



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Stagenhoe Park**

**Sue Ryder Care Centre  
Stagenhoe Park  
St Pauls Walden  
Hitchin  
Hertfordshire  
SG4 8BY**

*Lead Inspector*  
Jeffrey Orange

*Unannounced Inspection*  
19th April 2007      08:20

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 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>	Stagenhoe Park
<b>Address</b>	Sue Ryder Care Centre Stagenhoe Park St Pauls Walden Hitchin Hertfordshire SG4 8BY
<b>Telephone number</b>	01438 871215
<b>Fax number</b>	01438 871083
<b>Email address</b>	fran.short@suerydercare.org
<b>Provider Web address</b>	None
<b>Name of registered provider(s)/company (if applicable)</b>	Sue Ryder Care
<b>Name of registered manager (if applicable)</b>	Frances Short
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	50
<b>Category(ies) of registration, with number of places</b>	Physical disability (50), Physical disability over 65 years of age (50)

# SERVICE INFORMATION

## Conditions of registration:

1. This home may accommodate 50 people (aged 18 to 65 years and above 65 years) with physical disability who require nursing care.
2. This home may accommodate people with physical disability caused by chronic illnesses such as Huntington's Disease and other neurological conditions.

## Date of last inspection

30th January 2006

## Brief Description of the Service:

Stagenhoe Park is a large Georgian House set in 8 acres of parkland style gardens overlooking the Hertfordshire countryside. The home provides specialist nursing care for younger adults and older people with Huntington's Disease and other neurological conditions. The home is approximately 15 minutes by car from Hitchin. There is an infrequent bus service, however the home has 2 ambulances and a mini bus. The main building is divided into 2 wings. The majority of residents are accommodated in single rooms with access to lounges and assisted showers and bathrooms suitable for people with complex physical needs. Overhead tracking hoists are provided above each bed. There is also a conservatory, library room, smoking room and chapel in the main house. Two passenger lifts provide access to the upper floors. There is a covered walkway from the main house to the Rachel Bowes Lyons Unit, which is a purpose built bungalow with 16 single bedrooms with en suite facilities, an activities room, a sensory room and a physiotherapy treatment area.

The home has a Statement of Purpose and Service User's Guide, which include contact details for the Commission for Social Care Inspection (CSCI), a copy of the latest inspection report is also prominently displayed in the home's reception area.

Weekly fees range from £873 to £1500. Additional charges apply for personal toiletries, hairdressing, chiropody, newspapers and private dentistry. These charges were current at April 2007.

# SUMMARY

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

This unannounced inspection took place over the early morning and afternoon of one day and provided an opportunity to speak to people who live in the home, members of the care and nursing staff team, the acting head of care and the home's manager, together with two regular visitors to the home. Some key records were inspected, including those for staff recruitment, care plans and medication.

This inspection report also takes into account any information received by the CSCI since the last inspection in January 2006. The ongoing inspection process will make use of information received from surveys that will be sent to people who live in the home and associated health and social care professionals as well as additional detailed information that will be provided by the home. Further site visits may be carried out in the light of any information received.

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

Recent reports of the CSCI on Stagenhoe Park have recorded a high level of satisfaction from people who live in the home and from health and social care professionals involved with them, and this remains the case.

There is a high standard of individually focussed care provided to people who live in the home by a very dedicated, committed and skilled staff team.

The standard of record keeping is high and there are good systems in place for the auditing and review of the quality of care provided.

The atmosphere in the home throughout this visit was relaxed, and the bright spring day showed the external environment of the home at its best, with many of the communal and personal spaces looking over the attractive grounds and countryside that surrounds the home.

Internally the home was clean and free from unpleasant smells and despite its size provided a homely feel, with various lounges and the conservatory being well used by people who live in the home.

The activities team provide a consistently high standard of varied things for people to do. This together with the quality of the catering was very positively commented on by people who live in the home.

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

The recruitment process seen for new staff has been improved in line with the requirements of the previous inspection.

A fire risk assessment has been carried out by the appropriate local fire authority; action is being taken to fully comply with its recommendations.

The maintenance of what has been recognised as a consistently good level of operation of the home is in itself an achievement.

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

It was possible to discuss with the management team some minor issues arising during this visit, including the need to ensure all fire doors that should be kept closed and locked when not in use, the temperature of some medication storage areas and the need to record a risk assessment in respect of potential access to the home of people using the caravan pitches in the home's grounds.

Past experience of the home and its management team give the CSCI confidence that these matters will be promptly addressed and appropriate action taken.

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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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):

Standards 2 & 3

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

All prospective residents have a comprehensive assessment of their needs carried out before admission. The process is very thorough and includes very detailed input from specialist neurological health and social care professionals.

The assessment process very clearly focuses on potential residents as individuals and ensures that the facilities, staffing skills and specialist services available in the home will meet their holistic care needs appropriately.

The home is recognised as offering a service specifically intended for young adults and older people with impairments arising from neurological conditions and this is reflected in the home's environment, equipment, facilities and staff training.

