



Making Social Care  
Better for People

# inspection report

**CARE HOME ADULTS 18-65**

**Griffin Lodge**

**4 & 5 Griffin Lane  
Heald Green  
Stockport  
Cheshire  
SK8 3PZ**

*Lead Inspector*  
Mrs Fiona Bryan

*Unannounced Inspection*  
23rd May 2007      10.45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- 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](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>	Griffin Lodge
<b>Address</b>	4 & 5 Griffin Lane Heald Green Stockport Cheshire SK8 3PZ
<b>Telephone number</b>	0161 498 0550
<b>Fax number</b>	0161 498 0660
<b>Email address</b>	manager@griffinlodge.org.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Royal Schools for the Deaf
<b>Name of registered manager (if applicable)</b>	Denise Gibson
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	12
<b>Category(ies) of registration, with number of places</b>	Learning disability (12), Mental disorder, excluding learning disability or dementia (12), Physical disability (12)

# SERVICE INFORMATION

## Conditions of registration:

1. The home is registered for a maximum of 12 service users to include:  
\*up to 12 service users in the category PD (physical disability); \*up to 12 service users in the category LD (learning disability); \* up to 12 service users in the category MD (mental disorder, excluding learning disability or dementia).
2. The service should at all times employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.

## Date of last inspection

29th November 2005

## Brief Description of the Service:

Griffin Lodge is a single storey building, set slightly off the main road, in what appears to be a quiet area of Heald Green, Stockport. The home provides accommodation for 12 young autistic deaf people.

All accommodation is provided in single rooms with en-suite facilities, either with a bath and/or shower.

There are two main lounge areas and an additional two smaller rooms, which are currently used for a variety of activities, for example, playing pool or having quieter time.

There are two domestic type kitchens, one central industrial kitchen and a main dining room, where all service users take their meals.

The staffing ratio at Griffin Lodge is in keeping with the needs of the service users.

The home is well placed for shopping and local amenities.

Fees for accommodation and care at the home vary between £1912.59 and £3432.60 per week. A service user guide is available on video in British Sign Language.

# **SUMMARY**

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

This key unannounced inspection, which included a site visit, took place on Wednesday, 23rd May 2007. The manager was not told beforehand of the inspection visit.

All key inspection standards were assessed at the site visit and information was taken from various sources, which included observing care practices and talking with people who live at the home, the manager and other members of the staff team.

Two people were looked at in detail, looking at their experience of the home from their admission to the present day.

A partial tour of the building was conducted and a selection of staff and care records was examined, including medication records, employment and training records and staff duty rotas.

Comments cards were sent to GP's who visit people at the home. Two GP's responded saying they were satisfied with the overall care provided to people at the home.

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

The home makes sure that people who may be interested in coming to live there have all the information they need before they make a decision, by providing a video using British Sign Language. Where possible, people coming into the home visit on a number of occasions and staff take time to get to know them so everyone is happy that the home is the right place for them.

Griffin Lodge is a cheerful, friendly place and people living there seemed very relaxed and at home. Staff are proud when residents learn how to do new things and are pleased for them when they join in with local community events and enjoy themselves.

People living at the home appeared well cared for and content. People spoken to said they liked living at the home and got on well with the staff.

People are treated as individuals and are able to spend time doing things that interest them. Residents said they had plenty to do and did not get bored.

There are lots of staff working at the home and some of them are deaf themselves, so they can understand the everyday difficulties faced by residents. All the staff are able to communicate very well with the residents and spent a lot of time doing this.

The home has lots of equipment and is laid out in such a way as to make it as easy as possible for residents to do as much as they can for themselves. Staff help residents with everyday tasks, such as shopping and cooking, and some of the people living there may go on to living more independently.

The manager considers staff training to be very important. New staff are very closely supervised and supported to make sure they are able to do the job well.

78% of staff have an NVQ which means that they have the knowledge and skills to look after the residents properly.

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

Since the last inspection the two large lounges have been redecorated. Residents helped to choose the furniture and were pleased with the new look.

Residents' rooms are decorated according to their tastes before they come into the home.

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

Griffin Lodge meets or exceeds all the key standards and the manager has a clear vision of the future of the home. No requirements or recommendations have been made at this inspection.

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 and 4

Quality in this outcome area is excellent.

