



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Shared Approach Limited

**Parkside House
Moss Lane
Garstang
PR3 1HE**

Lead Inspector
Mrs Joy Howson-Booth

Announced Inspection
30th August 2005 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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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 agency are those for *Domiciliary Care*. They can be found at 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

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SERVICE INFORMATION

Name of service	Shared Approach Limited
Address	Parkside House Moss Lane Garstang PR3 1HE
Telephone number	01995 601701
Fax number	01995 600620
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Shared Approach Limited
Name of registered manager (if applicable)	Mr David Sharples
Type of registration	Domiciliary Care Agencies
No. of places registered (if applicable)	0
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

1. The agency shall at all times employ a suitably qualified and experienced manager who is registered with the National Care Standards Commission.
2. The agency may only provide care to the following categories of service user:-
 - Older People
 - Adults with Mental Health Problems
 - Adults with a Learning Disability
 - Adults with a Physical Disability
 - Adults with a Sensory Impairment

Date of last inspection 27th September 2004

Brief Description of the Service:

Shared Approach Domiciliary Agency is situated in the town of Garstang, in between the cities of Lancaster and Preston.

The agency has previously voluntarily registered with the Lancashire County Council's Inspection Unit. In 2004 the agency was formally registered with the Commission for Social Care Inspection to provide domiciliary care in Garstang and its surrounding areas.

The agency is managed by Mr David Sharples (Managing Director) who oversees the work of the Registered Manager (also Mr David Sharples).

The agency describes itself as "domiciliary care plus" which is an appropriate description as it provides 24 hour care over the full seven day period to enable people with a learning and physical disability to remain in their own supported living/tenancy homes. This care differs from the accepted 'domiciliary care' as it covers a whole range of tasks from in-depth personal care and support, community involvement and domestic tasks and is tailored to ensure it meets the needs of the age ranges of service users supported.

SUMMARY

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

This inspection was an announced one which means the agency were aware of the inspectors visit. As well as speaking with the responsible person, registered manager and other managers within the agency, comment cards were also sent out to 7 clients and 10 staff. The initial visit was spent at the office, examining documents and records held. The second day was spent visiting clients in their own homes and talking with their support staff. A feedback morning was spent at the agency, relaying all the information gained during the inspection as indicating areas where some attention is required.

The inspection also included the input from the Commission for Social Care Inspection's Pharmacist Inspector, who also provided feedback.

7 comment cards were returned from staff. None were returned from clients. The agency also distributed comment cards to relatives and 9 were returned. The cards contain both positive comments and also general comments which were all relayed to the managers of the agency.

The inspection was completed on 29 September 2005 with a meeting with the responsible person, registered manager and network training manager to provide feedback and advice.

What the service does well:

The agency provides a comprehensive service, which aims to be client needs led. The agency has a good support network to ensure staff are informed and supported. Feedback from staff confirmed that there is always someone to provide them with guidance if needed, throughout the 24 hour period.

Clients are supported in their own homes, which have been leased from either the Bowland Village Trust or a private landlord. The agency is aware of the boundaries in such settings and aware their input sometimes has to be balanced with client needs and wishes. Where necessary, the agency acts as an advocate (or ensures an advocate is provided) for individual clients.

A number of clients are supported in an outreach setting and this provides the client and their immediate family with planned contact to enable community activities to be attended.

The agency has a positive approach to training its staff and ensures that, as well as a thorough induction procedure, other training is provided. The training manager is currently developing the area of training with external training agencies.

The agency also recognises the work carried out by its staff and endeavours to provide support from both house managers and also the network managers. This support was reflected in comment cards received.

When asked about things that the agency does really well - comment received from staff included – “there is a very real sense and feeling of providing the best level of support and care for service users with Shared Approach. This appears to be paramount within the company. There is good communication between the different houses and interaction between them, the service users and staff”: “they are there if there are any problems and very supportive to staff and service users”; “excellent team work”; “I do feel that on the whole Shared Approach does provide a very good service to the service users. I don’t recall any service user who seems unsatisfied with the service provided”.

One comment card received from a relative stated – “my sister and I are very satisfied with X’s care. We wish to thank all the carers”.

The agency welcomes advice and guidance from the Commission for Social Care Inspection and addresses any requirements and recommendations made.

What has improved since the last inspection?

The Board of Directors have increased wages for the staff in the agency and has seen an improvement in the quality of people who are now applying to work their.

Continuous professional development is being introduced for the staff in the agency. This development programme formalises training for staff – from the initial induction programme within six weeks of starting, leading through the probationary period and onto National Vocational Qualification Training Levels II and III.

