77 Russell Street**

**Reading  
Berkshire  
RG1 7XG**

*Lead Inspector*  
Joseph Croft

*Unannounced Inspection*  
13<sup>th</sup> 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

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	77 Russell Street
<b>Address</b>	Reading Berkshire RG1 7XG
<b>Telephone number</b>	0118 9393623
<b>Fax number</b>	0118 959 5795
<b>Email address</b>	c.tobin@jigsawcreativecare.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mrs Jill Woods
<b>Name of registered manager (if applicable)</b>	Mrs Jill Woods
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	3
<b>Category(ies) of registration, with number of places</b>	Learning disability (3)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**                      6th December 2005

## **Brief Description of the Service:**

77 Russell Street provides a twenty-four hour residential respite and extended respite service for adults who have learning and associated behavioural difficulties. The home has three beds and can cater for both sexes. There are currently five service users who use the service (two are more permanent, currently). A Domiciliary Care Agency is situated in 77A, the adjoining property. Jigsaw Care provides the care and the building is owned by Pro Autism, a locally based charity. The home is within walking distance of Reading Town Centre and has its' own transport.

The fees are charged at an hourly rate of £20:59.

# SUMMARY

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

The Commission for Social Care Inspection (CSCI) undertook an unannounced site visit on the 13th June 2007 using the new 'Inspecting for Better Lives' (IBL) process. This visit was undertaken by Regulation Inspector Mr Joe Croft and took over four hours, commencing at 10:30 and concluding at 15:00.

The inspection process included a tour of the premises and samplings of service users care plans and risk assessments. Other documents sampled included the staff duty rota, menu, policies and procedures and records of medication. The Inspector had discussions with the Registered Manager who is also the owner, the area manager and two care staff that were on duty during the site visit. The home only offers respite care, and at the time of this site visit there were three service users at the home. Discussions took place with two service users. Service users were observed to be appropriately cared for, with staff attending to individuals as and when required. Service users were complimentary about the staff team and the standard of care they receive. Staffs spoken to were complimentary about the manager of the home.

The pre-inspection questionnaire completed by the home has been used as a source of evidence in this report. Comment cards were sent to residents, their relatives and other associated professionals. Unfortunately none of these have been returned to the Commission For Social Care Inspection at the time of writing this report.

The inspector would like to thank the members of staff and service users for their cooperation during this visit.

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

People who use services are provided with information about the home. Assessment documentation, care plans and risk assessments in place, which ensures their needs are met. Service users are supported by staff to lead active lives. People using this service are encouraged and supported by staff to participate in a range of activities both within the home and the local community. A healthy and balanced diet is provided for service users. People who use this service receive good support, their physical and emotional needs are appropriately met and the home administers medication safely. Service users have access to a satisfactory complaints system that enables service users and their families to raise concerns. Staff having knowledge, training and an understanding of adult protection issues protect service users. Good communal and individual living space is provided at the home.

The arrangements for staffing are good, ensuring staff have the qualities and training to meet the needs of residents. People who use the service are protected by the organisation's recruitment policy and procedures. Service users benefit from a well run home that promotes their health, safety and welfare.

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

No requirements were made at the last inspection.

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

No requirements or recommendations have been made for this key inspection.

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**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

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Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

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

#### Standards 1 and 2 were assessed.

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the services are provided with information about the home. Assessment documentation is in place to ensure the individual needs of residents can be met.

#### EVIDENCE:

The home has a service users' guide that is produced in a format residents can understand using Picture Exchange Communication Systems (PECS) and plain language. It includes a copy of the home's Complaints Procedure. The manager informed the Inspector that the Service User's Guide is currently being reviewed, and will be put into a video format.

The pre-admission assessments of two residents were sampled as part of the case tracking process. These included information in regard to behaviour, health, personal and physical care, communication and ethnicity. These were obtained from and signed by care managers. The home undertakes their own pre-admission assessments to ensure they can meet the needs of prospective residents. Prospective residents are encouraged to visit the home prior to moving in. The home has a Referral and Admissions Policy and Procedure that was reviewed in 2006.