Detailed assessments are undertaken before people come into the home and information is provided to people so they can feel confident that their needs can be met.

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

### **EVIDENCE:**

The care files for two people were looked at in detail. Comprehensive needs based assessments had been undertaken for both residents.

Plans were in place for a new resident to come into the home within the next few months. At the time of the site visit the room allocated for this person was being redecorated in the colours they said they wanted. The manager explained that staff would go to see the person about twice a day for a week or so to assess what their needs were in different settings. Following this, the person would visit Griffin Lodge several times with the time spent at the home gradually increasing until they were having meals at the home, etc. Staff would also take the prospective new resident out to a range of places in the local area, again to assess their abilities and care needs in different settings.

The transition from one care setting to another for this person was planned to take place over six-eight weeks. This was possible as the person was already living in the local area. However, where people are admitted to the home from a distance away, this ideal cannot always be achieved. However, the manager said that a video is sent to prospective new people using British Sign Language (BSL) to introduce people to the home. Through this, the person is able to see their room, staff members and other parts of the home. It was reported that the home also has a Statement of Purpose on video. The person's case manager or a member of the family may visit the home on their behalf.

The home is very clear about the criteria under which it can admit people to live there and only admits new people following a thorough assessment as described above.

All staff have the skills and knowledge to communicate effectively with people living at the home and adapt how they communicate to suit each person's abilities and needs. All staff sign, and other systems are also used such as the Picture Exchange Communication System (PECS) and WIDGET (writing with symbols).

## **Individual Needs and Choices**

**The intended outcomes for Standards 6 – 10 are:**

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

**The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

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

6, 7 and 9

Quality in this outcome area is good.

People are supported to make decisions, giving them choice and control in their lives.

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

### **EVIDENCE:**

Two people's care files were looked at in detail. Both contained comprehensive care plans and risk assessments to address all their identified care needs. A team leader was allocated to take responsibility for the case management of each person and they co-ordinate and review each person's care every three months, together with the assistant case manager, the person's key worker and the Speech and Language Therapist (SALT).

Many of the residents have limited understanding of their care needs but two residents were spoken to who both said they felt that staff understood them well and knew what help they needed and what their preferences were.

Staff act as advocates for the residents but are aware that residents ideally need independent advocates as well. However, in discussion with the manager and staff, it was explained the difficulties the home met in finding suitable people to act as advocates for the residents. The manager had recently identified a person that she was hoping would take on this role.

Risk assessments are carried out for all activities that are undertaken by the residents. Many of the residents receive one-to-one supervision, as this has been identified as necessary as part of their risk management. Records showed that residents led full and active lives, enjoying a wide range of activities and social events.

## **Lifestyle**

### **The intended outcomes for Standards 11 - 17 are:**

- 11.** Service users have opportunities for personal development.
- 12.** Service users are able to take part in age, peer and culturally appropriate activities.
- 13.** Service users are part of the local community.
- 14.** Service users engage in appropriate leisure activities.
- 15.** Service users have appropriate personal, family and sexual relationships.
- 16.** Service users' rights are respected and responsibilities recognised in their daily lives.
- 17.** Service users are offered a healthy diet and enjoy their meals and mealtimes.

### **The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

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

12, 13, 15, 16 and 17

Quality in this outcome area is excellent.

People are supported to develop their life skills and a wide range of activities and social events means that residents' social and recreational needs are met.

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

### **EVIDENCE:**

Staff explained that a two-week programme was in operation, which had been devised to meet the preferences of residents and in accordance with their interests and hobbies. Each resident undertook different activities, such as horse riding, wall climbing, swimming and reflexology. All the residents go to the Oldham and Manchester deaf clubs. Staff make sure that the residents know about special social events being held at the clubs.

The excellent staffing levels mean that residents are able to go out in the evenings and at weekends. Some residents attend dance classes on Thursday evenings and participated in a community dance showcase at the Lowry Quays Theatre on 4<sup>th</sup> April 2007.

Each week every resident spends time practising literacy and numeric skills, as well as domestic and cooking skills. Residents choose what they want to eat, shop for the food and prepare it with the support of staff. Once a week each person is helped and supervised in changing their bed, cleaning their room and washing their laundry.

One person is undertaking work experience with the home's maintenance person and was assisting him to decorate a room at the time of the site visit.

Residents grow their own plants and vegetables from seed and the home has an allotment in the town providing additional space for their produce.

