



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Bridgewater House

**21 Old Roar Road
St Leonards on Sea
East Sussex
TN37 7HA**

Lead Inspector
Julie Sumner

Key Unannounced Inspection
18th December 2007 11:30

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 establishment are those for *Care Homes for Adults 18-65*. 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	Bridgewater House
Address	21 Old Roar Road St Leonards on Sea East Sussex TN37 7HA
Telephone number	01424 756803
Fax number	01424 756749
Email address	
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Limited
Name of registered manager (if applicable)	Mrs Charlotte Donald
Type of registration	Care Home
No. of places registered (if applicable)	12
Category(ies) of registration, with number of places	Learning disability (0), Physical disability (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD)

Physical disability (PD).
2. The maximum number of service users to be accommodated is 12.

Date of last inspection

Brief Description of the Service:

Bridgewater House is registered for 12 adults with learning disabilities and physical disabilities; the house is separated into two units.

One of the units, Oak View is equipped for four adults with physical disabilities, learning disabilities and other complex needs. All the equipment has been purchased on an individual basis. The service users are supported on a one to one at all times and two to one for their personal care needs or hoisting. The staff supporting the individuals are trained to meet the needs of the service users prior to moving into the house.

The 8 bedded unit Willow Mead is for individuals with learning disabilities, autism, epilepsy and other complex needs. The service provides 4 care support staff to support 8 people. Staff are trained to the individual needs of the people living in the home.

The fees for Oak View and Willow Mead are comparable to other services offering a similar service. Fees range from £1200.00 per week to £2000.000 per week in the specialist unit. One to one support is built into the base fee for personal care or toileting needs or assistance with eating drinking etc, if an individual requires additional one to one support it is charged at £9.00 per hour.

All bedrooms have full en suite baths, showers or wet rooms, with Oak View having a full Parker Bath facility in addition. There are two separate well-equipped sensory rooms and two large separate gardens. Day care is provided

on-site where appropriate.

Bridgewater house is within walking distance of a large park that is also wheelchair accessible. The park has tennis courts, duck ponds and large grounds for picnics. The house is also within easy reach of the beach. Other facilities include a local swimming pool, bowling centre, a local cinema and several restaurants and pubs.

Shopping centres are within easy reach as are local newsagents and smaller shops. There is a gardening project set up for people with learning disabilities to plant, grow, and maintain their own vegetables and plants along with preparing the grounds for each season.

The statement of purpose for the home is available on the company website: www.achuk.com. Service user guides are provided from the home and are available in a format made suitable for prospective people who may be interested in a placement here.

SUMMARY

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

This report is based on information received about Bridgewater House including an annual quality assurance assessment completed by the manager and an unannounced site visit to the home lasting 5 ½ hours.

Information was gathered for this inspection in a variety of ways both prior to and during the visit to the home. Surveys have been sent out to the people living in the home, relatives and visiting professionals. Those returned have been taken into account in this report and all comments received were positive.

The visit included talking with some of the people who live in the home, the manager, deputy manager and staff. General observations were made of how people are supported. There was a tour of the building and various records were inspected.

As Bridgewater House has only been opened for six months the individuals that have moved into the service have only been living within the service for a few weeks or months.

The people living in Bridgewater House were able to participate in the inspection by having conversations about their lifestyle and those with communication difficulties were supported by the staff and communicated about what was important to them at the time.

It was not necessary to make any requirements or recommendations at this time as the new home is functioning very well and plans are in place to develop the service around the needs of the people who now live there.

What the service does well:

Assessments are carried out thoroughly before a person moves in and then is reviewed and updated as individual needs change and skills develop.

There are clear individual support plans that have had involvement by other professionals to make sure everybody is supported in the way they need. The plans include photos and illustrations.

Each person has an activity planner. These are being developed as staff get to know individuals. They are designed in a way that each person can understand, including planners on bedroom walls and photo wallets. People are supported to try new experiences to develop their range of choices of how to spend their time and what skills they want to develop.

People are supported well with their health care needs. A physiotherapist and speech and language therapist have been involved in the planning of support needed. The home needed the help of a physiotherapist before each person moved in to make sure all the staff knew how to support them to move around so the company employed one privately.