# Individual Needs and Choices

## The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

**The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

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

### **Standards 6, 7 and 9 were assessed.**

People who use the service experience **excellent** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the service have care plans and risk assessments in place, which ensures their needs are met, and they are supported by staff to lead active lives.

### **EVIDENCE:**

Care files sampled provided evidence that care plans and risk assessments had been completed. Care plans included information in regard to physical and mental health, leisure activities, communication and how the individuals prefer to be supported, and had been written from the pre-admission assessments. Evidence of regular reviewing was observed in the care plans sampled. During discussions staff were able to give an account of the care plans for residents who they key work with.

The manager and staff informed the Inspector that choices are offered to service users. This was confirmed during discussions with Service users who

stated they make decisions about their lives, what they want to do and where they would like to go. Choices are recorded in the daily notes maintained by the home. One service user informed the Inspector that there was one thing that they could not do. This was recorded in the care plans and risk assessments.

Care files sampled included detailed risk assessments pertaining to the individual that had recently been reviewed. These included risks in regard to eating, travelling, medication and absconding. Risk assessments gave clear guidelines to readers of the risks, and actions to be taken to minimise risks.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

**The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

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

### **Standards 12, 13, 15, 16 and 17 were assessed.**

People who use the service experience **excellent** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the service are encouraged and supported by staff to participate in a range of activities both within the home and the local community. A healthy and balanced diet is provided for service users.

### **EVIDENCE:**

The manager informed the Inspector that areas of employment are being explored for service users who it is appropriate for. One service user informed the Inspector that she is paid to look after the garden. Another service user is currently a driver's mate.

The organisation has its own day centre that service users attend. Activities offered include social, educational, therapeutic and recreational, personal development projects, music, gardening, computer skills and adult education. Service users access the local community to go to restaurants, cinema, pubs

and ice-skating. The home has an activity list for service users that uses PECS and simple language. One service user stated, "There are lots of things to do here. Anything you want to do just ask the staff and they will help you all the time." Another service user informed the Inspector that they make choices about what they want to do.

Residents living at the home are white British and their religion is that of Church of England, Roman Catholic and Muslim. During discussions staff informed the Inspector that one service user does not practice their religion, the other service users choose to attend church services of their choosing. One service user who uses the home is a Muslim, and staff informed the Inspector that their religious needs are promoted and met by the home. Dietary needs are attended to and food for this person is brought from a Halal outlet. This service user was not part of the case tracking process, however, the manager and staff informed the Inspector that the cultural needs are recorded in this persons care plan.

Staff stated that racial, religious and cultural needs of any resident living at the home would be respected and promoted. Information provided in the pre-inspection questionnaire informed that staff had received training in regard to Race and Culture.

One service user informed the Inspector that they have chosen not to practice their religion.

During discussions staff informed the Inspector that they promote and encourage relationships and offer advice to service users in regard to this. The manager is qualified as a trainer and provides training in regard to Sexual Health.

Staff stated service users have contact and visits from their families, friends and other professionals. There are no restrictions on visits to the home.

Staff informed the Inspector that they respect individuals' privacy and dignity through knocking on bedroom doors before entering and calling service users by their preferred names. One service user has their own flat within the home, and is responsible for their independent living with staff support.

Service users receive their mail and telephone calls in private.

Staff were observed to be interacting with residents in a positive manner, and addressing them by their first names.

Service users take part in daily chores with support from staff as and when required, which include cleaning, laundry, kitchen chores and vacuum cleaning. Service users stated they get support from staff all the time.

Menus submitted with the pre-inspection questionnaire provided evidence that meals are balanced with meat, fish, rice, fresh vegetables and fruit. Residents are offered a choice for breakfast, lunch and the evening meal.

