

# CARE HOMES FOR OLDER PEOPLE

## **Bedford Charter House**

**1a Kimbolton Road  
Bedford  
Bedfordshire  
MK40 2NT**

*Lead Inspector*  
Carol Mitchell

*Unannounced Inspection*  
21st March 2007 09:10



*Making Social Care  
Better for People*

# inspection report

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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<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 Older People*. 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>	Bedford Charter House
<b>Address</b>	1a Kimbolton Road Bedford Bedfordshire MK40 2NT
<b>Telephone number</b>	01234 359313
<b>Fax number</b>	01234 352004
<b>Email address</b>	citizens@bchal.fednet.org.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Bedford Citizens Housing Association
<b>Name of registered manager (if applicable)</b>	Mrs Denise Hookham
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	64
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (64), Old age, not falling within any other category (64), Physical disability over 65 years of age (64)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      22nd November 2005

## Brief Description of the Service:

Bedford Charter House is a purpose built home for older people situated next to an entrance of Bedford hospital. It is operated by a not for profit organisation. The location offers easy access to Bedford town centre and the roads leading there.

The home provides accommodation for 64 service users, 6 places are reserved for "breathing space care" (following discharge from hospital), and two for respite care.

The home caters for older people with dementia, some with physical disabilities and some generally affected by old age. The home is divided into 3 areas for operational purposes: breathing space area, and one unit per floor.

Service users from the "breathing space" unit are invited to use a dining room and activity room in the main part of the building, if they wish.

Service users usually provide their own furniture, and this adds to the homely environment.

There is a garden with hard paved areas and paths, and raised beds.

The following information about fees was obtained on 21<sup>st</sup> March 2007:-

Lowest fee as of April 1<sup>st</sup> 2007, £443.75;

Highest fee as of April 1<sup>st</sup> 2007, £477.54.

Items not covered by the fee are as follows:-

Private chiropody, £12;

Newspapers;

Hairdressing (starts at £5.50).

Further information can be obtained by visiting, telephoning, or emailing the home direct.

# SUMMARY

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

This report takes account of information received by the Commission since November 2005 when the last inspection visit took place. The information considered includes 24 comment cards from residents or family members, and a pre-inspection questionnaire completed by the manager. This report also reflects the findings of the inspection visit on 21<sup>st</sup> March 2007.

The unannounced inspection visit took place on 21<sup>st</sup> March 2007 over a period of 5 hours, and 40 minutes. During the visit the inspector spoke with residents, relatives, staff, the Registered Manager and the chief executive of the charity which operates the home. The inspector also checked some records, and looked around some parts of the building.

The inspector would like to thank everyone involved with the inspection visit.

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

The home has a friendly and welcoming atmosphere, and is run in an organised way by a manager who makes sure that people can speak to her easily if they wish to. The manager makes sure that no one moves into the home unless they can be looked after and supported properly.

The home is a busy place with lots going on, and someone is employed to organise activities and entertainment. A resident said "There is a very good girl who does the activities, it is really very good."

The home is kept clean and well decorated. "The family are very impressed with how clean and fresh it is here" reported a resident.

People living at the home feel able to speak their mind. "I speak up when I want to" said a resident. The manager and chief executive listen to what people say and they take complaints very seriously.

Residents have meetings and other get-togethers, and they feel as though they can make choices about their life at the home. A resident said "I have a cup of tea and go to breakfast when I want to, and I go to bed when I choose. The cleaning and the laundry are very good. I spend my money when I want to."

For the most part, people are pleased with their life at the home saying:- "On the whole it is very good here"; "I am more than happy"; "The staff have all been pleasant and helpful generally when I have needed help"; "I am very happy here"; "Manager and all the staff are very caring"; "The GP comes whenever I need him"; "Someone always comes when I call".

Most people at the home are very pleased with the meals. Relatives also say that they are happy saying "My mother is a fussy eater, but the home will always try and accommodate her needs".

Visitors feel welcome at the home. One said "I had a meal here once with my mother and the food was lovely. I can come at any time".

Staff say that they enjoy working at the home and there is a core group of staff who have been at the home for some years. They describe being in a "good team" and having "good support" from the manager and each other. The home gives staff plenty of training and support, and tries to make sure that there is a career structure for staff. The home has been assessed this year, and has retained its "Investors in People" award.

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

A lot of work has been done on communication within the staff team, to try to make sure that all the staff know about any changes when a new shift comes on duty.