The home has been completely refurbished to suit all people living there. There are special features to help everyone get around and equipment to support everyone who needs it. Some of the features are safety sensors when cooking and washing. There are two rooms with sensory equipment and soft play areas for relaxing and having fun.

There is a good staff team who are motivated. There is a thorough recruitment procedure to make sure that the staff know what is expected and have had checks to make sure they are the right people for the job. Staff have a range of relevant training and all the essential training needed to support people was given before anyone moved in.

The manager has a clear idea of what the home needs to provide and is responsive to the comments received about the service provided. There is a good management team. The directors visit the home each month and make sure everything is being done that should be and points out anything that could be better.

What has improved since the last inspection?

This is a new service and report is based on the first inspection.

What they could do better:

The service has made a really good start to providing individually tailored care and support.

There was a discussion with the manager about making simplified versions of the individual plans that the people living in the home can understand. This could be in the same way that the home has designed individual timetables in various formats. The manager agreed to keep this in mind as everyone settles into the home and when reviewing the plans in the future.

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

The report of this inspection is available from enquiries@csi.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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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):

People who use the service experience **good** outcomes in this area.

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

The home provides good information to prospective people. Before agreeing admission the service carefully considers the needs assessment for each individual prospective person and the capacity of the home to meet their needs.

EVIDENCE:

The homes statement of purpose is available on their website and there are copies in the home. The service user guides are designed with individual communication skills in mind.

The initial assessment is carried out by a company representative, then if Bridgewater House is considered suitable, the registered manager becomes involved in the process. Three assessments were viewed as part of the individual plan of support. These were clearly written with good information. The assessments are reviewed frequently to make any changes as staff get to know individuals and they adapt to their new surroundings. One person had moved in the previous day of the visit and staff were taking time to make him feel settled. This was one of the assessments that was viewed and discussed with the manager.

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):

People who use the service experience **good** outcomes in this area.

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

Staff are fully committed in supporting individuals to lead purposeful lives as independently as possible. The support plan is clearly written and includes photos and illustrations to make it understandable to staff and others supporting the person using the service.

EVIDENCE:

Four individual support plans were viewed and discussed with the manager. The plans are very detailed and have integral risk assessments showing clear guidelines for staff to support each person. Each person is being reassessed frequently and new guidelines written as they become accustomed to their new surroundings and respond to the opportunities to develop their personal skills. The manager explained that the plans need to have detailed guidelines because of the complex needs of individuals and it was important to make sure staff were given the right training and instruction to support each person correctly. The plans have photos and illustrations to assist staff with positioning and using mobility equipment. The manager agreed that each

person needs to be involved with the compilation of their plan as much as they are able. More able people living in the home are involved with the contents of the plan and saying how they want to be supported. One person spoke about their plan and said that she had been involved in its design.

The home have provided communication aids for individuals who need support to express their needs and wishes. There are written guidelines for staff in how to support individuals to make their needs known and to make choices. Individuals are given opportunities for different experiences so that they have some knowledge of what they are choosing from. Relatives said in surveys that the staff are very good at noticing things that individuals like doing and providing them with opportunities needed, like cooking.

Each person is assessed individually on how they manage money. If a person is unable to manage their finances effectively, the company will act as their appointee to ensure they are protected from financial abuse and that their money's are managed effectively. Observations were made during the visit of how staff support individuals with managing their money and the different levels of support were demonstrated between relative independence and full support. Records were viewed and the procedures were discussed with the manager.

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):

People who use the service experience **good** outcomes in this area.

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

The service actively supports the people who live in the home to be independent and involved in all areas of daily living. People who use the service are able to enjoy a full and stimulating lifestyle with a variety of options to choose from.

EVIDENCE:

Each person has a timetable of activities. Timetables are provided in different formats so they are meaningful to individuals. One person has a visual timetable of laminated photos of significant places and himself carrying out different activities. This is kept in a pocket wallet for him to refer to. Three individual pictorial and written timetables were viewed and demonstrated the range of activities provided by the home. Almost everyone was out at the beginning of the visit. They had gone shopping, to college, tenpin bowling and horse riding.

There is a focus on independent living skills. People are encouraged to do as much for themselves as possible and this is assessed and guidelines on how to support each person for this.