An art therapist comes to the home for two days per week and residents undertake a range of craftwork. Residents make greetings cards and also plant up hanging baskets, both of which they sell to the public. The home has just bought a kiln and plans to teach residents to make their own pots.

Every resident has a holiday each year. Two residents had booked to go to London in October and another resident was going to St Annes. Detailed risk assessments are undertaken for all trips away from the home, both long and short distance.

Some residents go home to their families frequently, others less so. Residents are encouraged to write and telephone their families regularly and staff help them with this and update families on each person's progress.

During the site visit residents were observed spending time in their own rooms and cycling round the grounds. Residents who are able have a key to their own rooms. Staff were observed constantly communicating in BSL with residents.

Since the last inspection the home has arranged a volunteer to befriend one of the residents who does not get many visitors.

Two residents were spoken to and both said that they liked living at the home. Both people talked about the different ways that they spent their time and said they had plenty to do.

Residents said they liked the food provided by the home. Examination of the menu showed that a varied range of meals was offered in keeping with residents' tastes and age. Special diets, such as gluten and wheat free and diabetic diets, are provided for those people that need them.

Lunch on the day of the site visit was Greek salad or pasta and salad, followed by strawberries or yoghurts. Menus were displayed in the dining room. Residents helped themselves from the serving trolley and staff also ate their lunch with them.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

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

18, 19 and 20

Quality in this outcome area is excellent.

The health and personal care that people receive is based on their individual needs.

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

### **EVIDENCE:**

Residents said that staff were kind and treated them with respect. Personal support was provided in people's own rooms and residents' preferences in terms of the gender of staff caring for them were noted and taken into account where possible. The staff group is well balanced being comprised of roughly half male and half female support workers and a proportion of staff being deaf themselves.

The home employs a speech and language therapist for two days per week. It was reported that this has been very useful in supporting staff to identify and plan the best means of communication with individual residents.

All residents have their own key worker and a team of people caring for them who know them well and understand their preferred routines.

Records showed that residents were supported to access a range of health care professionals, such as GP's and dentists. Residents had attended hospital appointments and staff ensured that aids and equipment, such as hearing aids and wheelchairs, were serviced and maintained. Where necessary, specialist lifting equipment was provided in residents' rooms to make moving around as easy as possible.

Comments cards were sent to GP's who visit the home prior to the site visit. Two GP's responded with positive feedback, saying that the home worked well in partnership with them and staff demonstrated a clear understanding of residents' care needs.

None of the residents were able to manage their own medicines. Examination of the records and medicines for two residents showed that staff were managing medicines appropriately.

## **Concerns, Complaints and Protection**

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

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

22 and 23

Quality in this outcome area is excellent.

People are able to express their concerns and are protected from abuse.

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

### **EVIDENCE:**

The home has a complaints procedure displayed in widget symbols in the reception area and also in each person's bedroom.

Two residents were spoken to who said that they had no complaints. If they did have a complaint one person said they would talk to the manager and one person said they would talk to their family.

The home keeps a record of complaints made and this showed that they had been investigated and dealt with properly.

All staff receive training in adult and child protection as part of their induction.

Some residents sometimes need to be restrained for their own safety and the safety of others. Staff explained that restraint is always planned and a risk management plan is created according to the individual resident's needs. Restraint usually occurs in the form of walking a resident away from a confrontational situation and staff sometimes use breakaway techniques when residents grab their hair or wrists. All incidents of restraint are documented.

Since the last inspection an adult protection investigation has been undertaken at the home regarding allegations made by staff about one staff member. This has been satisfactorily concluded.

## 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, 25, 26, 27, 28, 29 and 30

Quality in this outcome area is excellent.

The physical design and layout of the home enables residents to live in a safe, well-maintained and comfortable environment, which encourages independence.

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

### **EVIDENCE:**

The home accommodates 12 people and is based over one floor, ensuring that all residents, including those in wheelchairs, have access to all parts of the home.

The layout of the home is in two halves, each with a large and small lounge. This means that there are two communal rooms for the six residents living on each side of the building and this creates a homely atmosphere, as only small groups of people are using the rooms at any one time. Since the last inspection the two large lounges have been redecorated. Residents helped to choose the new furniture, and new carpets and curtains have been provided. The two smaller lounges contained computers for the use of residents and were used by families when they came to visit residents.