The home has a previous service user who attends to some cooking duties. Staff support residents to choose and cook meals. Evidence that staff had received training in food hygiene was observed.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

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

#### **Standards 18, 19 and 20 were assessed.**

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use this service receive good support, their physical and emotional needs are appropriately met and the home administers medication safely.

### **EVIDENCE:**

Sampling of the care plans provided evidenced that each service user receives the agreed personal care and support as recorded. Staff informed the Inspector that service users are able to attend to their personal needs, but advice is offered as and when appropriate. Care plans sampled included risk assessments and guidelines in regard to Moving and Handling.

During discussions service users informed the Inspector that they are able to choose the time they go to bed and get up in the morning, the clothes they wish to wear and their hairstyles.

As it is a respite care home the main carers generally address medical needs but the home assists or takes any action necessary to ensure the well being of

service users. However, other medical professionals are used and contribute to care plans and training for staff.

The home uses the Medical Administration Record sheets (MARs) for the recording of medicines. Records are maintained of medicines brought into the home and taken home with service users. Records of medication returned to the pharmacy are also maintained. Two members of staff sign the MARs records, and no errors were found during the sampling of these records.

Information provided in the pre- inspection questionnaire and sampling of staff files provided evidence that staff had received training in regard to Medication in the Home.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

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

**Standards 22 and 23 were assessed.**

People who use the service experience **excellent** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the service have access to a complaints system that enables service users and their families to raise concerns. Staff having knowledge, training and an understanding of adult protection issues protect service users.

### **EVIDENCE:**

The Commission For Social Care Inspection has not received any concerns, complaints or allegations in regard to the home.

The home has a Complaints Policy and Procedure that is provided to all service users, and is in a format that service users can understand. It includes timescales for responding to complainants and the contact details of the Commission For Social Care Inspection. The Service User's Guide has a more detailed version of this Policy and Procedure. The manager informed the Inspector that this document is to be further developed using PECS.

During discussions service users informed the Inspector that they would talk to staff if they needed to make a complaint. One service user stated that there is never a need to make a complaint as "everything gets done around here. We have a very good manager here, and anything that needs to be done is done straight away."

The Complaints book provided evidence that the home had received one complaint during the past twelve months, which was appropriately dealt with by the management of the home.

The home has a Protection of Vulnerable Adults Policy and Procedure that was reviewed in June 2006. The manager has undertaken the Train the Trainer in regard to Protection of Vulnerable Adults with East Berkshire Adult Protection Committee, and provides in-house training to all staff. The manager informed the Inspector that all staff have received Protection of Vulnerable Adults training and have access to a Whistle Blowing Procedure. Staff files sampled provided evidence of this training.

During discussions staff were able to give accurate accounts of the procedures they would follow in instances of actual or suspected abuse. Staff stated they have read the home's Whistle Blowing Policy and Procedure, and would always report bad practice to the manager.

The home has a copy of the most recent East Berkshire's Multi Agency policies and procedures on Safeguarding Vulnerable Adults.

The manager informed the Inspector that service users manage their own money, with as much support as is necessary.

## Environment

### The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

**The Commission considers Standards 24, and 30 the key standards to be inspected.**

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

#### **Standards 24 and 30 were assessed.**

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

People using the service are provided with good communal and individual living space making it a safe and comfortable place to live.

#### **EVIDENCE:**

A tour of the premises was undertaken. The accommodation is situated on two floors and comprises of three single bedrooms, kitchen, dining area, lounge and laundry. Bathrooms and toilets are equipped with liquid soap and paper towels. On the ground floor there is a self-contained one bedroom flat that is used by one current resident, which is promoting independent living.

The home had an inspection by the Environmental Health Office (EHO) on the 3<sup>rd</sup> May 2007, and recommendations made have already been complied with.

