



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### The Hawthornes Care Home

**Mill Lane  
Birkenshaw  
West Yorkshire  
BD11 2AN**

*Lead Inspector*  
Tony Brindle

*Key Unannounced Inspection*  
8th April 2008      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

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# SERVICE INFORMATION

<b>Name of service</b>	The Hawthornes Care Home
<b>Address</b>	Mill Lane Birkenshaw West Yorkshire BD11 2AN
<b>Telephone number</b>	01274 680033
<b>Fax number</b>	
<b>Email address</b>	hawthornes@orchardcarehome.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Tri-Care Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Pamela Solomons
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	40
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (40)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      4th April 2007

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

The Hawthornes care home is a care home providing personal care and accommodation for 40 older people. It is owned by Tri-Care Homes Ltd., a private limited company with several other similar homes in the area. The home is situated in North Kirklees on the Bradford boundary. The home was purpose built and opened two years ago. It is built over two floors and there are gardens to two sides of the building and a large car park to the front. It is located on a main bus route. All the service users' rooms are single with en-suite facilities. There is a passenger lift and good communal facilities.

The provider informed the Commission for Social Care Inspection that in April 2008 that fees range from £450.00 to £500.00 per week. Service users who are funded by the local authority are expected to provide an additional £35.00 per week top up. Additional charges include hairdressing, private chiropody, newspapers and some selected activities.

Information about the home and the services provided are available from the home in the statement of purpose and service user's guide, which are available in the home on request.

# SUMMARY

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

The quality rating for this service is **3 star**. This means the people who use this service experience **excellent** quality outcomes.

This unannounced visit started at 10:00 am and ended at 2:30 pm. This was a very positive and enjoyable visit.

There was the opportunity to speak to people living at the home as well as visitors, the registered manager and care staff.

The care plan files of people living at the home were seen and included assessments, care plans, daily and medical records and the record of activities. Staff records were also seen and included application forms, references, police checks, training and supervision records.

A sample of people's medications and monies were checked and a look around the home was undertaken. Other information considered was the home's returned Annual Quality Assurance document and surveys that were returned to the Commission for Social Care Inspection. A good number of people responded to our survey, and the feedback received was positive.

The inspector would like to take the opportunity to thank the manager and her staff team for their hospitality, and people using the service and their relatives for their patience and co-operation throughout the visit.

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

People are confident that the care home can support them, this is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the people working at the home all about them and the support they need. The Hawthornes does not provide intermediate care.

People's health, personal and social care needs are well met by staff at the home, and each person has a very detailed plan of care that the person, or someone close to them, has been involved in making. Each person is treated as an individual, they are part of their local community, and they are supported to follow personal interests and activities. If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People live in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers. People have confidence in the care home because it is led and managed appropriately.

People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

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

The rotas show that the home is now staffed efficiently, with particular attention given to busy times of the day and changing needs of the people who use the service. Observations on the day found that there were sufficient numbers of staff on duty that were able to meet the needs of the people living in the home.

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

During the site visit, none of the areas of care or management were found to be in need of improvement, all the systems in place were found to be working satisfactorily.

The manager and staff are encouraged to maintain the level of care and support they are currently providing, and to keep the Commission informed of incidents and any developments within the service in order that our inspection process is kept up to date and well informed.

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

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

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

#### 3 and 6

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

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

People are confident that the care home can support them, this is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the people working at the home all about them and the support they need. The Hawthornes does not provide intermediate care.

### EVIDENCE:

The manager explained that people wanting to move into the home or people close to them, are given the opportunity to visit the home and are given full, clear, accurate and up to date information about the home. If they decide to move into the home, the manager added that people are given information about their rights and responsibilities in an easy to understand contract or statement of terms and conditions between them and the care home that

includes how much they will pay and what the home provides for the money. The records conformed this, and people living at the home and some visitors confirmed this.

The manager said that no one is admitted to the home until a full needs assessment has been undertaken by her (or the senior staff if she is not available). She added that this applies to all people, including those who are self funding. The records confirmed this. The manager explained that admissions to the home only take place if the service is confident staff have the skills and ability to meet the assessed needs of the prospective new person. One staff member said that people looking at moving into The Hawthorns would be given the opportunity to spend time in the home, prior to them moving in. The manager confirmed this. People living at the home said that they had been given enough information about the home and the service it provides before they moved in. Feedback from relatives confirmed that they had been given enough information about the home to make an informed decision before their relative moved in.

Feedback from people who completed our survey indicated that they were satisfied with the information they had been given about the home prior to moving in and were happy about the way their move had been carried out. The home does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

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

**7 8 9 10**

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

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

People's health, personal and social care needs are well met by staff at the home, and each person has a very detailed plan of care that the person, or someone close to them, has been involved in making.