All residents have their own en-suite room. Most residents have baths but some have showers to meet their preferences or medical needs. Residents said they liked their rooms and all were personalised and had been decorated according to the occupant's tastes. Some residents had keys to their rooms.

Aids and equipment were available such as overhead tracking for hoists.

On the day of the site visit the home was clean, tidy and did not smell.

The home has a kitchen for the use of the residents where they can practice their cooking skills, and a laundry, which residents use with the support of staff.

An art room displayed work by the residents and opened on to a garden with tables and chairs, raised beds with painted sleepers and a patio area. Residents had been involved in the landscaping and planting of the garden. The manager said she had plans for a further picnic area to make use of some of the outlying fields and is also looking at getting a double swing as the new resident due to come to the home loves swings.

At the side of the home was a greenhouse and poly-tunnel.

Since the last inspection the path around the home has been widened so that some of the residents who enjoy bike riding could do so more easily.

A maintenance person works from 6:45am to 11:00am, Monday to Friday.

## **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, 34, 35 and 36

Quality in this outcome area is excellent.

Staff in the home are trained, skilled and in sufficient numbers to support the people living there.

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

### **EVIDENCE:**

Examination of two staff files showed that staff had been recruited via a robust procedure that ensured they had the necessary skills and knowledge to perform their role. All the information and documents required to confirm their suitability was available.

A CRB had been obtained for the volunteer arranged to visit one of the residents.

Griffin Lodge has devised its own induction programme that covers all the Skills For Care Common Induction Standards.

New staff receive a week's induction training which takes place via the Royal School for the Deaf's training department. This covers mandatory training such as moving and handling, first aid and food hygiene and also specific training such as behaviour management, adult and child protection, deaf awareness and hydrotherapy pool safety. Eligible staff (those over 25 years of age) undertake MIDAS training to enable them to drive the home's transport.

Following the week-long initial induction staff are given booklets to complete and shadow a senior staff member for a week before being shadowed themselves for a further week. Throughout their probationary period new staff receive supervision sessions with their with mentor every two weeks and are expected to complete their training booklets by the end of their probationary period.

Following the probationary period staff will start NVQ training if they have not already attained this qualification. 78% of support workers at the home have at least NVQ level 2.

All staff have an 8.5 hour training day built into their duty rota every three weeks. Further training in topics such as epilepsy awareness, management of diabetes and sensory interaction is provided. Staffing levels are excellent with a number of the residents receiving one-to-one care. The home enjoys a fairly stable staff team so the use of agency staff is low. Where agency staff are used, the home tries to ensure the same staff return as the residents find it easier to communicate with people that they know.

Staff said that they received supervision every six to eight weeks and it was reported that records were kept of this, although these were not seen.

## **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 and 42

Quality in this outcome area is excellent.

The manager has the skills and knowledge to properly manage the home and systems in place create an open and consultative atmosphere, promoting active involvement from staff and people living at the home to build a positive home for people to live in.

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

### **EVIDENCE:**

The manager has been in post since 2004 and has completed the Registered Manager's Award. She is currently undertaking a course at the Institute of Applied Behavioural Analysis to qualify as a behavioural analyst.

Residents said they knew who the manager was and several were observed coming to sign with her.

The manager had a clear vision of the way in which she wished to develop the home and had recently sent questionnaires to staff to gain their views about the strengths of the home and any ideas they had to further improve the services they offered.

Team meetings are held for each resident every three months. Staff said this worked better than group resident meetings, as some residents would not be able to communicate well in a group setting.

Staff meetings are held monthly and senior staff meetings about every four to six weeks. Minutes of these meetings were available.

Independent monitoring visits are undertaken every month and reports of the findings are sent to the Registered Provider. Regulation 26 reports have also been sent to the CSCI.

Staff receive regular training and updates in health and safety topics and weekly checks had been made of the building and equipment in respect of fire prevention and health and safety.

Procedures for the event of fire were displayed around the home in WIDGET.

# 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	4
2	4
3	4
4	4
5	X

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

LIFESTYLES	
Standard No	Score
11	X
12	4
13	4
14	X
15	4
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	4
19	4
20	4
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	4
23	3

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

STAFFING	
Standard No	Score
31	X
32	3
33	3
34	X
35	4
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	4
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action

**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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