



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Lampton Court

**Littleham
Bideford
North Devon
EX39 5HT**

Lead Inspector
Jo Walsh

Unannounced Inspection
5th March 2009 09:30

The Commission for Social Care Inspection aims to:

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Lampton Court
Address	Littleham Bideford North Devon EX39 5HT
Telephone number	01237 470280
Fax number	01237 425040
Email address	admissions@lamptoncourt.com
Provider Web address	www.lamptoncourt.com
Name of registered provider(s)/company (if applicable)	Health & Care Partnership Limited
Name of registered manager (if applicable)	Linda Fletcher
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Past or present alcohol dependence (32), Past or present drug dependence (32)

SERVICE INFORMATION

Conditions of registration:

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

Care home with Nursing - Code N

to service users of either gender whose primary care needs on admission to the home are within the following categories:

Past or present alcohol dependence (Code A)
Past or present drug dependence (Code D)
2. The maximum number of service users who can be accommodated is 32.

Date of last inspection

25th January 2008

Brief Description of the Service:

Lampton Court provides 24-hour care for 32 younger adults aged 18 to 65 years with past or present alcohol and/or drug dependencies.

The home is registered as a care home.

The service is run in a large detached house standing in its own extensive landscaped grounds and is a short drive away from the North Devon town of Bideford. There are two separate units within the main house, one for detoxification, where all rooms are shared occupancy and the other unit is for people undergoing the therapeutic programme to help them with their drug or alcohol dependency

The service runs a programme that provides group work, and an activity programme.

The programme also provides an experience of community living and day programme.

The fees charged can be obtained by contacting the service; additional charges are made for personal items such as toiletries, magazines and newspapers.

Copies of previous inspection reports are available in the office at Lampton Court.

SUMMARY

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

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

This inspection took place during a week day in March by two inspectors including the regional pharmacist advisor inspector, who looked at and advised on best practice in the safe storage, administering and recording of all medications. We decided to complete a key inspection instead of an Annual Service Review as we had received several complaints. The complaint issues identified that people were not getting activities and therapeutic sessions they were supposed to, that the new building was mouldy and unfit for purpose and that people on the programme have been bringing drugs and alcohol onto the premises and that staff were aware of this.

We could find no evidence that during the time of the inspection any of these complaint issues could be substantiated. The manager and provider did say that the home had gone through a period of being understaffed due to some people leaving, but that for the most part therapeutic sessions and activities continued. At the time of the inspection people who are resident confirmed that their weekly activities timetable was in effect and that counselling and activities were available throughout the week.

The manager said that they did need to call back the builders because of mould and damp developing and they have now completed further damp coursing treatment and this has solved the mould problem. All part of the home except for one bathroom were usable, fit for purpose and free from damp and mould.

Time was spent talking to the people who are currently receiving a service at the home, as well as some staff the manager and registered provider. Some time was also spent on looking at key documents including plans of care, pre admission assessments, complaints, staff recruitment and training files. This helps us understand how well the home is run.

Prior to the inspection taking place we asked the home to complete some information called an Annual quality Assurance Assessment (AQAA) which give us information about how the home maintains a safe environment and working practices via regular servicing of equipment and policies and procedures in place.

We also sent some surveys to people who use the service and to staff. Their views and those of people spoken to face to face are included in the main body of this report and have helped us to make judgements on the quality outcomes for people who use the service.

What the service does well:

The home provides people with a large spacious accommodation in attractive and peaceful surroundings. Bedrooms are usually shared, and are comfortably furnished. There are some single rooms for people who have reached the final stages of their treatment programme.

The home ensures that they have a thorough pre admission assessment process in place, although this may initially be mainly by telephone as some people come from out of the area.

Detailed plans of care are in place to ensure that staff understand the needs of the people they are supporting.

An excellent range and choice of meals are offered and individuals are encouraged to participate in the meal preparation but only once they have achieved accreditation in health and safety in the kitchen, which is facilitated by the cook/tutor. People who are currently at Lampton Court said

- The food is first class here, always fresh
- I enjoy helping with the cooking and am proud to have my certificate.
- There is always a good choice available

The home offers people the opportunity to take part in a range of activities and therapeutic counselling sessions as part of the programme. They have developed good links with the local college and now provide educational sessions for people to develop and enhance skills as well as gaining certificates.

