



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Mount Olivet Nursing Home

**Mount Olivet Nursing Home**  
**2 Great Headland Road**  
**Paignton**  
**Devon**  
**TQ3 2DY**

*Lead Inspector*  
Fiona Cartlidge

*Unannounced Inspection*  
18th April 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
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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 Older People*. 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>	Mount Olivet Nursing Home
<b>Address</b>	Mount Olivet Nursing Home 2 Great Headland Road Paignton Devon TQ3 2DY
<b>Telephone number</b>	01803 522148
<b>Fax number</b>	01803 696573
<b>Email address</b>	monh@grayareas.co.uk
<b>Provider Web address</b>	www.grayareas.co.uk
<b>Name of registered provider(s)/company (if applicable)</b>	Grayareas Limited Robert Hugh Gray
<b>Name of registered manager (if applicable)</b>	Alison Homer
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	30
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (30), Physical disability (30)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      8th November 2005

## Brief Description of the Service:

Mount Olivet is situated in the Preston area of Paignton and is easily accessible by public transport. It is set in private grounds with a pleasant sheltered garden. The home overlooks the sea at Paignton and is approached from a driveway, parking is available for several cars to the right of the building. The home occupies a position that overlooks Torbay with panoramic views across to Brixham.

The home is registered to provide accommodation to a maximum of 30 people of either gender, over the age of 65 years requiring nursing and/or personal care because of physical frailty, illness or disability.

A registered nurse is on duty at all times supported by a team of Health Care Assistants. The home has a range of equipment and adaptations to cater for the needs of the residents.

Information about the home and the latest inspection report was found in the entrance hall, people can also receive information by visiting their website.

Information given to the Commission by the provider indicates the current range of fees is from £482 to £689/week. Additional charges are made for podiatry, hairdressing, newspapers/magazines and aromatherapy.

# SUMMARY

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

The site visit took place over 5 hours 40 minutes and was unannounced. A partial tour of the home took place when some bedrooms and all communal areas were viewed.

Three residents had their care case tracked this means their records were examined in detail and all three residents were spoken to in depth about the care and services they receive.

Ten other residents were spoken with during the visit, as were 3 visitors/relatives. Personnel records of 3 members of staff and policies and procedures were also inspected.

Information was also gathered from surveys returned to the Commission from 13 Staff members, 8 General practitioners and one visitor/relative.

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

People who use this service have good information about the home in order to make an informed decision about whether the service is right for them. The personalised needs assessment means that people's diverse needs are identified and planned for before they move to the home.

The registered person promotes and maintains residents' health and ensures access to health care services to meet assessed needs. There are good relationships between the staff in the home and visiting health and social care professionals; The Commission received written feedback from eight General practitioners who visit the home. Comments from them included: 'an excellent home that I would recommend to anyone, I'm very impressed with the standard of care', 'Excellent care standards in this home, I would be very happy for any member of my family to be care for by them', 'Excellent home, professional team professionally led'.

A range of activities within the home and community mean the residents have a range of opportunities to participate in stimulating and motivating activities. On the afternoon of the inspection a number of residents were taken on an outing in an adapted mini bus (suited for people in wheelchairs) others were asked what they would like to do and a few in the lounge chose to watch the second part of a trilogy they had been watching on video.

The open door visiting arrangements allow people to maintain contact with family/friends/representatives.

The food in the home is of a good standard and there is ample choice. The feedback about food was positive all of the residents but one spoken with said how good it was.

A tour of the home provided evidence that the providers continue to maintain an attractively presented environment for residents and staff; Resident's rooms contained personal items of furniture and ornaments and pictures. All of those spoken to said they liked their rooms, some were pleased that their rooms had sea views others were equally satisfied with rooms leading onto the enclosed attractive garden.

The home is adequately staffed with employees who are experienced and competent. The inspector spoke to residents during the inspection they said the staff were friendly and supportive towards them.

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

A new ramp to the garden provides better access for those in wheelchairs and assisted mobility aids. The car park has been extended providing additional much needed off road parking for visitors. New carpets and curtains were also seen in areas of the home.