The manager and staff have also worked hard to improve the care plans, and there is now a more organised system in place.

The office has been re-located to the old ironing room and is now in a more central position in the home. There is also a separate lounge for activities now.

Laundry and kitchen services have improved with the appointment of an experienced and very well organised laundry person, and a catering manager who is a chef.

Lots of decorating and refurbishment has been done since the last inspection, including the fitting of a fire place in a lounge. Lounges were being decorated at the time of the inspection visit.

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

The home tries hard to create a homely atmosphere and these efforts would be helped further if signs giving instructions to staff were removed. These are particularly noticeable in bathrooms and toilets.

The work to improve care planning needs to continue, especially to make sure that all the detail about care instructions is included.

The manager agreed that she can improve the quality assurance at this rather large home by gradually introducing more formal regular checks in lots of areas including medicines, care planning/risk assessment, and call bell response times.

Comment cards received by the Commission and feedback from residents during the inspection visit showed that while many people are happy, some people are concerned about staffing levels especially during peak periods such as meal times: "Poor response to call bell"; "Sometimes they keep me waiting especially if something important is on"; "Waiting is a big problem, one's patience is sorely tried and it can spoil the whole meal".

Therefore the home needs to continue its push to recruit staff to the kitchen and care teams, and to continue with innovative ways of increasing staffing levels during peak periods of activity.

Two relatives were concerned about people being left for periods in the main lounge while staff may be busy elsewhere in the home, and the manager said that the supervision of this area would be improved from the day of the inspection visit.

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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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

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

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

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

The manager makes sure that the home is suitable for people wishing to live there, so that residents at the home can feel confident that their needs will be met.

### EVIDENCE:

A resident who had recently arrived had been able to visit and spend time at the home with a family member before deciding to move in. She had been given lots of written information about the home. A second resident said that she had “stayed” at the home before moving in permanently. The manager or a senior member of staff assess the needs of prospective residents before they move in and write a report to record the information which can then be used for care planning.

The home no longer offers intermediate care, although there are “breathing space” beds for people being discharged from hospital who are unable to go straight home.  
Contracts are issued.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

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

7, 8, 9, 10

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

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

The manager makes sure that people living at the home see the family doctor, district nurse and others when they need to. Care plans are written and the medicines are well organised. The manager and chief executive want to sort out any problems at the home including those to do with staffing. Overall, this means that people living at the home know that their health needs will be met.

### **EVIDENCE:**

The majority of feedback cards received from residents by the Commission included positive information regarding care at the home. However a few issues were raised by residents and these were considered during the visit and in discussions with the manager.

Staff questioned described good relationships with the family doctors, the pharmacist, and district nurses who visit the home often. A resident spoken to

confirmed that she is able to see her family doctor promptly when this is needed, and that staff are very helpful in this regard. A sample of care plans checked and discussion with staff confirmed that family doctors are called, and visits are arranged on the same day when necessary.

A resident spoke about being well looked after, and a frail resident in bed was being cared for on a special mattress and was having nursing needs attended to by the district nurse. Drinking water was available in bedrooms but not in the sunny lounge, and the manager said that this will be addressed now that Spring is coming, and that the installation of air conditioning is being considered for use in the summer. Hot drinks are taken around on a regular basis.

The medicines at the home are well organised and when a medicine is prescribed, same day delivery is routinely arranged. The providing pharmacist inspected the medicines in January 2007, and found the medicines to be satisfactory. The home was awaiting her report at the time of the visit. Liquid medicines are now dated on opening, and staff check into the home medicines for people who are self-medicating. A small sample of medicine administration sheets was in good order. The manager agreed that one area for her to develop in relation to auditing at the home includes medicines, and it is suggested that checking systems should include the administration of eye drops and creams.

The manager and staff have worked and are still working hard on the care plans. Each resident checked had a care plan which included assessments of risk, and details of how to meet the person's needs. Care plans were written in an individual way and with the residents' agreement relatives are involved in monthly and annual reviews. Personal care is recorded in an organised and logical way. The sample of care plans checked had been reviewed, and forward review dates were specified.

Although the actual care given may be detailed, sometimes instructions regarding care needs are not specific or detailed enough in the records. Examples of this were discussed with the manager who is already monitoring care planning with a view to improving it. The more formal checking of care plans was discussed. Occasionally daily entries had been omitted from the records.