One person has a work experience placement at a horse riding stables and also takes horse riding lessons there at different times. He came back from this and talked a little about his morning activities.

Staff are getting to know each persons' preferences and are experimenting with choices by offering different activities on a trial basis. There is a local college project that offers different courses such as music and rhythm, creative dance, art and design, drama and musical theatre, cooking and photography. Courses are based on the ability of the person to make sure that they get the most out of it. There is also another college in nearby Hastings that offers courses for people with learning disabilities. Other day service opportunities include trampolining, cookery classes, arts and crafts and hydrotherapy.

One of the people living in the home spoke about their lifestyle. They explained positively how the staff are supporting them with their relationships. The manager said that there is a high level of support and involvement with families for the majority of the people living in the home. Contact details of people who are important are contained in the individual support plan. Daily records indicate visits and outings with families and friends. A relative commented in a survey that they are kept up to date with a member of their family living in Bridgewater House by telephone and e-mail in between their visits.

There are no imposed restrictions to access around the home. More able people know have keys and know the codes to get in and out of the house. People's bedrooms are considered private.

Everyone was out at different times during the day and all had lunch out at various venues. Mealtimes are organised around everyone's planned activities. Individuals are encouraged to participate in the meal preparation. Individuals are also encouraged to eat independently. Guidelines are in the support plan for this where individuals are developing skills in this area.

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):

People who use the service experience **good** outcomes in this area.

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

The people living in the home are supported by staff who are trained and competent in health care matters particularly in the care of individuals who remain immobile for long periods of time. The home has developed an efficient medication procedure and practice.

EVIDENCE:

The manager spoke about how they support individuals' personal and health care. Health action plans are being implemented for individuals. There was information and guidelines for staff on how each person likes to be supported with their personal care.

There are very clear guidelines including photos of how to support individuals who have physical disability with moving them from place to place. The manager explained that they needed individuals to be assessed for this and commissioned a private physiotherapist and occupational therapist because the waiting time was too long for the community services to be available. Guidelines for staff to provide appropriate and safe support has been in place

when each person has been admitted. Routine health checks are planned for and any event is also written in the daily record.

Medication storage was viewed with the manager and all is kept securely. All medication was stored in clearly labelled containers and was well organised. Some of the medication was dispensed in the Boots monitored dosage system. Staff who give out medication have received training. A sample of training certificates were viewed. The medication training is detailed and covers the types of medication and what side effects to look out for as well as the administration procedure. The home have reported 3 incidents where there have been mistakes made. The manager explained that the mistakes had occurred with staff getting to know new people moving in. The manager monitors the medication everyday so mistakes can be rectified immediately. There were books for recording incoming and outgoing medication, auditing and spot checks. Controlled medication is recorded separately in a book that includes records of the tablet stock.

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):

People who use the service experience **good** outcomes in this area.

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

The ethos of the home is that it welcomes complaints and suggestions about the service, uses these positively and learns from them. All staff understand working within the home are fully trained in safeguarding adults and know how to respond in the event of an alert.

EVIDENCE:

The home has a complaints procedure that is both displayed in the home and given individually with the service user guide. Suggestion boxes are located by the signing in book so if someone wanted to complain discretely they could do so. There have been no complaints. One person spoke about what she would do if she had a concern and felt that staff are open and supportive. Relatives state in the surveys that if they have any concerns they are dealt with straight away.

All staff working at Bridgewater House have been checked against the Protection of Vulnerable Adults (POVA) list and they have had training for safeguarding adults. Some of the staff talked about their understanding of safeguarding adults. They said they felt confident about what they would do and the first action would be to report anything untoward to the manager.

Staff have been given a 5 week course on behaviour management which included deterring techniques, talking down and positive support. Staff received this training before the people moved into the home.

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):

People who use the service experience **good** outcomes in this area.

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

The people living here are encouraged to see the home as their own. The environment is fully able to meet individual needs and is fully accessible throughout to people with physical disabilities. Adaptations and specialist equipment are designed to fit within the homely environment. The kitchen and laundry are designed to enable and promote the involvement of people who live in the home in domestic tasks and as part of developing self-help skills.