Staff are well trained and supported to do their job effectively.

What has improved since the last inspection?

The home has a new manager, who since this inspection was completed as been assessed by us to be the registered manager of the home. Risk assessments are now dated to show when they have been completed.

The home has developed training plans for individuals to ensure that they can plan for training needs of all staff. They have a programme of training for all staff to ensure that they cover all aspects of health and safety.

Supervision for staff is now recorded and is provided by one of the counsellors.

What they could do better:

Some improvements are needed to ensure that all medications are stored securely at all times and that records of administration are clearly recorded so there is a good audit trail. The regional pharmacist has made two requirements in respect of this.

Staff recruitment should be fully robust and references should be in place prior to the new staff member commencing employment. The home are reminded to ensure that they evidence that POVA first checks are completed. These are checks to ensure only suitable people are employed to work with vulnerable people.

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 or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

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

2

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

Potential new people benefit from a good admission and assessment process, which ensures that the home can meet their needs.

EVIDENCE:

The pre admission information for two people was looked at and discussed with the manager. The home have a process that normally means taking a detailed telephone referral in the first instance. Where individuals live some distance away from the home, the only assessment prior to them coming to the home is via a telephone so the home ensures that detailed questions are asked about the individuals' history of addiction, what services they have been involved with before and what their current and future needs might be. This enables the team to make a decision about whether Lampton Court can offer an appropriate service. The funding authority's assessment and care plan are obtained together with any health care assessments and information about what medication the individual is taking.

The manager also stated in the homes AQAA that they continually update their newsletter and brochure to ensure that correct information is being received by referrers.

The following comments were received via surveys sent out to people prior to the inspection taking place.

“It has a very informative website. My care manager talked to them before a decision was made. I spoke to a couple of members of staff over the phone before going into Lampton and they were very warm and friendly and put me at ease.”

“I had a visit prior to my admission and found Lampton Court to be suitable to my needs.”

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):

6,7,9

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

Individuals' care is well planned so that staff has good information to ensure that personal, health and social needs are met

EVIDENCE:

Two plans of care were looked at and discussed with the manager. Plans clearly identify individuals' needs, what their agreed programme is and what activities will take place each week.

Three people who live at the home confirmed that they had been involved in their care plan development, and the following comments were received via surveys

- They are very professional, tough but fair, what you need in rehab!
- There is always someone to talk to day or night
- I am very happy with the care and support I receive. Over and above what I was expecting. They are always there for me.

The manager explained that the nature of rehab requires individuals to sign up to being fully involved in the programme of activities and therapeutic sessions. There are some restrictions and limitations, which are clearly outlined in the service user guide and within people's plans of care. This involves no alcohol or drugs being allowed on the premises and the manager stated that they have recently had to take a tough line with some individuals and exclude them from the programme for non compliance of these rules. People are also expected to take part in daily chores, including helping with the preparation of meals but only once they have passed a health and hygiene certificate.

The home now also employ a dedicated person who works with people on the module 3 of the programme, helping people to develop plans for moving on and looking at support networks once they leave the programme.

Individuals spoken to said that their health care needs were met by the consultant psychiatrist and by local community resources where needed.

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):

12,13,14,15,16,17.

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

Lampton Court offers people opportunities to engage in social and leisure activities as well as some opportunity to develop skills and training.

EVIDENCE:

The AQAA states "we concentrate on personal development and have introduced various educational sessions including numeracy, literacy and CLIT (computer skills), which are facilitated by the local college. We have furthered this process of development by introducing high impact activities with certificated courses including NNAS bronze award and first aid."

The home has an active programme of activities that include weekend outward bound courses that have proved demanding but popular for people. Comments included

- Every Saturday we take part in a range of outdoor activities and I really look forward to these as I am a sporty person, plus I can get rid of all my energy. I look at activities as a treat for my discipline during the week.
- I would never have had the chance to do some of the things we have tried here, it is a real buzz, the right sort and I want to carry on with some of the things we have been doing when I leave.
- I have found the course offered really useful and feel proud of my certificates, gives me something to show for the time I have been here.

