



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Apple Tree House**

**243a Berrow Road  
Berrow  
Burnham-on-Sea  
Somerset  
TA8 2JQ**

*Lead Inspector*  
Jane Poole

*Unannounced Inspection*  
25th January 2008      11:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for 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>	Apple Tree House
<b>Address</b>	243a Berrow Road Berrow Burnham-on-Sea Somerset TA8 2JQ
<b>Telephone number</b>	01278 788228
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.homes-caring-for-autism.co.uk">www.homes-caring-for-autism.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Somerset Homes Caring for Autism Ltd Mr Richard Stanley Smith
<b>Name of registered manager (if applicable)</b>	Paul Thomas
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	4
<b>Category(ies) of registration, with number of places</b>	Learning disability (4)

# SERVICE INFORMATION

## Conditions of registration:

1. In addition to the registered manager, Paul Thomas, Apple Tree House must have a suitably qualified, named , individual in place to oversee the day to running of the home.

**Date of last inspection** 23/06/06

## Brief Description of the Service:

Apple Tree House is registered with the Commission for Social Care Inspection to provide care for up to 4 people who have a learning difficulty.

The house itself is a detached property set close to public transport links and within walking distance of a shop and public house.

All bedrooms are for single occupancy and all have en suite facilities. Communal areas are located on the ground floor; these consist of a dining room, kitchen and lounge.

The home is owned by Somerset Homes Caring for Autism Ltd, the responsible individual is Shirley Smith and the registered manager is Paul Thomas.

Fees at the home range from £1697.00 to £1850.00 per week.

# SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **Good** quality outcomes.

The focus of this inspection visit was to inspect relevant key standards under the Commission's 'Inspecting for Better Lives 2' framework. This focuses on outcomes for service users and measures the quality of the service under four general headings. These are: - excellent, good, adequate and poor.

This inspection was carried out over a 4 hour period by one inspector. The inspector was able to tour the building, meet with one service user, talk with staff and view records.

Prior to the inspection the home completed an Annual Quality Assurance Assessment (AQAA) which set out the homes achievements and plans for the future. The AQAA demonstrated that the home has a commitment to providing a high quality service and ongoing improvement.

All 3 service users, 3 relatives/carers and 3 health and social care professionals completed questionnaires prior to the inspection and some comments have been incorporated into this report.

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

Apple Tree House provides a very homely and appropriate environment for the service users who live there.

Service users are fully involved in the running of the house and encouraged to make choices about their day-to-day lives. Service users are supported to make choices about the activities they take part in, the food that they eat and the lifestyle they follow. People are encouraged to assist with household chores to learn and develop independent living skills.

Some people living at the home are unable to fully express themselves verbally and the staff use various methods of communication to ensure that everybody is able to express their views.

The home provides a very active lifestyle with a high level of community involvement. Service users are assisted to keep in touch with friends and family.

The pre admission assessment process in the home is excellent. Staff spend time getting to know prospective service users and their preferred methods of communication to ensure that the home is suitable to meet their needs.

Prospective service users are given information about the home and are able to spend time in the home before making a decision to move in.

The home is well maintained and immaculately clean.

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

The home continues to provide a good standard of care for service users. The home is currently working on ways to increase the levels of communication between service users and their families. Service users have access to the internet and it is hoped that people will begin to use the internet to keep in touch with people.

The variety of activities for service users continues to expand in line with service users interests.

There is an ongoing training programme for staff, including management training, to ensure that service users are supported by a competent staff team.

The home is in the process of building an additional en-suite bedroom to provide more comfortable accommodation for sleep-in staff.

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

Only two recommendations have been made as a result of this inspection.

The first is to ensure that any hand written entries on Medication Administration Records are signed and witnessed in line with safe practice guidelines.

The second is for the company to further involve the homes' management team in the auditing of quality assurance feedback. This will assist the home to ensure that the views of interested parties are taken into account when planning changes and improvements.

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, 2, 3 & 4.

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

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

Prospective service users have their needs fully assessed by the home and other professionals.

Prospective service users are able to visit the home many times, meeting with other service users and staff, before deciding if they would like to make Apple Tree House their home.

#### **EVIDENCE:**

The home has a statement of purpose and service user guide that are regularly updated to reflect any changes in the home.

All prospective service users have their needs assessed over a period of time to ensure that the home is suitable to meet their needs and lifestyle choices. Service users have ample opportunities to visit the home, meet with staff and other service users and take part activities before making a decision to move in on a permanent basis.

At the time of this inspection one person was being assessed by the home with a view to moving in later in the year. There was evidence that the home had

obtained a copy of the persons needs assessment, which had been completed by outside professionals. In addition to this the home were carrying out there own assessment and assisting the prospective service user to gather information about Apple Tree House. This involved nominated staff working with the prospective service user in heir current residential setting and meeting with important people in their life. Information had been supplied to the prospective service user in picture and symbol form.

The deputy manager stated the transition period for each service user is different depending on the individual. Service users visit the home many times and have overnight stays in order to try out the service before they move in.

Before a new service user moves to the home all staff meet to discuss the persons needs and highlight any training issues. The inspectors saw minutes of one meeting held in respect of the service user who is currently being assessed.