Following a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) the agency has adopted a new management structure. This new structure involves two additional network manager posts being created, alongside the two existing posts. Each of the network managers has their own job description and responsibilities to undertake. In addition to these managers, there are now 6 house managers in place, each manager being responsible for two houses.

Based on “valuing people” - information in client formats is also being looked into so that information can be passed on in whatever format the individual client can understand – e.g. photographs, picture, possibly video formats.

What they could do better:

Compile an "initial contact assessment" format for any emergency referrals made to the agency.

Ensure staff who have specialist training are provided with a certificate that confirms they are competent by the specialist trainer concerned.

Re-write the agency's abuse procedure to ensure it meets with the guidance provided by the Department of Health's document "No Secrets". Ensure a copy of this procedure is in place in the homes.

Ensure records are obtained of all staff supervision that takes place and make sure supervision is given 3 monthly. Look at how staff can have their own copy or view their supervision records.

Provide training in supervision for those house managers who have not been provided with such training

Make sure each of the clients' care plan accurately reflects the input to be provided by the agency in respect of their lifestyle, healthcare needs and how the agency support is to be provided. All records relating to the clients' care must be monitored and reviewed on a regular basis.

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 or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Personal Care (Standards 7-10)

Protection (Standards 11-16)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

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

2

Comprehensive information is normally sought which ensures the agency is able to make an informed judgement about the needs of the proposed client and whether or not these can be met within the service.

EVIDENCE:

Care assessments were seen in place for clients of the agency. Although one particular assessment was extremely comprehensive, some discussion took place over the need to make sure comprehensive information is obtained on all clients referred to the agency so that the agency can be confident individual needs can be met. The registered manager confirmed a comprehensive

assessment is normally completed once a referral is made. Assessments from other professionals (Social Worker) were also seen in case file.

The need to develop a pre-acceptance referral form for any emergency situations (an initial contact assessment) was also discussed as this seems to be the area where the agency is vulnerable.

The agency confirmed that the formal assessment procedure is being reviewed. It was also advised that personal history information should also be obtained as part of the referral process.

The previous inspection in 2004 confirmed that Shared Approach receives referrals for their service as a result of service users taking up tenancy/supported living status in the local community. Social Services are informed of vacancies within the homes and subsequent referrals are usually made by phone by the social worker involved. At this point basic information is gained and a meeting arranged to enable further and fuller information to be gained over any specialist needs and expectations of the service user.

The social worker and service user are invited to visit the property and to meet with others in the home, thereby making an initial impression from which an extended visit can be planned and to gain feedback from other service users in the home regarding their impression and issues around compatibility.

Visits to clients' homes confirmed that trial visits do take place prior to agreeing admission. For one house where 2 new clients are being assessed, the client who currently lives there confirmed their views have been sought over whether they feel they would like these new people to live with them.

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.

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

8 and 10

Clients are treated with dignity and respect and staff work hard to promote their rights and status as individuals.

The medication needs of clients are met by trained and competent staff who ensure clients are protected

EVIDENCE:

Those clients who were able to do so, confirmed they feel well cared for by the staff. No comment cards were received from clients.

Discussions with staff during visits to the clients home confirmed there is a good understanding of privacy and how this is to be maintained. Carers observed in clients homes were knowledgeable about the needs of the people they were caring for and care provided was given with sensitivity, dignity and respect.

Comment cards received from staff all confirmed that they are told about any particular needs which the client has, are told the preferred name of the client and they are personally introduced to the client before starting work.

Feedback was given to the agency regarding the communication book in one home which included personal information that should have been recorded in the individual's own records.

The Pharmacist Inspector also visited clients' homes and felt that the record keeping was much improved from last year, with clearer entries and better presentation.

Advice was given that the receipt of medication at one of the homes needs to be improved as they are also using the old style record keeping. It was suggested that the home obtains a blank Medication Administration Record (MAR) sheet for their own use.

Some concern was expressed over training for specialist input. Although "certificates of attendance" are on file – it was advised that specialist training needs to be more formalised with certificates provided from trained persons who can assess competence and not just attendance on the course. This training must also evidence regular reviews. The network manager responsible for training confirmed that no specialist input is passed down by staff and all staff receive individual training from a trained person.

It was confirmed that all medication records must be retained by the agency for 3 years from the date of last entry.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

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

11, 12 and 14

Good arrangements are in place to minimise risk so that the safety and welfare of clients and staff are promoted. The policies and practices of the agency ensure that clients are safeguarded from abuse or harm.

