



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Terrablu Ltd

**9 Calverley Park Crescent
Tunbridge Wells
Kent
TN1 2NB**

Lead Inspector
Michele Etherton

Key Unannounced Inspection
25th March 2008 09:40

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
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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 agency are those for *Domiciliary Care*. 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	Terrablu Ltd
Address	9 Calverley Park Crescent Tunbridge Wells Kent TN1 2NB
Telephone number	01892 529429
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Provider Web address	
Name of registered provider(s)/company (if applicable)	Terrablu Ltd
Name of registered manager (if applicable)	vacant post
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 12th January 2007

Brief Description of the Service:

Terrablu operate a domiciliary care agency from a Regency terraced property in the centre of Tunbridge Wells. The property is on four floors, the top floor being a private flat. The premises allow for pedestrian access from the main road and restricted vehicular and pedestrian access from the Crescent. There is a large multi storey car park close by. The premises are located centrally to the area served by the agency. The agency provides care and support to a range of clients including older people, people with mental health difficulties, children, palliative and continuing care and people with physical disabilities. As of 1st April 2006 rates range from £10.45 for a standard half hour call to £17.90 for an hour during weekend or evening hours.

SUMMARY

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

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

A Key inspection of this service has been carried out, which has included an unannounced site visit to the agency on 25th March 2008. The inspection process has also included an appraisal of information received by CSCI about the agency and from the agency since the last key inspection in January 2007. The service returned their annual quality assurance assessment (AQAA) when we asked for it, it was clear and gave the information we asked for.

All key inspection standards have been assessed for this inspection, in addition to any standards where outcomes became evident during the site visit.

Samples of documentation including support plans, risk assessments, medication administration records (MARS), and staff recruitment and training files have been examined.

In the absence of survey responses from clients and staff, telephone surveys have been conducted with a sample of current service users. An interview undertaken with one relative of someone using the service, in addition to feedback sought from social services representatives who commission care packages from the agency. One carer was interviewed during the site visit, in addition to care co-ordinators and the Managing Director. All these responses have been helpful and influential in the compilation of this report.

Since the last inspection there has been five adult protection alerts raised, the agency has worked with social services and where necessary the police in investigating these concerns and has advised us that all alerts have now been closed.

What the service does well:

The agency is keen to develop a culture of excellence and demonstrates a dynamic and well-motivated approach to engaging with a range of stakeholders and forging partnerships to bring about change and improvement in line with best practice and the interests of agency clients.

The agency is seen as proactive and willing to resolve issues and make improvements, they are well regarded by local professional services.

The agency has implemented measures that enable staff and people using the agency to have a voice and influence change.

The agency demonstrates a clear understanding of its limitations and will only take on clients whose needs can be met within the existing staff team and who have the experience and skills to support the client effectively. Terrablu undertakes its own assessment of every person referred. They have an established review process.

People who use the agency speak positively of staff and the agency in general. Comments range from:

"They are flexible and approachable"

"Always at pains to help"

"Very happy with agency"

"I was impressed that the Director came out and visited me"

"They're fantastic, I can't praise them enough"

"I can't think of anything they could improve, they fulfil all my requirements"

The agency is committed to developing and rewarding Carers who stay with them, and has taken steps to improve the terms and conditions of staff to aid staff retention.

The agency responds positively to complaints and takes an active role in trying to resolve issues.

What has improved since the last inspection?

An external agency has been engaged to review policies and procedures and this has resulted in a strengthening of recruitment and disciplinary processes.

The agency has implemented a new call monitoring system that times the length of calls undertaken by carers to client's homes.

The agency has introduced both staff and client forums, and has established a regular newsletter for staff and clients.

The agency has been proactive in seeking to fill carer vacancies and has taken steps to recruit staff that meets specific criteria from Poland. These staff are in general well thought of by people receiving a service.

Responses from people using the service indicate that some issues e.g. continuity, communication, punctuality although improved are an ongoing problem, they recognise that the agency is listening to concerns and trying to make improvements, there is also acknowledgement that there are some

factors that influence these issues that are outside the control of the agency e.g. traffic.

What they could do better:

Care co-ordinators within the agency are providing a rolling programme of moving and handling training for staff and also undertaking Moving and handling assessments of clients, the agency is required to ensure that these staff are suitably trained to a level beyond that of carers to fulfil these roles and obligations effectively and safely in keeping with current best practice, and to be able to make judgements and competency assessments of other staff performance.

Individual support plans would benefit from improved detail around client preferred routines and identified risks. The agency undertakes regular review of client support plans, but need to evidence more clearly where this has occurred and the changes made, these are recommendations for improved practice.