## 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, 8 & 9.**

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

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

Care plans are very person centred and give clear information about the persons' needs, wishes and preferred routines.

Service users are encouraged to make choices about all aspects of their day to day lives.

### **EVIDENCE:**

All service users have a care plan that is personal to them. The inspector viewed the care plan in respect of one person living at the home. It was very person centred and contained information about all aspects of daily life. Behavioural plans are in place and some service users work on a reward system, which has been agreed with the service user and their representative. Daily records seen by the inspector gave comprehensive information about service users health and well-being.

Service users are encouraged to make decisions and participate in all aspects of life. Each week people are assisted to draw up an activity programme for the coming week to ensure that activities are in line with their wishes and needs. Some people express their views non-verbally and staff spoken to demonstrated a good knowledge of each individuals' means of communication. The home uses signs and symbols to assist people to make choices where appropriate.

Risk assessments are in place to ensure that people are able to safely access a range of activities and work towards a more independent lifestyle.

Service users assist with menu planning and food shopping and also with household chores and choosing décor. One health and social care professional wrote that service users were able to choose the furniture and furnishings for their personal room.

There are regular service users meetings and minutes of these are maintained.

# 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):**

**11, 12, 13, 14, 15, 16 & 17.**

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

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

Service users have access to a wide range of activities in line with their interests.

Service users are encouraged to learn and develop independent living skills.

## **EVIDENCE:**

Routines in the home are determined by service users wishes and chosen activities. Staff work flexibly to ensure that they are available to support people with activities during the day and evening.

Service users are encouraged to be involved in household tasks in order to learn and develop independent living skills. Since the home opened 2 years ago one service user has moved from the home to a more independent living environment.

Service users assist with cooking, cleaning, shopping and laundry.

Service users plan their own activity programmes on a weekly basis. Some service users regularly attend college and the gym. Other activities include golf, swimming, walking and visiting local attractions. There is a high level of community involvement with service users using the local pubs, cafes and shops. The home has its own vehicle and service users are also assisted to use public transport. Staff were able to demonstrate how they work with service users to determine levels of activity for each individual.

All service users have TV's, DVD players and stereos in their rooms and there are communal facilities in the lounge. There is a computer, which has recently been connected to the internet, for service users to use.

Two relatives who completed questionnaires stated that they would like the home to have better communication with them about day-to-day events. In response to this service users are being assisted to keep diaries, which they can take with them when they stay with family members. Staff also said that they are hoping to use the computer to help people stay in touch with friends and family by regular e-mail contact. All service users currently living at the home go to stay with family and have holidays away from the home with staff and with family members. At the time of this inspection two service users went away with family for the weekend.

In answer to the question 'What do you feel the care service does well?' one health care professional wrote "supports the young people to live active lives, involved in the community."

Care staff and service users are responsible for cooking all meals in the home and staff stated that they try to encourage service users to eat a healthy diet.

## **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 & 20.**

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

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

Service users have access to healthcare professionals according to their individual needs.

Staff assist people to attend appointments outside the home.

### **EVIDENCE:**

All service users have access to healthcare professionals according to their individual needs. Staff support people to attend appointments outside the home. On the day of the inspection one service user went to the dentist with a member of staff. Records are maintained of all healthcare appointments.

All three health and social care professionals who completed questionnaires were happy with the service provided by the home.

All bedrooms have en suite facilities comprising toilet wash-hand basin and shower. There is also a communal bathroom, which can be used by anyone in

the home. All personal care is carried out in private and care plans give details of the level of support each person requires.

There is currently only one male member of staff working at the home which means that service users do not always have a choice about the gender of the person who assists them with personal care.

Each bedroom has a lockable cupboard where medication and records of administration are kept safely. The inspector viewed the records held and noted that all medication is signed for when entering the home and when administered or refused. This gives a clear audit trail. The home is reminded that all hand written entries on Medication Administration Records should be signed and witnessed to ensure that they are correctly written.

There is limited use of medication and each person is regularly reviewed to ensure that medication remains appropriate. One health care professional wrote that they are always informed when a medication review has taken place.

Staff have received training in dealing with epilepsy and the administration of medication.

## 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 & 23**

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

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

Appropriate systems are in place to minimise the risks of abuse to service users.

The home enables service users to express themselves using a variety of methods.

### **EVIDENCE:**

The home has policies and procedures in respect of recognising and reporting abuse, making a complaint and whistle blowing.

All service users and relatives who completed questionnaires stated that they knew how to make a complaint but no complaints have been received by the home or the CSCI since the last inspection.

The complaints procedure has been written in symbol form to assist service users to understand it. Other communication aids were seen in the house to help people to share their feelings. The inspector viewed the minutes of service user meetings and noted that staff use meetings as another opportunity for people to say if they are unhappy with any aspect of their care.

One health and social care professional who completed a questionnaire stated that the home dealt with concerns raised in a prompt and appropriate manner.

All three service users answered YES to the question "Do staff listen and act on what you say?"