EVIDENCE:

It was again confirmed that the Managing Director of Shared Approach takes the lead in all matters relating to Health and Safety within both the company and within individual houses. Each house has its own "buildings risk assessment" and appropriate procedures put in place where a risk is identified. Staff also confirmed health and safety meetings continue to take place quarterly and involve both the Managing Director and all Health and Safety representatives. Staff have previously confirmed that issues have been brought up and dealt with appropriately using this forum and any immediate health and safety issues are dealt with straight away.

The agency has a range of comprehensive policies and procedures under the health and safety heading that outline both individual and company responsibilities. These include the reporting of accidents, incidents and occurrences as under the RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Requirements) procedures.

Individual risk assessments were seen on file. The registered manager confirmed that risk assessments are reviewed regularly, although one risk assessment seen was last recorded as reviewed in 2003.

Procedures for managing violence and aggressive behaviours are written individually for the service user concerned – one incident book was examined and it was confirmed any incidents are logged centrally within the agency and forwarded to the named Social Worker of the client.

Accident books were examined and appropriately maintained.

Staff again confirmed that they receive training on prevention of abuse and what constitutes abuse is provided to staff both within the induction programme and through ongoing National Vocational Qualification (NVQ) and Learning Disability Awards Framework (LDAF) training.

Where specific physical intervention is required, specialist training is provided to staff. Staff again confirmed that they had received such training. At present, such training is not certified.

The Commission for Social Care Inspection has evidence that the agency complies with its own robust procedures for responding to suspicion or evidence of abuse or neglect.

The agency's abuse procedure still needs to be re-written in light of the recommendations in the Department of Health's document "No Secrets" and the policy and procedures main file still states "senior management team will notify the SS department's District Purchasing Team immediately and commence the abuse enquiry internally". The abuse procedure was seen in one home and, again, this stated "internal enquiry will be undertaken and if needed police will be notified". In addition, 'National Care Standards Commission' should now read 'Commission for Social Care Inspection'.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.

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

17, 19 and 21

The agency makes sure the right staff are employed, trained and supervised to look after vulnerable people. This means that clients are protected by the robust staffing arrangements put in place by the agency.

EVIDENCE:

The agency has a rigorous recruitment procedure which, from examination of five staff files, is always followed.

All comment cards received from staff confirmed an application form, interview, 2 references, proof of identity, photograph, Criminal Records Bureau (CRB) disclosure form and statement has been obtained from the agency. Examination of the agency's CRB records also confirmed these are obtained for all staff who it is intended will work at the agency.

It was confirmed that all staff have received a copy of the General Social Care Council's code of practice for care workers but it was advised this should be

signed for on receipt. The registered manager confirmed this is included in the recruitment checklist of information to be provided to new staff.

All staff spoken with confirmed they had received an induction training programme which has been verified as being comprehensive. These members of staff also confirmed the agency is proactive in providing training. One staff comment card stated that "a lot of money is wasted in training and then they don't stay long which is a shame". This is something the management of the agency are aware of and are looking at ways to address.

Training records for staff were seen, held in hard copy and also recorded on a spreadsheet on the computer. The training manager confirmed back systems are in place for these records. The link with the external training bodies also appears to be a positive step forward in formalising the training for staff within this agency. The training manager is aware of the need to have 50% of the agency staff trained to National Vocational Qualification standard by 1 April 2008.

The introduction of the "continuous professional development" programme will also formalise the agency's training programme further.

Staff spoken with and those who returned comment cards all indicated they receive one to one supervision which is planned and recorded, although one person indicated that although their managers sees them working with the clients they were not aware this is a formal part of their supervision.

Confirmation was given by the training manager that all longer-term house managers are provided with training in the supervision of staff, although some newer recruits will need to have this training.

Staff indicated that minutes are taken of their supervision, although they are not provided with a copy – the main copy being held by their house manager and a copy held at the central office. This may be something to address in the future. Supervision records examined were not always up to date – some staff not recorded as having had supervision since February 2005.

Staff confirmed that house meetings are held and minutes were seen of these. These tend to be two tier meetings whereby one part involves the clients in the home and the second part a general staff meeting.

In addition, joint staff meetings are also held whereby issues common to all the homes can be raised and addressed.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.

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

22 and 26

Clients benefit from a well-organised, consistent and reliable service which is provided by a dedicated group of managers and staff. The agency listens to views and concerns and acts on these to improve the services provided to clients.

EVIDENCE:

As ascertained from the inspection visit in 2004, the office for Shared Approach is a dedicated, single-storey building with a range of offices rooms, two meeting/training rooms, and other facilities and equipment which evidence the premises are suitable and designed to reflect an organised service.

There is a clear management structure, whose roles and responsibilities have recently been reviewed and restructured to encompass the Managing Director, the Registered Manager (who also acts as one of the Network Manager) and three other Network Managers. Six house managers have been identified, each having two houses to be responsible for.