### EVIDENCE:

The care plans were found to contain very good levels of information relating to the personal healthcare needs, including specialist health nursing and dietary requirements of each person. The care plans were seen to contain information relating to social needs, exercise needs and psychological needs. The care plans were also found to contain clear information about individuals' wishes, choices and decisions in relation to their healthcare needs. Information within people's files showed what they can and cannot do, how the staff should support people and what to do if problems arise. The records show that care staff work to monitor pain, distress and other symptoms to ensure individuals

receive the care they need. Staff working at the home confirmed this. People living at the home said that the staff are very attentive to their needs, and one person said that they were treated as an individual rather than just another person living at the home.

Nutritional screening records were seen, and the manager said that this is undertaken on admission and subsequently on a periodic basis. The records confirmed this. A record is maintained of people's weight gain or loss, and the records showed what action needs to be taken depending on either a weight gain or loss.

The manager said that people are registered with a GP, and the records confirmed this. The records also show that people have access to hearing and sight tests according to their needs. This was confirmed by people living at the home and by visitors.

Feedback from relatives confirmed that they believe their relative is looked after well, and that the staff at the home do consult them about aspects of care that is then recorded in people's individual care plans.

People living at the home said that they believed they were well cared for, and one person said that the staff really know people as individuals and know what each person wants. Another comment from someone living at the home was, "We're all different you know, and the staff know that as well. They do a good job".

The manager said that personal support is carried out in relation to the individual needs and preferences of the people who use services. One person living at the home said that the personal care given to them is consistent and that the staff are reliable. Staff were seen to respect the privacy and dignity of people in the home, and were seen to respond to people's individual choices and requests in relation to activities such as requiring drinks, support to get around the home or just having a quiet chat.

The records show that home has a medication policy, which is supported by procedures. Medication records were found to be fully completed, contained the required entries, and were signed by appropriate staff. The manager explained that regular management audits now take place to monitor the medication. These records were seen and were found to be in good order, showing excellent levels of compliance. The staff training records show that staff at the home have completed appropriate training in medication.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

**12 13 14 15**

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

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

Each person is treated as an individual, they are part of their local community, and they are supported to follow personal interests and activities.

### EVIDENCE:

Staff working at the home said that people who use the service have the opportunity to develop and maintain important personal and family relationships. One person living at the home said that their relative can come and see them at any time, and they added, "That's really important because you can lose touch with what's going on in the big wide world". Visiting relatives were seen to come and go throughout the day, and those who were spoken with said that they are made to feel welcome and that they feel their relative is being well cared for at The Hawthorns.

The manager explained that there are various different in-house and external activities on offer to people living in the home. This was supported by information held within people's individual files. People living in the home

spoke about this. One person said that they enjoy the different activities as it helps them to keep active. Another person said that the range of activities on offer is very good, and sometimes they feel spoilt for choice. Other comments included, "You can take part if you like, but there's no pressure." The feedback from people living and working in the home is supported by the records held by the manager which shows that there is substantial strengths in this area.

The menu was seen to be varied with choices of food. The menu was seen to be balanced and providing nutritional value. The staff at the home said that the cook does cater for the varying dietary needs of the people living at the home. People confirmed this saying that the food was very nice. Feedback from relatives confirmed that they believe the food to be of a good quality. One person living at the home said, "I think we get too much food, but I'm not complaining. It's really nice, like a hotel". An observation made at mealtime showed that meals are presented in an attractive manner and that people living at the home were enjoying their food, and being supported appropriately. Staff were seen to interact with people in positive ways, enjoying pleasant conversation and offering people drinks whilst talking about people's day.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

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

**16 18**

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

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

### **EVIDENCE:**

The manager of the home said that she has tried to foster an open culture that allows people to express their views and concerns in a safe and understanding environment. This was backed up by one person living at the home who was spoken with who said that they could go and speak to any staff member about problems, and added that everyone who works at the home are approachable.

The records show that there is a complaints procedure that is clearly written and easy to understand. The records show that there is a full record of complaints and this includes details of the investigation and any actions taken. The policies and procedures for Safeguarding Adults were seen to be available to people living at the home, staff and relatives. After talking with staff at the home, it was clear that they understood the procedures for safeguarding adults. The records show that there are a low number of referrals, and the manager said that this is due to lack of incidents, rather than a non-reporting

of events. This was confirmed by the records, and through talking to the people living at the home.

The manager explained that training of staff in the area of protection is regularly arranged. This was supported by documents found within people's individual training files, and by staff who have either just attended or who are about to attend training in this area.