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

Safe systems for recording medications need to be consistently applied. Poorly completed medication records mean that residents may not be given their medicines. This puts residents at risk. A requirement has been made in this report to safeguard the wellbeing of people using the service.

The home currently lacks a choice of communal space there is no separate dining room, the lounge does have a family sized dining table in it but on the day of this site visit this was not used and residents were served their meals whilst sat in their lounge chairs at individual tables. This may detract from people having a normal dining experience. The provider did show architectural plans to improve communal space available in the home.

Residents spoken to where concerned that there was no accessible call bell available to them in the lounge and commented on how far the WC is from the lounge also commenting one WC was not sufficient to meet the needs of all residents at certain times of the day. A recommendation has been made in this report to provide an accessible call bell system for residents when seated in the lounge.

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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Staffing (Standards 27-30)

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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):**

1,3,6

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

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

People who use this service have good information about the home in order to make an informed decision about whether the service is right for them. The personalised needs assessment means that people's diverse needs are identified and planned for before they move to the home.

## **EVIDENCE:**

The home has a residents guide this document sets out the aims and objectives of the home and provides comprehensive information about the service. This booklet was available in the entrance of the home and copies were found in people's bedrooms. The copies seen were in small print however the provider explained large print copies can be made available if required. Information about this home can also be found on the company web site. Four residents were spoken with about the information they received before

entering the home; All of those spoken to said they felt they had received enough information.

The personal records of 3 residents were seen in detail and these three residents were then spoken with about their experience of living at Mount Olivet. Documents seen provided evidence that an assessment of care needs takes place prior to admission to the home. The records seen included copies of assessments carried out through care management arrangements and hospital/community health care teams where applicable. A full assessment of need is performed by staff employed by the home following the residents' admission and this information and that from the preadmission care management/health assessments informs the homes care planning process.

## 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):**

7,8,9,10

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

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

Resident's needs are set out in an individual plan of care.

The registered person promotes and maintains residents' health and ensures access to health care services to meet assessed needs.

Poorly completed medication records mean that residents may not be given their medicines. This puts residents at risk of harm.

Residents are treated with respect and their right to privacy is upheld.

### **EVIDENCE:**

Three residents had their care followed as part of the inspection. Each had a comprehensive care plan in place, which had been developed from their assessment of care needs. The care plan set out details of the action staff should take to ensure that the care needs of the residents were met. The

three plans of care viewed had been reviewed monthly or sooner if the resident's care needs have changed. The way the care plans are recorded supports that the residents and/or their representatives are involved in the reviewing of the plan of care. The residents spoken to during the inspection told the inspector that staff had talked to them about their care needs and what was important to them.

The residents have their care needs assessed by registered nurses who have the skills and abilities and understand the needs of the residents. The way the resident's health care needs are recorded and planned gives a clear picture. One resident who had a wound had a treatment plan in place. The inspector saw pressure-relieving equipment in use for the residents who required this. These included high dependency air flow mattresses and pressure relieving cushions.

Nutritional monitoring had been completed and included a record of the resident's weight and their food preferences and dietary needs. Nutritional supplements were available for the residents who required them.

A record of GP visits was seen recorded in individual residents care plans. Each resident has an assessment by an NHS nurse to establish their nursing care funding. Records of these assessments taking place were available. Two of these assessing nurses were visiting the home on the day of inspection feedback from them about this home was positive. The Commission also received written feedback from eight General practitioners who visit the home. Comments from them included: 'an excellent home that I would recommend to anyone, I'm very impressed with the standard of care', 'Excellent care standards in this home, I would be very happy for any member of my family to be care for by them', 'Excellent home, professional team professionally led'.