The home has a garden to the rear of the property that is maintained by one service user. It the garden was appropriately maintained and no hazards were noted. During discussions with the service user who looks after the garden, it

was clear that she is conscientious about her responsibilities in regard to maintaining the garden.

There were some issues noted in regard to the decor of the home, but the manager had already identified these, and produced a maintenance programme in regard to attending to these.

The home has an Infection Control Policy and Procedure that had recently been reviewed, and sampling of staff files evidenced that staff had received training in this area.

During discussions, one service user informed the Inspector that the home is always very clean and tidy, and "if anything needs to be done in the home, then the manager makes sure it is done right away. You do not have to wait days before anything is done."

## Staffing

### **The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

### **The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

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

#### **Standards 32, 34, 35 and 36 were assessed.**

People who use the service experience **excellent** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

The arrangements for staffing are good, ensuring staff have the qualities and training to meet the needs of residents. People who use the service are protected by the organisation's recruitment policy and procedures.

### **EVIDENCE:**

The manager informed the Inspector that service users have a one to one staffing arrangement at all times. This was confirmed on the duty rota maintained by the home. The staff team consists of the manager, area manager, two assistant service managers, two team leaders, one senior care co-ordinator, one senior support and one support worker. The staff team is made up of male and female staff. The pre-inspection questionnaire forwarded to the Commission For Social Care Inspection informs that 53% of the staff team hold the minimum of NVQ level 2 and above. The home offers training from NVQ level 2 to NVQ level 4.

The home has a Recruitment Policy and Procedure that had been reviewed in 2006.

Three staff files were sampled, and each included an application form, two written references, and records for gaps in employment. Criminal Record Bureau reference numbers and proof of identification are maintained in staff files.

The organisation has a comprehensive staff training programme that had been undertaken by staff working at the home. Staffs have received excellent training whilst working at the home. Training has included Effective Communication, Autism, Epilepsy, Principals of Care, Risk Assessments and the General Social Care Council code of conduct. New staff are provided induction training that is in line with the Sector Skills Council specification.

Evidence of regular formal one to one supervision having taken place were viewed in the staff files sampled.

During discussions, staff informed the Inspector that training opportunities provided are excellent.

## Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

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

**Standards 37, 39 and 42 were assessed.**

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

Service users benefit from a well run home that promotes their health, safety and welfare.

### **EVIDENCE:**

The registered manager, who is also the owner of the care home, informed the Inspector that she has many years experience working in residential care homes. The manager's training and qualifications include the Advanced Management in Care, Professional Diploma in Learning Disabilities, NVQ level 4, and has commenced the Registered Managers Award (RMA). The manager has undertaken other training in regard to the role that includes Care and management, Psychotherapy, Train the Trainer for Protection of Vulnerable Adults and Sexual Health.

The home conducts regular weekly meetings with service users. Annual surveys are undertaken for service users, and information is collated by the organisation. The manager informed the Inspector that surveys are currently used for service users and their families. The last quality review was undertaken on the 22<sup>nd</sup> may 2007. Quality assurance surveys are being further developed to include the views of other associated professionals. The manager stated that the organisation has an Annual Development Plan that includes all the services it operates.

The organisation are committed to ensuring staff are trained to do their jobs. Staff has attended mandatory training, and annual refresher courses are provided.

Information provided in the pre-inspection questionnaire returned to the Commission For Social Care Inspection evidenced that health and safety records are appropriately maintained and up to date. During the site visit records of fire risk assessments, annual testing of the fire alarm equipment and fire drills were viewed.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	4
<b>8</b>	X
<b>9</b>	4
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	3
<b>13</b>	4
<b>14</b>	X
<b>15</b>	4
<b>16</b>	4
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	4

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	4
<b>33</b>	X
<b>34</b>	3
<b>35</b>	4
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	4
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

No

Are there any outstanding requirements from the last inspection?

### **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

### **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

## **Commission for Social Care Inspection**

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