### EVIDENCE:

Those care plans seen included very detailed assessments of need and all included contributions from a range of specialist health and social care professionals.

Relatives of people living in the home confirmed their involvement in the assessment and care planning process and care plans include evidence of the involvement of residents.

There is substantial evidence in the home of the range of services and support to residents and their families and carers available both from the home and outside organisations with a particular expertise in neurological disorders.

Staff spoken to had a clear understanding and knowledge of each individual resident's needs, preferences and personality. Resident's spoken with expressed satisfaction with the way that their care needs were met by staff.

## 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):

Standards 6 7 9

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Care plans are comprehensive and well maintained. They are reviewed regularly and are individual and person centred enabling staff to identify the individual's needs and how they prefer them to be met.

Care plans include a thorough and comprehensive system of risk assessment, which is regularly reviewed and updated. This ensures that whilst risks are addressed, it is done in a way that maintains the maximum degree of independence for, and recognises the rights of, people who live in the service. Where limitations are in place these decisions have been made in consultation with the person concerned and are recorded.

The home ensures that people living in the home are regularly consulted in order to obtain information about how they view the home, their care and how it is provided.

## **EVIDENCE:**

Care plans seen were up to date, had evidence of a frequent and regular process of review that included the person involved.

Each care plan included a comprehensive system of risk assessments and these clearly reflected changing circumstances, so that for example where an increased risk of self-harm had been identified, an appropriate risk assessment and action plan for staff including identification of specific triggers was drawn up and subsequently kept under review.

People who live in the home confirmed that they are consulted through meetings and surveys about their experience and preferences and that changes are made to address their concerns where possible.

# 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):

Standards 12 13 15 16 17

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

People who live in the home can take part in a range of activities within the home and in the local or wider community. They can develop and maintain important personal and family relationships. Staff practice recognises the importance of individual rights and choices within the context of an individual risk assessment framework.

All of this means that people who live in the home can be stimulated and follow specific interests that they have and also to maintain or develop new skills. They are not isolated from friends, family or the community and do not need to be inactive or alone unless that is their choice.

The specialist dietary needs of people with Huntington's disease and other neurological conditions are well managed which provides individuals with the nutrition they need for their health and wellbeing.

### EVIDENCE:

There is a well-resourced staff team dedicated to the provision of activities within and outside of the home. Activities include music, arts and craft, reading

groups and a series of regular and one-off trips outside of the home, including theatres, cafes and shops.

People who live in the home were very positive about the activities available to them.

“The chef is the greatest” was one person’s comment about the standard of food. Menu choices are clearly on display in the home and the meal observed during this visit appeared to be a positive experience for those concerned.

Care plans include details as to how weight and nutritional balance is being maintained, this is considered of particular importance for people with Huntington’s although it of course also applies to other residents as well.

## 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):

Standards 18 19 20

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

People who live in the home have access to a range of healthcare professionals and specialists to meet their specific physical and emotional health needs.

Care plans clearly record their personal and healthcare needs and give comprehensive detail as to how these will be met in line with the expressed preference of the people concerned.

Staff training and support helps ensure that care is person centred and that support is flexible, consistent and is able to identify and meet the changing needs of people receiving care in the home.

The standard of medication practice is generally very good. Any instances where errors are made are promptly identified and appropriate action taken including through staff appraisal and re-training where that is identified as necessary. This provides people whose medication is administered by the staff confidence that it is done safely and that they are protected by the policies and procedures.

## **EVIDENCE:**

People who live in the home and visiting relatives spoken with were all very positive about the standard of care received.

Observation of care being provided indicated that it was being given sensitively and in a way that showed respect to the individual and preserved their dignity.

One person was receiving one to one care and supervision throughout this visit.

Care plans included very detailed evidence of specialist interventions and advice being made available. A range of documentation about the specific needs of people with a neurological disorder was evident throughout the home and in care plan documentation.

The system for the administration of medication was found to be essentially very sound. There was one issue with the recording of medication being provided on an as required basis, other records were up to date and accurate. Evidence was seen of a monitoring system that had for example picked up an isolated incidence of failure to record an administration accurately. This had been identified, advice taken and the staff member concerned had been offered support and additional supervision to improve their future practice.

## 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):**

Standards 22 23

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home has an open culture that allows people who live there to express their views and concerns in a safe and understanding environment.

People who live in the home, their relatives and others involved with the home express satisfaction with the way that the home operates and the standard of care provided and feel able to approach staff and management with any concerns they have.

The complaints procedure is open and available so that people are given every opportunity to make a comment or complaint should they want to do so.

Staff receive training in safeguarding and know how to recognise actual or potential abuse and what to do if it is seen or suspected.

The potential for some people who live in the home to self-harm is recognised and appropriate action is taken where that is the case.

### **EVIDENCE:**

Two relatives confirmed that they were able to speak to the manager and staff about any concerns they may have about their mother's care.

Those members of the staff team spoken to confirmed that the home's management team has a very open approach and are readily available to talk about any issues or concerns that staff or resident's may have.