The resident's medication is stored in a treatment room. The controlled drug record for two residents was checked against stock and was correct. How medication is ordered and returned was discussed with a registered nurse. Medication is returned to the supplying pharmacist and records of this are maintained. The medication records for the residents were viewed these showed a number of gaps in administration records, this failure in recording poses a risk to residents because they may not have received their medication as prescribed or additional medication may be administered because the unsigned record indicated it had not been given and therefore needed to be. This home has been involved in a study relating to the relationship between some prescribed medication and falls this had been reviewed/ audited in January and the findings communicated to the staff team.

## 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):

12,13,14,15

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

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

A range of activities within the home and community mean the residents have a range of opportunities to participate in stimulating and motivating activities.

The open door visiting arrangements allow people to maintain contact with family/friends/representatives.

The food in the home is of a good standard and there is ample choice.

### EVIDENCE:

During the site visit, some residents were seen sitting in the lounge, others were seen spending time in their rooms, reading, listening to music, or watching television. Staff were seen encouraging and enabling residents to engage in meaningful conversation. On the afternoon of the inspection a number of residents were taken on an outing in an adapted mini bus (suited for people in wheelchairs) others were asked what they would like to do and a few in the lounge chose to watch the second part of a trilogy they had been watching on video.

Future organised activities are advertised in 'the Mount Olivet newsletter and by word of mouth. The latest edition included a request for feedback about a recent show put on in the home by a travelling theatre. An occupational Therapist has recently joined the staff who provides chats and crafts twice a week.

The feedback about food was positive all of the residents but one spoken with said how good it was; on the day of inspection lunch was served, residents were served their meals in the lounge at individual tables or in their own rooms. Those requiring assistance were given this on a 1:1 basis by staff. One staff member had no option but to stand up and tower over the resident to provide assistance because of the lack of space between the residents lounge chairs.

The people living in the home said they were happy with the visiting arrangements, visitors said they feel welcomed into the home and are able to visit their relative/friend in private or socially.

## 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):**

16,18

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

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

Residents feel safe and listened to.

The home's procedures are available, understood and consistently applied.

### **EVIDENCE:**

This service has a complaints procedure it is clearly written and easy to understand and was seen advertised on notice boards around the home as well as in the guides found in all of the bedrooms. Residents and visitors confirmed that they felt comfortable discussing issues with the staff and manager. One confirmed that when they had raised an issue it had been dealt with by senior staff in the home in a manner that met their expectation. The Commission is aware of 2 complaints made to the home one had been fully investigated and responded to in a timely fashion the other the provider told us has been investigated and a response is being formulated. A record of verbal complaints is held in the home, the record did not clearly describe the investigation process or outcomes for the complainant.

Records seen show that the Staff are made aware of and attend training on the recognition and reporting of incidents or allegations of abuse or neglect. The homes policy and procedures for safeguarding adults gives clear specific

guidance about referring to external agencies. All of the thirteen staff who returned surveys to the commission indicated that they are aware of adult protection procedures. Residents said they feel safe living in 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):**

19,26

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

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

Mount Olivet provides a comfortable environment for residents to live in and staff to work in.

### **EVIDENCE:**

A tour of the home provided evidence that the providers continue to maintain an attractively presented environment for residents and staff; a new ramp to the garden provides better access for those in wheelchairs and assisted mobility aids and the car park has been extended providing additional much needed off road parking for visitors. New carpets and curtains were also seen in areas of the home.

Resident's rooms contained personal items of furniture and ornaments and pictures. All of those spoken to said they liked their rooms, some were pleased

that their rooms had sea views others were equally satisfied with rooms leading onto the enclosed attractive garden.

The home currently lacks a choice of communal space there is no separate dining room, the lounge does have a family sized dining table in it but on the day of this site visit this was not used and residents were served their meals whilst sat in their lounge chairs at individual tables. The provider did show plans to improve communal space available in the home.

Residents spoken to where concerned that there was no accessible call bell available to them in the lounge and commented on how far the WC is from the lounge also commenting one WC was not sufficient to meet the needs of all residents at certain times of the day.

