



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**The Birches**

**Grammar School Road  
Brigg  
North Lincolnshire  
DN20 8BB**

*Lead Inspector*  
Rob Padwick

*Unannounced Key Inspection*  
17th May 2007      11:45

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
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<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>	The Birches
<b>Address</b>	Grammar School Road Brigg North Lincolnshire DN20 8BB
<b>Telephone number</b>	01652 652348
<b>Fax number</b>	01652 653803
<b>Email address</b>	manager.thebirches@hica-uk.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Humberside Independent Care Association Limited
<b>Name of registered manager (if applicable)</b>	Miss Michelle Lawes
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	31
<b>Category(ies) of registration, with number of places</b>	Learning disability (31), Learning disability over 65 years of age (31)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**                      2nd February 2006

## Brief Description of the Service:

The Birches is purpose-built accommodation situated in the town of Brigg. It provides personal care and accommodation for up to 31 adults with a learning disability in both categories of younger people and over 65 years.

The home is owned by Humberside Independent Care Association, which is a not for profit organisation.

The accommodation is provided in three eight-bedded bungalows, one four-bedded bungalow and two self-contained flats.

Each bungalow has its own bathroom, shower room, toilets and living/kitchen area providing domestic facilities and equipment. All bedrooms are single rooms and all but two have en-suite facilities. The bedrooms without en-suite have a hand washbasin provided.

A central core building contains offices, main kitchen, central laundry, meeting room, sensory environment and a lounge.

There is a large garden area with well-tended lawns and parking to the front of the building.

The home has its own mini bus.

The home is situated about one mile from Brigg Town Centre and its range of shops and amenities.

The standard fees charged by the home is £426.40 with additional charges made for specialist needs and for hairdressing, chiropody, toiletries etc.

The Birches provides information to residents about its facilities in its Statement of Purpose and Service User Guide.

# SUMMARY

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

A Pre Inspection Questionnaire asking for information about the home was sent to the manager before this visit and information from this was included as part of the inspection process. Other information used included reports from monthly visits carried out by a senior manager from the parent company and notifications received by the Commission for Social Care Inspection about serious incidents that had taken place in the home.

Questionnaires were sent out to people living in the home and their relatives, together with professional staff who know the service well. No specific concerns were identified from these and all of those that were returned expressed general satisfaction with the home.

The inspection visit for this service lasted for 7.5 hours and during this period, time was spent talking with people living in the home and observing their daily lives. Other time was spent looking at their care plans and other records and talking to staff. The inspection visit also included a tour of the building. A colleague observed the inspector during some of this visit, as part of a course that he was undertaking.

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

People are assessed well before they move in, to ensure that the service can meet their needs and good information is available to help people thinking about living in the home make a decision about it.

The health needs of the people living in the home are well met and staff are provided with a good amount of training to ensure that they can do their jobs well. The manager is well qualified and makes regular checks to ensure that the service is meeting the needs of the people living in the home.

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

A programme of decoration for the building had continued to ensure that the building was being maintained and the manager was continuing to monitor the staff training needs, to ensure that they had the skills required to meet the needs of the people living in the home.

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

The home's arrangements concerning staffing must be reviewed to ensure that there are sufficient numbers of them on duty to meet the needs of the people living in the home at all times. Staff should be provided with specialist skills to enable them to work more effectively with the people that have difficulties in communication needs and arrangements should be developed, to ensure that there are appropriate social activities for the people living in the home.

Further repairs should be carried out to improve the paintwork in the corridors and repairs to the wallpaper in the lounge area of the four-bedded bungalow and access arrangements should be improved to help wheelchair users get into the garden more easily.