EVIDENCE:

A tour of the home was undertaken with the manager and deputy manager. Part of the time was spent with one of the people living in the home who together with the manager and deputy highlighted the different features of the home. The whole home has been completely refurbished. The corridors are spacious and the doors have been widened for wheelchair access. There is a shaft lift so no one is excluded from any floors in the home. The fire extinguishers look discrete and are in keeping with the décor of the home.

There are spacious lounges with good light and access outside into the grounds. All rooms are well furnished and with comfortable soft furnishings. There are two sensory rooms, specifically designed soft play area with sensory equipment.

The kitchen is fully fitted with integral fridge, freezer and dishwasher. The hob has a sensory safety feature and will only work for saucepans not hands. The worktops are granite. The manager explained that there are going to be some modifications to the design of the kitchen and dining room to further enhance the facilities so that individuals can participate in meal preparation and eat in more comfort. The kitchen work surfaces are going to be adapted to enable a wheel chair to fit underneath. The people living in the home want to eat as a family so one large table is going to be purchased for this to replace the current 2 smaller tables. There are already additional safety features in the kitchen to encourage individual participation.

All bedrooms are single and have ensuite toilets and shower/bathrooms. (Bathrooms with overhead showers.) Bedrooms for people with physical disabilities have wet rooms for easier access to their ensuite. One person has a bathroom with sensors to make sure the water is not overfilled as this was identified as a need prior to admission.

There are two fully equipped laundry rooms with industrial washing machine with sluice facility and drier. All hand washing facilities are sited in areas where infected materials are handled. The staff follow a cleaning rota on a daily basis. All staff have undertaken infection control training.

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):

People who use the service experience **good** outcomes in this area.

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

The service is proactive in its staffing, recruitment and training with planning for the potential needs of people moving into the service. People who use the service are positively involved in the choice of staff and their opinions are acted upon.

EVIDENCE:

All staff have an induction. Seven staff have achieved National Vocational Qualification (NVQ) level 2. Two staff are currently studying NVQ and 10 staff have been booked to start.

Some of the staff spoke about their role in the home and their experiences of the homes recruitment process. It was confirmed, with the manager and the documentation viewed in the staff files, that all checks for the protection of the people living in the home are carried out and documentation for identification is kept on file.

One of the people living in the home spoke about her role in staff recruitment. She said she interviews staff and can tell when they are genuine. She enjoys this.

Staff working within Bridgewater House have been trained in all mandatory training and extra training has been provided to meet the needs of the individuals moving into the service. Examples of training given in addition to mandatory training: Mental capacity training, Administration of rectal diazepam, Autism awareness, Cerebral palsy, Postural management. All staff have their own personal training records where all training undertaken is recorded. Copies of the training certificates are kept in the training file that manager uses to plan training. This file was viewed. Three staff files were also viewed to check they contained the right documentation.

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):

People who use the service experience **good** outcomes in this area.

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

The manager has a clear understanding of the aims and focus of the service. The manager promotes equal opportunities, has good people skills and understands the importance of person centred care and effective outcomes for people who use the service. The home works to a clear health and safety policy and the home is well monitored by the organisation.

EVIDENCE:

The manager has been in post since the home opened and has previous experience in caring and managing residential homes for people with learning disabilities. She is currently studying the NVQ 4 in care.

Recent regulation 26 reports were viewed and the action points indicated had been carried out. The quality assurance monitoring system is being set up.

Surveys have been designed and the manager said that these would be sent out when the home has been open around a year to give everyone a chance to move in and settle in. The company has an established system so this will be modified to suit Bridgewater House.

Moving and handling plans are in place for people who require transfers. Staff have received health and safety, moving and handling, hoist, fire, first aid, food hygiene and COSHH training as part of their induction. There is a trained first aider on each shift. All staff and people who use the service have had fire training within the home and are aware of the evacuation procedure.

Home Risk assessments are in place. All home maintenance checks have been carried out as part of the initial registration and have dates for the next check. All electrical equipment used within the home is PAT tested and certified before it is used. Fire equipment has been checked and fire drills have been held. The accident logs were viewed and have been recorded appropriately.

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

CHOICE OF HOME	
Standard No	Score
1	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	4
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

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