The home is well equipped to meet the needs of those residents identified with moving and handling risks and disabilities that affect their capability to bathe. Specialist mattresses were seen in place for those residents requiring them as were height adjustable beds. Some furniture such as chest of draws and cabinets in bedrooms were looking shabby and aged however information in the homes newsletter and the provider confirmed plans for furniture and lampshade replacement.

The home was fresh and clean in its appearance, hand washing facilities are available throughout the home as were protective gloves and aprons and procedures followed by the staff minimise the risk of cross infection. There were used soap bars seen in dishes in shower/bathrooms that are used by residents. This is poor hygiene practise, soap bars should be used by one resident only and not shared, the practise of leaving bars in bathrooms does not promote this practise.

## 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):**

27,28,29,30

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

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

The home is adequately staffed with employees who are experienced and competent.

### **EVIDENCE:**

The staff rota was provided prior to the inspection. This showed the number of staff on duty and what capacity they were employed. It covered the registered nurses and care staff. In addition to these staff the home employs administration, maintenance, catering and domestic staff.

The pre-inspection information indicates that 8 care staff (32%) have achieved an NVQ (National Vocational Qualification) level 2 or above in care. Training records show that a number of staff are currently working towards the qualification. The home has clear induction policies, which are linked to Skills for Care and provide staff with the foundations for work in care.

The management organisation of the home has provided clear recruitment policies and procedures. These should ensure that the residents are protected from unsuitable staff. A selection of staff files were viewed during the inspection. These contain the information required to support all pre-employment checks had been completed prior to the staff starting work.

These included two written references and a police check. The staff files viewed contained copies of certificates of courses they had completed.

There is commitment to training and development of the staff team from the homes management. Registered nurses employed in the home have specific specialist responsibilities/roles in areas including palliative care, infection control, continence, Parkinson's and diabetes. Ancillary staff are also enabled to attend on going training this was evidenced by the maintenance person who provided evidence of recently attending a fire-marshalling course.

The staff who returned surveys to the Commission confirmed that they receive paid training days and are supported to improve their skills through training.

The inspector spoke to residents during the inspection they said staff were friendly and supportive towards them, although one commented that the staff haven't got time to give my face and hands a wash before I go to bed and I am supposed to be helped to walk a short distance every day and this doesn't always happen because they are busy.

## 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):**

31,33,35,38

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

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

The home is being well managed.

### **EVIDENCE:**

The registered manager is a first level nurse with several years experience in the care home industry. She has obtained the registered managers award and a certificate was displayed in the home evidencing this. There are clear lines of accountability within the home.

Thirteen staff who returned surveys to the Commission indicated they feel well supported to do their job and received regular supervision. Records of staff appraisals were seen, which covered all aspects of practice, philosophy of care in the home and career development needs.

Comments on staff surveys included: 'It has improved since Mr and Mrs Gray bought the home and Mrs Homer took over as matron', 'we get good support from seniors', 'there has been a vast improvement since present owner'.

Communication systems are regular through staff handovers, and formal meetings, the inspector examined the minutes of a meeting held recently for the registered nurses in the home, the minutes included information being shared from the carers meeting. Each resident has a key worker and resident and relatives meetings are organised, as is a regular newsletter.

We looked at the system for securing money held by the home on behalf of residents. A sample of records was checked against actual balances and was found to be correct. Records are kept of each transaction and receipts for all expenditure.

Not all records were inspected on this occasion. The records that were viewed had been kept appropriately, were up-to-date and contained the information required. These included the resident plans of care, medication records, the accident book, fire logbook and some maintenance records. The maintenance man showed the records he is responsible for pertaining to the health and safety checks for the home and these records were up to date.

# 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

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

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	4
<b>9</b>	2
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	2
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	2

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

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
1	OP9	13.2	When medication is administered to people who use this service it must be clearly recorded. This will ensure that people receive the correct levels of medication.	01/06/07

### **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
1	OP26	To prevent the risk of cross contamination Soap bars should not be stored in communal bathing rooms.
2	OP22	An accessible system should be available in communal rooms for all immobile residents to be able to summon assistance when they require it.

## **Commission for Social Care Inspection**

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