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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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):

1 and 2

People who use this service experience **excellent** outcomes in this area. Good quality information was available to help people thinking about moving into the home make a decision about it. People living in the home had contributed to the assessment process of their needs, in order to ensure that the home was able to meet these satisfactorily. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

A good quality service users guide in a format of words and pictures was available to help people thinking about moving into the home, make an informed decision about it. Comment cards received from relative's indicated that they had made positive choices about the home and those people living at The Birches spoken with confirmed that they had been involved in the process of moving into it. A Social Services staff member who was contacted stated that the home had been "helpful and accommodating " in this respect. The files of the two most recently admitted people to the home contained assessments of their needs, obtained from the Local Authority before they had moved in, so that the manager could ensure that the service was able to meet these satisfactorily. Further assessments of a high standard were contained within the case files inspected that had been carried out by staff in the home, in order that to ensure that they had information concerning the strengths and needs of people living in the home and evidence was seen in the case files that they and their representatives had contributed to this process.

## 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):

6, 7, and 9

People who use this service experience **good** outcomes in this area. People living in the home were being supported to make choices and decisions concerning their lives, although further specialist communication skills training would help staff to meet the needs of the people living in the home better. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The five case files that were inspected all contained personal support plans, which had been developed from the needs assessments of the individuals concerned. The support plans had been developed in a format of pictures and words to help people living in the home understand them and covered a wide range of their various physical, social and emotional needs. A good standard of daily recording was included with the case files that documented the moods and behaviours of the people living in the home and evidence in the case files confirmed that the support plans were being regularly reviewed and updated in order to ensure that they continue to reflect the needs of the people living in the home. The people living at The Birches have a wide variety of different

needs and abilities, and a significant number have specialist communication needs. Whilst the support plans gave guidance to staff on the interpretation of gestures and expressions in respect of these matters, a recommendation is made that formal training is obtained, in order to enhance the skills and abilities of staff in relation to this aspect of practice. Issues relating to the management of risk to the people living in the home were included within the case files that were inspected with behaviour management plans in place where these were indicated. Staff were observed providing sensitive assistance and discussion with them indicated that these were based on a framework that was consistent with the rights and capacity of people to make choices as part of their every day lives. People living in the home confirmed they were supported to make decisions about their lives and those spoken to gave examples about choices they had made concerning holidays, trips out and how they spent their money.

# 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):

12, 13, 15, 16 and 17

People who use this service experience **good** outcomes in this area. People living in the home were being assisted to take part in a variety of activities, but further support would enhance their abilities to experience lifestyle choices that are informed by their needs and wishes. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Information provided by the manager indicated that the people living in the home were able to take part in a range of activities. The minutes from resident's meetings confirmed that trips out to various places of interest had been organised which had included an Abba musical, meals out at a local restaurant and a trip to Cadburys Chocolate World. A group of people living in the home had recently returned from a visit to Cornwall, and others indicated that they were due to go on a barge holiday in the near future. People living in the home were observed involved in drawing and watching TV

and comments received from a Community Nurse and the relatives of one of the people living in the home were complimentary of the efforts of the staff in this respect. However, discussion with people in the home indicated that the home's activity organiser had recently left the staff team and this factor, combined with a reorganisation of local day services in the area, resulted in some of those living at The Birches not attending these as much as previously. A comment card returned from an individual living in the home indicated a desire to renew friendships that she had previously had at a Mencap group. Requirements and recommendations are made in these matters. The home has a visitor's policy and comments received from relatives indicated that they were involved in reviews and welcomed into the home. People living in the home were observed involved in light domestic tasks such as emptying the dishwasher and tidying up and case files inspected contained risk assessments in relation to these activities. The home's cook had undertaken training relevant to his role and discussion with him indicated that he was knowledgeable of the various likes and dislikes of the people living in the home and that special diets could be provided. People in the home confirmed that the meals were good and the minutes from residents meetings confirmed that they had been involved in decisions about what was to be served. Evidence in the case files inspected indicated that aspects relating to the nutritional needs of the people living in the home were being appropriately monitored and assessed and inspection of the home's menus confirmed that a range of healthy meals were being provided.