The agency operates a robust recruitment procedure that would benefit from improved recording within interview notes of: exploration of gaps in employment histories and verification of reasons for leaving previous caring roles where these do not feature as a reference request.

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

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

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

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

2,6

People who use the service experience good quality outcomes in this area.

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

People who are referred to the agency can be confident that their needs will be assessed prior to commencement of a service to ensure these can be met appropriately.

EVIDENCE:

The agency has given some consideration to providing information about the services offered in a range of ways, and have shown imagination and

innovation in some of ways they are doing so or are proposing; a website is under development that will enable those accessing it to view information in different font sizes, there will also be a facility to listen to information about the service through the website, it is hoped that this will be available in May 2008. The agency has explored the cost of adapting agency information into Braille, although for reasons of cost this has currently been put on hold, the provider indicated that this would be reviewed again. The company are currently considering the development of a DVD or possibly CD containing information about the agency and services offered.

The agency has advised us that no new referrals are accepted for a service until they have had an opportunity to undertake an assessment of need; this procedure was confirmed in discussions with people currently using the agency who recall initial assessment visits and subsequent assessments by agency co-ordinators where they have undergone a hospital admission.

The agency has devised its own assessment tool and evidence of recorded assessment information was noted on client files examined. Some assessments were more informative and reflected personal preferences, whilst all have the capacity to be so, this is dependent on the level of information recorded by assessing staff, it would benefit the development of care plans if more detail around preferred routines is recorded at assessment and some standardisation of content agreed.

The Agency has responded to past concerns regarding punctuality of calls and calls length and has implemented a call monitoring system. Traffic congestion within the Tunbridge Wells area remains a significant problem to ensuring calls always run to time, and those clients spoken with recognised this is a limitation beyond the control of the agency. The agency has tried to address continuity issues by arranging carers into patch teams, and where possible calls will be covered by known carers within the patch, whilst continuity has improved this remains an ongoing problem where sickness absence or unexpected events necessitates the use of unfamiliar carers at short notice. People spoken with felt that whilst they recognised that some of these problems are sometimes outside of the control of the agency, communicating changes was an area for continued improvement although there is some recognition that this had already improved.

Discussion with people who use the agency and who have participated in the inspection process indicates that they experience good outcomes overall, whilst there are ongoing irritations from time to time around continuity and communication, overall they commented that they found the agency willing and committed to making improvements and seeking their involvement.

People using the agency commented that:

"Length of call time is OK, bit tighter in the evening"

"Very happy with agency"

"They listen and act upon things"

"I was impressed that the provider cared enough to visit himself"

"I have my ups and downs with the agency but it's going along fine at present"

"Communication could improve, but I suppose sometimes the office isn't always aware of traffic problems"

"Continuity has been an issue but I now have four or five regulars"

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

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

7,8,10

People who use the service experience good quality outcomes in this area.

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

Care plans would inform staff better if they reflected in more detail how individuals would prefer their support to be delivered.

People receiving a service find agency staff kind and helpful providing support in a manner that fully respects their privacy and dignity. The agency promotes self-administration of medication where this is possible and has appropriate policies and procedures in place where staff assistance is needed.

EVIDENCE:

A sample of eight care plans have been examined during the site visit for comparison, five longer term clients and three new clients; these demonstrated that in some cases an increased level of detail is recorded around specific tasks but this is not standard, in most cases the plan does not reflect the clients personal preferences. Discussions with people who use the agency indicated that where they have regular carers this is less of an issue as their routines are well known, however, where unfamiliar carers are providing support, information is inadequate and it can be an irritation where staff seek this information repeatedly from clients, it is not considered that a previous recommendation has been implemented fully.

Support Plans examined provided evidence in most cases of review but this did not fit in with 6 monthly timescales promoted by the agency, in discussion Staff' reported that there is an ongoing programme of review with or without social services input but this is not always clearly recorded within client information; it is recommended that the agency clearly evidences within all client records and information where reviews or changes have occurred.

People using the agency reported that they find staff pleasant, generally well trained and willing to help, they find the manner in which they are supported by staff around personal care routines makes them feel comfortable and at ease.

"I feel comfortable with them"

"Most of them are very good"

"They generally work very hard"

"They're very willing to help"

Discussions with people who receive a service currently indicated that there is flexibility within their support package and the agency has been helpful in providing extra support when needed. A relative commented that she found the staff working with her daughter to be kind and patient, that they were imaginative and innovative in the activities they did and were not reliant on her to tell them what to do, "they are going out and finding things for her to do", "they make suggestions and ask what I think".