In addition to planned activities the home has a gym that is available at certain times during the day and evening. They also have table tennis and an outdoor area that can be used for football and other team games.

There are a number of computers with some restricted access to the internet to ensure appropriate use.

The home facilitates contact with family and friends via stated times for use of phones, both mobiles and the house phone. These restrictions are in place to help individuals concentrate on the programme of rehabilitation during planned sessions during the day. Families are able to visit after individuals have completed their initial 4 weeks on module 2. The visits normally take place over the weekend depending on the activity commitment for that weekend.

A really good choice and range of meals are provided that take into consideration individuals preferences and particular diets. The chief/tutor works with people to develop their skills in food preparation, budgeting and healthy eating, but only once they have passed their health and hygiene certificate. Comments about the meals included

- We have a great cook and she provides a lovely variety of home cooked, healthy meals.
- I have never eaten better.
- I really enjoy my session in the kitchen, our cook is really good and the food is the best.

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.

People who live at Lampton Court can be confident that their personal and health care needs will be fully met. Some minor improvements are needed to ensure medications are safely stored and recorded.

EVIDENCE:

The AQAA states "the programme promotes emotional and physical health, which is reviewed with the individual in their care plan. We have visits from our GP on Thursday evenings, with access to his surgery during the week if required. Our medical Director is also on site every Monday and Thursday, and on call the rest of the time. Our 24 hour nursing staff cover ensures safe handling and storage of medications."

Individuals spoken to and those who returned surveys said that they felt their health care needs were well met.

We found that there is secure storage meeting current regulations for medicines in use at the home. However for medicines awaiting disposal although disposal bins are provided there is no secure storage are for these to

be kept in. Because of this the medicines awaiting disposal are kept in the cupboard alongside those in use, so compromising the space available. We found that the procedure for taking verbal dose alterations for some medicines did not follow good practice and recommended that this be reviewed.

We found that people in the home felt well supported with their medicines whilst in the home but were aware that they had no control over their own medicines. This may present a problem for those people towards the end of their programme on discharge as they will then have to become responsible again for their own medicines. We did however find that people using inhalers and creams were able to look after these themselves. However this was not formally risk-assessed and they were not provided with secure storage for these items. This was a requirement at the last inspection. There was also no audit trail for those people who had brought inhalers or creams in with them. Some people were prescribed medicines with a variable dose and we were able to see both from the administration. However the actual dose administered had not been recorded meaning that it was difficult to assess the person's response to the medicine and could lead to them getting an inappropriate dose in future.

We found that the home is now holding stock of many medicines as part of the treatment process. Whilst we found a good audit and stock control system in place for those medicines considered to be at risk of abuse, this system was not present for medicines that were seen as at less risk and able to be bought over the counter. Whilst it would have been more difficult to audit the stocks of these medicines it would have been possible given time.

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.

Individuals' views are listened to and acted upon

EVIDENCE:

The home have a stated complaints process that is posted on the notice board for people to see. In addition to this an 'open forum' is held fortnightly for people to voice their views and concerns, and the manager holds a weekly meeting with the service user representative. The rep writes what the other people have said they want discussed and the manager addresses these points in writing. She makes it clear where suggestions are not going to be considered and the reasons why. She also writes what actions the staff team can action and when they are likely to happen.

The home has only had one complaint since the last inspection and we are satisfied that this was responded to appropriately. The Commission have received three complaints, one from a former resident, one from a funding authority and one anonymous. The complaints centred on similar issues, which is why we decided to do a key inspection instead of an annual service review. The complaint issues identified that people were not getting activities and therapeutic sessions they were supposed to, that the new building was mouldy and unfit for purpose and that people on the programme have been bringing drugs and alcohol onto the premises and that staff were aware of this. We could find no evidence that during the time of the inspection any of these complaint issues could be substantiated. The manager and provider did say that the home had gone through a period of being understaffed due to some

people leaving, but that for the most part therapeutic sessions and activities continued. At the time of the inspection people who are resident confirmed that their weekly activities timetable was in effect and that counselling and activities were available throughout the week.