## 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):

18, 19 and 20

People who use this service experience **good** outcomes in this area. The health needs of people living in the home were being well met and staff had received training in order to ensure that the personal care was delivered appropriately. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Discussion with people living in the home indicated they were happy with the way their personal care was delivered. The case files that were inspected gave clear information to staff in the ways needs were to be met. Training records confirmed that elements relating to this aspect of practice had been delivered to staff and discussion with those on duty confirmed that they were enthusiastic and professional in their role. A number of people living in two of the units have significant personal support needs and observation indicated that the staffing arrangements needed to be reviewed in order that the combined needs of people living in the home can be better met. **(See Staffing)**

Case files inspected contained good information relating to the individual health needs of the people living in the home and a Community Learning Disability Nurse confirmed that staff were “really quite good” in managing this aspect of the needs of the people living at the home. Four of the five files that were inspected contained detailed health action plans and the manager confirmed that she would take action to ensure that these were completed for all. Evidence was seen of close working relationships with members of the Community Multidisciplinary Teams and those people living in the home who were spoken with indicated that they were happy with the way that their health needs were being met. Discussion with staff working with a group of people with very complex needs confirmed that they were knowledgeable about these matters and had received a good amount of training in order to equip them with the skills needed to meet these. Medication policies and procedures were available to guide staff and ensure that people living in the home were protected in relation to this aspect of practice. The home’s training records confirmed staff responsible for this had received relevant training in the safe use and handling of medication and a random check of home’s medication and associated records confirmed that these were being satisfactorily maintained. One of the people living in the home indicated a desire to take responsibility for managing his medication and a recommendation is made in this matter.

## 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):**

22 and 23

People who use this service experience **good** outcomes in this area. The concerns and complaints of people living in the home were being taken seriously and they were being safeguarded from abuse by staff that had received training in the protection of vulnerable adults. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The home had a satisfactory complaints policy and people living in the home indicated that these issues were taken seriously and said that they would “tell staff” if they had any concerns. The home’s complaints book contained evidence of four complaints that had been received by the home since the last inspection, together with evidence of actions taken in respect of them. People living in the home confirmed that they felt safe at The Birches and discussion with staff confirmed that they were aware of the home’s policies and procedures relating to the protection of vulnerable adults and had received training in this. Two allegations concerning adult protection issues had been referred to the Local Authority since the last inspection and discussion with a team leader in the local Social Services Department confirmed that he had no concerns about the service in these respects.

# 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):

24 and 30

People who use this service experience **good** outcomes in this area. The home was comfortable, safe and generally well maintained. However, some repairs were needed to the smaller bungalow unit to improve the environment for people living in the home. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Each of four units is very individual and evidence of regular checks was seen in the home's records to ensure that it was safe for the people living in the home. Generally the decoration throughout the service was of good standard and staff confirmed that action plans were in place relating to the upkeep of the building. However, despite recent work to upgrade the smaller four-bedded bungalow, further repairs were now needed to the wallpaper in the lounge and corridor walls, which were scratched through wear and tear. A recommendation is made in this matter. Items of specialist equipment relating to the needs of the people living in the home had been obtained and access throughout the building was mostly very good. However, the home's

quality assurance surveys had highlighted an issue for people in wheelchairs in accessing the garden, and a further recommendation is made in this respect. Each of the units were clean and comfortable and evidence was seen that the home's domestic staff were being well managed and trained to do their jobs.

## 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):**

32, 33, 34 and 35

People who use this service experience **good** outcomes in this area. A good amount of staff training had been provided to ensure that the needs of the people living in the home were met. However, current staffing arrangements make it difficult for their needs to be met appropriately at all times. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

Discussion with staff and inspection of the home's training records indicated that they received training to do their jobs. The provider company has developed a comprehensive programme for this and evidence was seen that aspects relating to the needs of the home had been appropriately delivered. Staff were cheerful and open throughout this inspection visit and observation of the interactions within the home indicated that they were committed to doing their jobs well. Staff were knowledgeable of the various conditions of the people living in the home and those on duty displayed good levels of incite into their particular needs. Confirmation was seen that Learning Disability Award Framework training was included within the training that had been delivered to new staff members and information provided by the manager

indicated that 34% of the staff team have obtained an NVQ at level 2 or above. A recommendation is made in this matter.