During the visits to individual homes, a number of issues were identified relating to the service provided to clients by the agency and these have been passed on to the registered manager. These include – care plans not being dated. Care plan goals and actions not reflecting current lifestyle choices; lack of evidence of reviews, including reviews on risk assessments; healthcare records not been accurately maintained and/or being maintained in several documents; healthcare monitoring (for example, weight recording); follow up actions needed by staff when healthcare issues have been identified. The registered manager confirmed these will be addressed now the new management structure is in place.

However, some very good practices were seen in place in some homes which included – excellent records of lifestyles and activities undertaken; lots of evidence of activities/outings and holidays being enjoyed; individual communication “points of reference” (one client being helped to identify members of staff by physical objects).

During all the visits to the home, the clients were seen to have very positive relationships with the staff on duty and the interactions were warm and friendly and their routines appear to be flexible and based on their own likes and dislikes. All the clients were relaxed and well-presented.

When asked about things that the agency does really well - comment cards received from staff included – “there is a very real sense and feeling of providing the best level of support and care for service users with Shared Approach. This appears to be paramount within the company. There is good communication between the different houses and interaction between them, the service users and staff”: “they are there if there are any problems and very supportive to staff and service users”; “excellent team work”; “I do feel that on the whole Shared Approach does provide a very good service to the service users. I don’t recall any service user who seems unsatisfied with the service provided”.

When asked about things that could be improved by the agency, comment cards received from staff included – “better communication between managers and support workers at times. Sometime poor organisation regarding meetings and courses”; “higher support staff numbers – despite several recruitment campaigns, a significant increase in the starting rate of pay and a commitment to even further training opportunities – recruitment and retention of staff seems to be a problem. This leads to a high number of extra shifts and “fill-in” staff”; “enhanced rates of pay for unsociable hours, weekends and overtime”; “more staff would be welcome as sometimes I work alone”.

From a further discussion, the comment above – “poor organisation regarding meetings and courses” - related to a recent course which had been cancelled and staff were not informed and to meetings which are sometimes not well attended which, in their view, may be due to a lack of communication.

Comment cards received from relatives indicated that they are satisfied with the overall care provided by the agency. One comment card stated “my sister and I are very satisfied with X’s care. We wish to thank all the carers”.

Comment cards received from relatives also confirmed that they are aware of the agency’s complaints procedure. Most stated they had not had to make a complaint although two stated that they had made a complaint to the agency but were satisfied that the agency handled it properly.

At the time of feedback, all the comments made by relatives and staff were relayed and were discussed and welcomed as a way to improve the service provided to staff and clients.

Since the last inspection, there has been one complaint made to the agency and investigated by them and which was substantiated.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

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

User Focused Services	
Standard Number	Score
1	X
2	4
3	X
4	X
5	X
6	X

Managers and Staff	
Standard Number	Score
17	4
18	X
19	3
20	X
21	2

Personal Care	
Standard Number	Score
7	X
8	4
9	X
10	2

Organisation and running of the business	
Standard Number	Score
22	2
23	X
24	X
25	X
26	3
27	X

Protection	
Standard Number	Score
11	4
12	3
13	X
14	2
15	X
16	X

yes

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, Domiciliary Care Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO14	14(9)	The abuse procedure must be reviewed to ensure it meets with the requirements of the Department of Health's document "No Secrets" and must provide clear guidance to staff on the actions that must be taken should an incident of abuse occur or be suspected	31/10/05
2	DO10	14(7)	The manager to ensure that all medication administration records are accurately maintained, complete and signed at the time of administration. A clear record of medicines received and disposed of must also be made. A more up to date recording format preferably computer generated from the community pharmacist would facilitate this	31/10/05
3	DO19	15(2)(a)	Staff who are provided with specialist training must be certified as competent and their competency reassessed on a regular basis	30/11/05
4	DO21	15(4)	Staff must be provided with formal, recorded supervision at least every 3 months	30/11/05

5	DO22	15(b)	Care records must be reviewed to ensure they provide information to staff over the input provided by the agency in respect of lifestyle, goals, healthcare, risk assessments etc. and ensure these are reviewed	30/11/05

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	3	Develop an initial contact assessment form for emergency referrals to the agency
2	19	Provide training in supervision of staff for those house managers who have not yet had this training
3	21	Ensure staff have access to their personal supervision records
4	8	Personal communication should be written in the individual clients own diary notes and not in the general communication book

Commission for Social Care Inspection

North Lancashire Area Office

2nd Floor, Unit 1

Tustin Court

Port Way

Preston

PR2 2YQ

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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