People living in the home spoke about feeling safe in the home, and also that they knew who to speak to if they wanted to complain. Feedback from relatives confirmed that they too believe their relative to be safe in the home, and know who to speak to about complaints.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

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

### **19 26**

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

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

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

## **EVIDENCE:**

A walk around the home found that it is well maintained, pleasantly decorated and of a suitable layout for the people living at the home. People living in the home said that they thought it was nicely decorated, and they said that they found it comfortable and homely. The manager explained that people who use services are encouraged to personalise their bedrooms. This was supported

looking at people's individual rooms. People living in the home spoke about this, and confirmed the information given by the manager. The shared areas were found to provide a choice of communal space and one staff member said that opportunities are created for relatives and friends in private. People living in the home spoke about this, and confirmed the information given by the staff member.

The bathrooms and toilets were found to be are fitted with appropriate aids and adaptations to meet the needs of the people who use the service, and were found to be in sufficient numbers and of good quality.

A walk around the home found it to be well lit, clean and tidy and smelling fresh. The manager has a good infection control policy and the manager explained that she would seek advice from external specialists, eg. infection control if and when required.

Staff members explained that laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten. The staff demonstrated that they were appropriate hand washing facilities are available; the records show that there is an appropriate infection control policy and procedure in place. People living at the home said that it is easy to get around the home. Feedback from people who completed our survey indicated that they believed that the home is kept clean and hygienic.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

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

**27 28 29 30**

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

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

### **EVIDENCE:**

The rotas show that the home is now staffed efficiently, with particular attention given to busy times of the day and changing needs of the people who use the service. Observations on the day found that there were sufficient numbers of staff on duty that were able to meet the needs of the people living in the home. The records show that staff members undertake external qualifications beyond the basic NVQ II.

The manager said that the staff receive relevant training that is focussed on delivering good outcomes for people using the service. This was supported by information held within people's individual files and confirmed by staff. The staff spoke about undertaking training such as health and safety, fire safety, movement and handling, safeguarding, and food hygiene. Feedback from

people who completed our survey indicated that they believed that the staff were well trained.

The manager explained the recruitment procedure, which was found to be satisfactory. She said that two written references are obtained before appointing a member of staff, and any gaps in employment records are explored. The records confirmed this, and show that new staff are confirmed in post only following completion of a satisfactory police check, and satisfactory check of the Protection of Vulnerable Adults register. The records show that staff meetings take place and the staff who were spoken with said they find these very useful. One staff member spoke about the fact that the people living at the home have their own meetings, and so do relatives. The records confirmed this, and people living at the home said that they really like having their own meetings as they can talk about anything, raise issues with their care and come up with ideas for activities. Individual staff files detail that supervision sessions are regular and staff confirmed that they find them helpful.

The records show that induction procedures are in place and that new staff receive the new induction in common standards in line with the Skills for Care Council. One staff member discussed the induction process and was able to talk at length about topics such as understanding principles of care, maintaining safety at work and recognising and responding to abuse and neglect.

The records show that National Vocational Qualification (NVQ) training has been arranged for care staff and that more than 50% of the staff team have hold an NVQ II care award.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

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

**31 33 35 38**

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

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

### **EVIDENCE:**

The Commission records show that the manager has the required qualifications and experience to run the home, and that she is registered with the Commission.

The manager explained that she and the staff undertake routine health and safety checks. This was confirmed by people living in the home and supported by information held within the office files and all was found to be in good order. The records show that the home has very good policies and procedures in place, and the manager explained that they review and update these as and when required. The records confirmed this.

There is evidence to show that the home has a quality assurance and quality monitoring system which is based on the views of people living in the home, with feedback from relatives and visiting healthcare professionals gathered.

The records show that there is suitable insurance cover in place and the certificates are displayed in the office of the home.

The manager said that the home does hold small amounts of money for people. A discussion with staff and people living at the home found that there are systems in place to make sure that the personal allowances are not pooled and that appropriate records and receipts are kept.

The records show that the care staff receive formal supervision at least 6 times a year. One staff member said that supervision usually involves talking about the care people need, how the home should operate and their own training needs. The manager confirmed that she also gets supervision from her line manager. The records confirmed this.

The records show that the staff have had training in health and safety, fire, movement and handling, food hygiene, safeguarding, infection control and first aid. The manager said that she undertakes checks on issues such as the risk of Legionella, risks from hot water/surfaces, gas and electric safety, fire safety and maintaining equipment, eg. hoists. The records confirmed this. Feedback from people who completed our survey indicated that they feel safe living in the home, and that they believe it is well run.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

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

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

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

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

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

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

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
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**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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