Evidence was seen that the home's staffing arrangements needed to be reviewed and strengthened. Each of the four units within the service is different, with each providing support to people with a very different set of needs. The manager confirmed that generally there is one staff member on duty in each of the 8-bedded units, and that a duty manager works across the service to support them with this when required. However a number of people living in one of the units had significant personal care needs associated with their physical disabilities, and discussion with staff indicated that a third staff member worked additionally between 7am and 9am to assist with meeting these. During the afternoon of this visit, the inspector drew the manager's attention to an apparent lack of staff in this unit, owing to the attendance of staff at a meeting and in the evening, a male staff member needed support from the duty manager, due to the personal care needs of a female living in the home. As a result of the specific gender related needs of the people living in the home, a requirement is made in these matters.

The files of the four most recently employed staff that were inspected indicated that good recruitment procedures were being followed. Evidence was contained within these that Criminal Records Bureau and identity checks had been carried out and that satisfactory references had been obtained from previous employers. The manager indicated that she always considered these very carefully before employing new staff. A senior staff member confirmed that people living in the home had been involved in the process of her recruitment and this is good practice.

# 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):**

37, 39 and 42

People who use this service experience **good** outcomes in this area. Effective management systems were being maintained, in order to ensure that the service was able to meet the needs of the people living in the home. This judgement has been made using available evidence including a visit to this service.

**EVIDENCE:**

The manager qualified as a nurse for people with a learning disability and has BA (Hons) in Managing Health and Social Care. She is an NVQ assessor and has worked within the field of learning disability since 1982. Staff indicated that she was open and constructive in her approach to managing the home and evidence was seen of good communication systems that involved both people living in the home and the staff working with them. A well-developed quality

assurance system was in place to monitor the effectiveness of the home against its aims and objectives and regular analysis of various aspects of the home were being carried out. In view of the needs of the people living in the home, a recent staff analysis concerning their understanding of the effects of dementia had been carried out, which the manager indicated would assist her in requesting further training from the provider organisation. Systems were in place to ensure that aspects relating to the health and safety of people living and working in the home and a random inspection of the records in relation to these confirmed that these were satisfactory being maintained.

# 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>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	4
<b>2</b>	4
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

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

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	X
<b>12</b>	2
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<b>Standard No</b>	<b>Score</b>
<b>18</b>	3
<b>19</b>	4
<b>20</b>	3
<b>21</b>	X

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

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<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>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	2
<b>34</b>	3
<b>35</b>	3
<b>36</b>	X

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<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

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1	YA33YA33	18 (1a)	The registered person must review the home’s staffing arrangements and ensure that there is an appropriate skill and gender mix on duty to meet the needs of the people living in the home.	17/06/07

!#ZTRECO!# Use Section 2 button to insert Standards in the Refer to Standard column

**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	YA12YA12	The registered person should ensure that the people living in the home are enabled to take part in appropriate daily activities, in order that their needs and wishes are better met.
2	YA18YA18	The registered person should ensure that staff are provided with specialist training to ensure that they are equipped with the skills needed to communicate with those people living in the home that have difficulties in this respect.
3	YA24YA24	The registered person should ensure that repairs to the paintwork and wallpaper in the lounge area of the four-bedded bungalow are carried out as soon as possible, in

		<p>order to improve the environment for people living in the home.</p> <p>The registered person should improve the access arrangements to the garden, so that wheelchair users are able to use the garden more easily.</p>
4	YA32YA32	The registered person should ensure that 50% of the staff team obtain an NVQ at level 2 or above.

## **Commission for Social Care Inspection**

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