The manager said that they did need to call back the builders because of mould and damp developing and they have now completed further damp coursing treatment and this has solved the mould problem. All part of the home except for one bathroom were usable, fit for purpose and free from damp and mould.

Staff have training or have training planned that covers understanding the protection of vulnerable adults.

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):

24,30

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

Lampton Court provides people with a clean homely and well-maintained environment.

EVIDENCE:

During this inspection all communal areas and most of the bedrooms were seen. The home was clean, well maintained and provided a reasonably homely environment. This is not a permanent home for people and their involvement in the choosing of décor is minimal but individuals are expected to take part and help with daily chores and keep their own rooms in reasonable order.

The AQAA states ‘‘ the house is approximately 3 miles from Bideford. Service user’s safety are of major importance, as is their need to feel safe in order to be able to focus on their residential programme. Our accommodation is made up of single to four bedded rooms, with females located in a room with en suite facilities for privacy and safety.

There is a sitting room on the detox unit wing with a television and tea and coffee making facilities for the sole use of those on module one (detoxification)

whilst the main house there is a large lounge with television and a separate non smoking lounge with its own television.

We have a house keeper who is on site Monday to Friday mornings to oversee the general maintenance and daily upkeep of the cleaning and laundry.”

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

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

Staff are reasonably well trained and supported to do their job

EVIDENCE:

The home have sufficient care nursing and therapists available to meet the needs of people who are undergoing detox at the home at present. There is always a nurse on duty, plus a support worker and during the day, counsellors and ancillary staff. The AQQA states 'Staff at Lampton Court are all highly trained, with a minimum of NVQ level 3 undertaken or achieved by our support staff. The counsellors have appropriate qualifications in their field as do the medical staff. We promote personal development with staff where it is appropriate to their role. We have structured an in house training schedule for all staff to attend which covers both in house policies and procedures as well as nursing sessions. We have ensured that staff supervision and regular reviews are undertaken by managers and counsellors. We are about to initiate supervision for our counsellors in line with the BACP recognised requirements. We have a rigorous induction programme which is planned over 2-3 weeks.

All surveys but one returned by staff (5) stated that they were well supported and received good training to do their job effectively.

Three staff recruitment files were looked at and one showed that references were not in place until after the staff member had commenced employment. Offers of employment should be subject to satisfactory references and these references should be in place prior to the staff member starting work.

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):

37,39,42

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

The home is well run in the best interests of the people who live there.

EVIDENCE:

The home has a new manager who since this inspection was completed has been assessed and registered by us. She was experience and qualifications in management but not in the care home field. The registered provider has ensured that clinical governance is in place with the appointment of a lead nurse to have clinical lead and all support staff have supervision via one of the trained counsellors.

Staff and individuals undergoing treatment at Lampton Court said the manager was approachable and that they could discuss their views and concerns with her. She ensures that staff have regular input into the running of the home and the way they work with individuals via a staff meeting every morning.

People who are currently living at Lampton Court have regular forums to discuss their views, suggestions and any issues. These are then discussed with the manager on a weekly basis and she provides written feedback on any issues raised with her. The information is very clear as to what suggestions the home can follow up, those they cannot and the reasons why they are not followed up.

Staff have training in all areas of health and safety to ensure they can do their job safely and competently. Policies and procedures are in place for all safe working practices and the home provided information prior to the inspection to show the maintain the environment and all equipment, so these were not directly checked during this inspection.

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

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

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

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	2
19	X
20	3
21	X

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

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

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

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

yes

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
1.	YA20	13(2)	Arrangements must be made to provide safe storage for medicines that are looked after by people living in the home. This is to ensure that people have access to their medicines when they need them and that others do not access them. Requirement Not Met, Original Timescale 25/04/2008	05/05/09
2	YA20	13(2)	Arrangements must be made to ensure that the actual dose administered is recorded when a variable dose is prescribed. This is to ensure that people receive the appropriate dose at the next administration time and do not receive either an under or over dose.	05/05/09

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	Good Practice Recommendations
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	Standard	
1	YA34	The home should ensure that references are obtained before a new staff member commences employment

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