Staff have received training on the protection of vulnerable adults and are due to undertake training about the Mental Capacity Act at the beginning of next month. Staff spoken to were very respectful when speaking about service users. All staff were aware of the whistle blowing policy and the ability to take serious concerns outside the home.

During the inspection the inspector viewed the recruitment files of the three most recently employed members of staff. These gave evidence of a thorough recruitment procedure, which included enhanced Criminal Records Bureau checks and written references.

# 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, 27, 28 & 30

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

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

Apple Tree House provides a comfortably homely environment for service users.

## **EVIDENCE:**

Apple Tree House is a large detached house that has been refurbished to a high standard to provide en suite accommodation for up to four people. The home is fitted with a fire detection and emergency lighting system, which is regularly tested.

The house is located within walking distance of local amenities such as a shop and public house. There is good access to public transport and therefore the amenities of other local towns.

Communal areas are located on the ground floor and are accessible to people with all levels of mobility. The lounge in the home is comfortable, homely and

appropriate to the service user group, the separate dining room is able to comfortably seat all service users and staff.

There is a kitchen and laundry that service users are assisted to use to learn and develop independent living skills.

At the time of this inspection the home was in the process of having an additional en suite bedroom built for use by sleep-in staff.

There are garden areas to the front and rear of the house and the inspector saw beds where one service user has been growing flowers.

All areas of the home are well furnished and bedrooms have been personalised in line with individuals' tastes and wishes.

All areas of the home seen by the inspector were well maintained and immaculately clean.

## 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, 35 & 36.**

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

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

There is an ongoing training programme for all staff to ensure that they have the skills to meet the needs of the service user group.

Staff are well motivated and committed to providing a high quality service.

### **EVIDENCE:**

There are 8 members of the care staff team, 5 have a National Vocational Qualification (NVQ) at level 2 or above. There is an expectation that all staff undertake NVQ training once they have completed their induction programme.

Staff spoken to were very happy with the level of training provided. Records seen by the inspector showed that staff have undertaken training in health and safety issues and training specific to the service user group. There is an ongoing training programme in working with people who have autism and in communication.

All staff receive regular formal supervision and records seen showed that training needs are discussed at these sessions. There are regular staff meetings where a variety of issues are discussed. Staff stated that there was good communication in the home and a clear sense of teamwork. One recently employed member of staff stated that they had been welcomed into the team and well supported by more experienced members of staff.

During the inspection the inspector viewed the recruitment files of the three most recently employed members of staff. These gave evidence of a thorough recruitment procedure, which included enhanced Criminal Records Bureau checks and written references.

Staff spoken to and observed during the inspection were well motivated and committed to providing a high quality service.

All 3 service users completed questionnaires prior to this inspection. All answered YES to the questions "Do the staff treat you well?" and "Do staff listen and act on what you say?"

## 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, 38, 39 & 43.**

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

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

A competent and effective team manages the home.

There are systems and checks in place to ensure the health and safety of service users and staff.

### **EVIDENCE:**

There is a clear management structure in the home meaning that there are clear lines of accountability and responsibility.

The registered manager of the home is Paul Thomas. Paul has appropriate qualifications in care and management and many years experience of working with people who have a learning disability.

In addition to the registered manager there is a deputy manager who oversees the day-to-day running of the home. The deputy was available throughout the inspection and was able to assist the inspector in a professional and knowledgeable manner. The deputy has completed the Registered Managers Award (NVQ level 4) and is competent to take charge of the home in the absence of the registered manager.

There is a clear career path in the home and the company has set up a management development programme to enable members of the care staff team to develop management skills and advance their career.

All staff spoken to stated that the management team were open and approachable and that there was good communication in the home. There are regular staff meetings, which are an opportunity to share ideas and opinions as well as information.

The company has its own quality assurance system in place that involves seeking the views of service users and other interested parties on a quarterly basis. The staff in the home are not actively involved in the auditing of feedback received and it is recommended that all members of the management team are more involved to ensure that views influence the day-to-day running of the home.

All records requested by the inspector were well maintained and up to date. All confidential records were securely stored.

Regular health and safety checks are carried out including the testing of the fire detection system and portable electrical appliances.

As previously stated staff have received training in health and safety issues.

Up to date certificates of registration and insurance are displayed.

# 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>	3
<b>2</b>	4
<b>3</b>	3
<b>4</b>	4
<b>5</b>	x

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	3
<b>7</b>	4
<b>8</b>	4
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	4
<b>14</b>	4
<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>	3
<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>	3
<b>28</b>	3
<b>29</b>	x
<b>30</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	x
<b>32</b>	3
<b>33</b>	3
<b>34</b>	3
<b>35</b>	4
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>37</b>	3
<b>38</b>	3
<b>39</b>	3
<b>40</b>	x
<b>41</b>	x
<b>42</b>	3
<b>43</b>	x

N/A

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
1.	YA20	It is recommended that when an entry is hand written onto the Medicines Administration Record chart that this is signed and dated by the person making the entry and it is then checked and countersigned by a second person.  <b>Recommendation made at last inspection</b>
2	YA39	The registered person should ensure that the homes' management team are fully involved in the auditing of quality assurance questionnaires to ensure views are taken into account when planning changes and improvements.

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