All Carers are provided with training awareness of medication administration and an understanding of completion of records etc. Staff' are provided with external medication training as it becomes available. People using the agency are encouraged to retain their independence and self-administer where they retain the capacity to do so safely. Only one of eight files viewed indicated staff' responsibility for administration, medication administration records

viewed in this instance are satisfactorily completed with no omissions in recording. A medication risk assessment form has been developed that also addresses capacity issues. A senior co-ordinator advised that Staff competency is observed during observation of practice visits to client homes and issues of concern or improvement would be discussed within supervision.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

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

11,12,14

People who use the service experience good quality outcomes in this area.

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

The agency has implemented systems to protect and promote the safety and welfare of people using the agency and its staff, improvements in guidance information available to staff when supporting people with challenging behaviour would benefit the clients and staff concerned. The agency should ensure that staff undertaking moving and handling training and assessments have been trained to do so and have the necessary skills and competencies to fulfil their roles.

EVIDENCE:

The agency is now ensuring that records are returned to the office after one month. There is a rolling programme of external training courses for staff to attend and all staff' receive a five day induction to ensure issues of health and safety, moving and handling, and a good understanding of policies and procedure is in place.

In undertaking environmental risk assessments and moving and handling assessments the agency make clear what equipment is in place to be used by staff but do not routinely record servicing details and check these are being maintained to ensure staff and clients safety is protected at all times.

Client files viewed contained evidence of moving and handling assessment, and environmental assessments. It is the role of the present care co-ordinators to undertake risk assessment of client home' s, this includes moving and handling assessments. Care co-ordinators are also responsible for the delivery of moving and handling training to staff, and there is a rolling programme of training every month to keep staff updated, none of the present care co-ordinators are qualified moving and handling assessors or trainers and there is a danger that without access to regular updates at a suitable level for their roles that reflect current best practice they may be revisiting old practice that is no longer considered either safe or satisfactory, it is therefore a requirement that the agency undertake to ensure that staff undertaking moving and handling assessment and delivering staff training in this area are themselves suitably trained and deemed competent to deliver this safely to staff and clients.

Discussion with staff indicated that there are some client care support packages where there are additional risk factors, through client behaviour or that of their relatives/friends, these risks are not separately assessed and measures put in place not clearly recorded to ensure staff respond consistently. It is clear from staff discussion that in those cases where clients exhibit challenging behaviour, the agency has developed measures and responses to manage this effectively, these are not recorded within support plans to ensure all staff are given the same information and guidance thereby responding consistently and appropriately to behaviours, these areas were discussed with the provider and are a recommendation for improved practice.

The agency takes seriously the welfare of its workforce and has strengthened the lone working policy and increased time spent on this within staff induction, there are also plans to introduce some self defence training for staff. There is evidence that the agency has been fully supportive of staff' that have experienced inappropriate behaviour from clients, and have taken

steps to remove staff from situations and take measures to manage the situation effectively without the client experiencing a cessation of service.

The agency provides an on call system that runs outside of office hours during the periods in which staff would be working

The agency has advised through information supplied for the inspection and discussion during the site visit that Carers receive adult safeguarding training and updates regularly. The agency has appropriately notified CSCI of safeguarding alerts and has worked in partnership with the police and social services to effect investigations, there have been five alerts since the last inspection and the agency advises these are now all closed. The agency has made a successful referral to the POVA register.

The Annual quality assurance information supplied by the agency indicates that they have implemented an electronic monitoring system to monitor length of calls by care workers, this was confirmed in discussion with a care worker and clients of the agency during and subsequent to the site visit.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

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

17,19,21

People who use the service experience good quality outcomes in this area.

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

People using the agency are safeguarded by a robust system of recruitment and checks on the suitability of prospective staff. A training programme is in place to ensure all staff achieves basic mandatory skills training in addition to specialist courses. Staff' have opportunities to meet with their seniors on a regular basis and have forums where their views can be expressed.

EVIDENCE:

Three new staff files and one longer serving staff member file were examined during the site visit, the overall content of staff files is compliant with schedule

3 of the Domiciliary care Agencies Regulations 2002. Files viewed evidence that interview records are maintained although these would benefit from the clear inclusion of evidence that gaps in employment histories have been explored at interview, as have verifications of reasons for leaving previous caring roles, where these do not feature as an employment reference, and this is a recommendation of this report.

The agency is actively recruiting staff in Poland and has taken responsible measures to ensure overseas staff from this country have an understanding of English and can converse albeit at a basic level with clients they are asked to visit.