There is a range of documents and survey forms available in the reception area that would enable anyone who wishes to make representation direct to the CSCI to do so.

Following up one comment from a person living in the home, it was confirmed with the home's administrator that people are able to have free access to their own funds, including a personal "float" if that is their wish. Sensible advice is provided about not holding large sums of money on their persons or in their rooms. More secure custody, with ready access is provided in the administration office. Records were seen to be robust and accurate with a series of checks and balances in place to protect people who live in the home.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

## The Commission considers Standards 24, and 30 the key standards to be inspected.

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

Standards 24 25 29 30

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

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

Stagenhoe Park provides a distinctive environment for the people who live and work there. It is exceptionally spacious, whilst managing to remain comfortable and homely (in a stately home kind of way).

People who live there are provided with the aids and adaptations that they require to help them with the routines of daily life. Individual accommodation reflects the interests and personalities of the individual resident.

The age and layout of the building adds to its unique charm, but also provides some challenges for those responsible for its upkeep and ensuring that it continues to meet any current legislative requirements with regard to fire safety and health and safety.

The home is kept clean and hygienic and free from unpleasant smells.

## **EVIDENCE:**

Where new flooring has been laid, whilst it is vinyl to enable residents with mobility problems and those requiring specialist wheelchairs, seats and beds to be more easily moved about, it has been done in colours and with patterns to make it appear less institutional.

The communal areas are spacious and comfortably furnished and include a library and "music" room with a grand piano. This, together with the outstanding views of the grounds found in many rooms provides a very pleasant and distinctive feel to the home, which many people living there commented favourably on.

Work was underway during this visit to repair an area of wooden flooring and there was evidence of a programme of routine maintenance in place to keep the premises in a reasonably good state of decoration and repair.

A recent fire inspection has given rise to some requirements affecting the physical layout of the home, including the fitting of some additional fire doors and additional signage. It is understood that these requirements will be fully complied with where the work has not already been undertaken.

Relatives spoken to commented favourably on the "lack of smell of urine" and certainly, on the day, the home was very clean and tidy with no smell problems identified.

Those bedrooms seen had been extensively personalised to reflect the personalities of the residents, and although the presence of equipment and aids and tracking hoists was inevitably obtrusive, the size of many rooms enabled this to be minimised.

## 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):

Standards 32 34 35

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

People who live in the home can have confidence in the staff that care for them. The staff team are trained, skilled and in adequate numbers to provide a good standard of care to people living in the home.

The home has a good recruitment procedure that should provide those living in the home and those that care for them with confidence that only suitable people are employed to provide care and support for them.

### EVIDENCE:

People who live in the home and those relatives spoken to were very positive about the standard of care seen and received.

Although one resident noted that staff "are always rushing about", this was not evident on the day, it may however be something that should be considered in staff meetings as a potential challenge to the way they work at times.

Those staff spoken to felt well supported and said that they had a good level of appropriate training.

The records of the specific training that staff receive in respect of those residents who have Huntington's or other neurological disorders may not

always do justice to the amount available and provided. It is also clear that staff supervision is provided as much in groups and teams as in individual sessions. However all staff spoken with felt that they received excellent support from their managers and that they could readily have more individual supervision if they required or requested it.

The recruitment files for several recently employed members of staff were found to have all the details required, including criminal records checks and two written references.

The excellence of the staff training and support provided at Stagenhoe Park has been recognised by its use both currently and in the past as a training placement for social work students and student nurses.

# 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):

Standards 37 38 39 42

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

People living in Stagenhoe Park benefit from living in a well managed home.

The registered manager is well qualified through formal qualifications and appropriate experience to manage the provision of care to people with a neurological disorder.

The home has efficient and effective systems in place to ensure effective safeguarding of those who live and work there.

Record keeping is of a consistently high standard and the home have demonstrated a consistently proactive approach to quality control and have always responded positively and appropriately to any requirements and recommendations made by the CSCI or other statutory bodies.

The manager is supported by an extensive team of clerical, administrative, ancillary and nursing managers, operating within a clear and well understood set of guidelines and policies.

**EVIDENCE:**

Those maintenance records checked were up to date.

Action has been taken to meet the requirements of a recent fire inspection.

All staff, residents and visitors spoken to were supportive of the manager and her management of the home.

The support provided to the manager by her nursing, administrative and ancillary staff was evident throughout this visit and the calm and smooth way that the home operated was very noticeable.

The home has a well-developed quality assurance system in place.

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

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

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	4
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

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

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

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	3
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	3
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	3
<b>36</b>	X

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	4
<b>38</b>	3
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

no

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	Any area where medication is stored should be monitored to ensure that the temperature does not exceed recommended levels.
2	YA42	A risk assessment should be recorded in respect of any risk of unauthorised access to the home from people using the caravan pitches in the home's grounds.
3	YA42	Fire doors fitted to all storage areas should be closed and/or locked as appropriate at all times when they are not in use.

## **Commission for Social Care Inspection**

Hertfordshire Area Team

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