Discussion with new staff member confirmed that a sound recruitment process is actively undertaken with appropriate induction that takes account of skills and knowledge already attained.

The new staff member reported that in her experience to date she found the agency management to be approachable and supportive, communication that she has witnessed so far has been good.

Staff new to care are inducted over a period of five days, and this involves some office based training and an element of shadowing other staff, some clients are actively involved in the staff induction process particularly where they may have more complex moving and handling needs, or a range of equipment in use. Discussion with staff and observation of records confirmed that the agency is making use of skills for care and common induction standards workbooks for new staff.

The Annual quality assurance information provided by the agency indicates that at present 51% of staff has NVQ level 2. There is currently an acting manager following the departure of the registered manager, the provider reports that the acting manager will be making application for registered manager shortly following completion of probationary period.

There is a rolling programme of training established in partnership with a representative of UKHCA, individual staff training needs are identified through appraisal and supervision and used to inform an overall training plan, training courses are agreed monthly by the acting manager and the training representative jointly.

The owner has identified supervision for himself and there is a programme in place for everyone else.

New carer files did not evidence supervision offered through probationary meetings, and the service should consider inclusion of records of probationary discussions with staff and performance monitoring during this period. Longer

serving staff files evidenced that a programme of regular supervision is in place that includes an observational element, annual appraisal of staff performance could also be evidenced.

Staff have access to regular staff meetings, can have input into a newly established staff forum, and have a newsletter. A review of staff meetings and forum minutes demonstrated that the agency is making good efforts to listen to staff and work with them on issues of retention and improving conditions of work, so that staff feel valued. There is also evidence of opportunities for career progressions and rewarding of carers for continuous service with the company.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

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

22,26,27

People who use the service experience excellent quality outcomes in this area.

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

The agency is well run, and the people using the agency feel confident of raising issues and that these will be listened to and acted upon. The agency is actively working to improve outcomes for people using the agency, through consultation and partnership working.

EVIDENCE:

The agency continues to operate from well planned and equipped offices that are central to where most clients live, the offices are not accessible to those in wheelchairs or with significant mobility issues. The offices are well staffed to ensure there is adequate operational cover at all times, good out of hours arrangements are in place. The management structure of the agency is

clearly defined, and has benefited from the steadying influence and leadership of the Provider/Managing Director following the departure of the registered manager.

"I'm very happy with the agency"

"They're fantastic, I can't praise them enough"

"Can't think there's anything they can improve upon they fulfil all my requirements?"

The agency has advised within its Annual quality assurance information that it has received 19 complaints since the last inspection, and has resolved 18 to date.

Care professionals comment that "The agency is proactive in trying to deal with complaints, they demonstrate a willingness to sort things out"

People who use the agency commented that they find the agency staff approachable and would have confidence in raising issues with staff and that these would be acted upon.

"I feel comfortable about approaching the agency with issues"

"They take on board issues raised"

The agency is keen to develop a culture of excellence and has actively sought to build partnership working with other organisations e.g. Age concern, UKHCA, to gain from their expertise in developing best practice and engaging with people using the service to influence change and development for the benefit of the client group. People using the service will also now be surveyed annually for their views about service quality.

The agency recently provided a winter event for those people supported by the service some of whom do not access day care facilities through choice or opportunity, the event was a great success and there are plans to extend this to other more regular events. A relative spoken with confirmed this was a very good event.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

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

User Focused Services	
Standard No	Score
1	X
2	3
3	X
4	X
5	X
6	3

Managers and Staff	
Standard No	Score
17	3
18	X
19	3
20	X
21	3

Personal Care	
Standard No	Score
7	2
8	3
9	X
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	X
26	4
27	4

Protection	
Standard No	Score
11	3
12	2
13	X
14	3
15	X
16	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, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	DO12	14c	Staff undertaking moving and handling assessment and delivering the programme of moving and handling training of staff must be suitably trained to undertake these roles and must evidence this is routinely updated	30/09/08

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.	DO7	Reviews of care plans to be more clearly evidenced
2	DO7	Care files should include current detail of care needs, other support to be provided and by whom, and risk assessments carried out in response to information known about the client.
3	DO12	Guidelines for staff to be established for individuals who exhibit behaviours or there are known indicators to

		breakdown, to ensure that staff support those individuals in a consistent and appropriate manner, and take the necessary steps to involve others where needed.
4	DO17	Evidence gaps in employment are discussed and evidenced within interview notes, along with discussions verifying reasons for leaving previous care roles where these do not feature as a reference

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