Staff observed during the visit were very busy. When with residents, staff were noted to take due regard of privacy, and they were very polite when addressing and speaking to residents and visitors to the home.

Some feedback from residents' questionnaires to the Commission indicated that residents sometimes have to wait for periods before the call bells are answered. During the visit residents told the inspector that sometimes calls are answered straight away, but sometimes there is a delay, although their needs are always met. Residents spoke about staff being very busy and were

understanding of staff who could not be in two places at once. The manager is already aware that this is an issue and monitors call bell times by checking the print outs that the system can produce. Whenever a resident raises this issue the exact time taken to answer the call bell can be established, and the manager can look for trends, speak to the resident concerned, and use the information to better deploy staff.

Relatives in the ground floor lounge spoke highly about the care at the home but were concerned about the few people using that lounge being left on their own without proper access to the call bell. The manager is going to think about the supervision of this area, and on the day of the inspection visit said that she would place a call bell within reach of someone who can use it. These matters were discussed with the manager of the home and the chief executive of the charity, and they are aware that these issues are closely linked with the staffing complement together with times of peak activity. (Staff were being recruited at the time of the inspection visit).

(Please also see section on staffing).

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

12, 13, 14, 15.

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

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

The manager and staff at the home try hard to make sure that people carry on living how they wish to once they have moved into the home. Therefore residents can be sure their expectations of living at the home will be met.

### EVIDENCE:

Residents and staff spoken to said that people choose what they eat, and where they have meals.

Staff feel some pressure to encourage people to eat meals in the dining room because of the time pressure on them during these times. The manager has partially already addressed this by having a person on "dining room" duty at lunch time, and was also recruiting to the kitchen with the aim of addressing the issue at breakfast time. On the day of the inspection visit some people were taking breakfast in their rooms.

Cooked breakfast is offered every day, and there is always a choice of meals. Residents and relatives spoken to said that the food at the home is very good.

Staff were very caring, unrushed, and attentive when helping people to eat their meal.

The Environmental Health Officer has recently said that the home may be in line for the "Heartbeat Award" due to the quality of the menus.

A resident said that she gets up and goes to bed when she likes, and is very pleased with the way her money is kept safe while she maintains full control of it. This resident was also very impressed about the way her clothes are laundered, and commented on the excellent organisation of the laundry.

An activities organiser is employed to coordinate activities and occupation in the home 5 days per week, and activities have much improved at the home. In conversation residents were pleased with everything going on at the home and were very aware that activities were available to them. They said that the activities are very good. At the time of the inspection visit a "lucky numbers" game was being played in the activities lounge and was being much enjoyed by residents. There is a well maintained garden at the home with raised beds and hard areas and paths so that residents can easily access and enjoy the garden.

Residents at the home often go out with family members at weekends, and visitors are welcome at any time. There is a monthly communal service at the home and some residents go to the local church. Pub lunches and themed evenings are enjoyed. Theatre trips are organised at Christmas time.

Among the activities offered at the home are the following:-

Hit the target game (laser gun); floor basket ball; crosswords; dominoes and other games; reminiscence (information about life histories is requested to help make this meaningful); quizzes; bingo; puzzles; chair exercises and relay; manicures; listening to music.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

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

16, 18.

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

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

Any complaints or allegations are taken very seriously, and the staff are trained about abuse. Therefore people living at the home can be sure they will be listened to and protected from harm.

### **EVIDENCE:**

Residents spoken to felt able to speak freely if they have a problem or wish to complain, and they knew who to talk to. A notice was displayed actively requesting comments and any complaints.

The home has a complaints procedure and has dealt with 2 complaints during the last year. The chief executive has received letters expressing satisfaction about how complaints were taken seriously and resolved.

Two incidents alleging possible abuse have been referred in the proper way since the last inspection, and there was found to be no substance to either allegation.

Staff questioned had received training about the possible abuse of vulnerable people, and knew what to do should they witness or know about anything which makes them suspect abuse.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

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

19, 26.

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

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

The manager makes sure that decoration and maintenance work gets done, and someone is employed to do these duties. Therefore people at the home can be sure that they are living in safe and well maintained premises.

### EVIDENCE:

A maintenance man is employed at the home for maintenance, decoration and general duties. There is an ongoing decoration programme, and lots of decoration has been done. The home feels light and fresh. At the time of the inspection visit work was going on to decorate a lounge, and refurbish the kitchen.

A partial tour of the home was done and no odours were noticeable. All areas seen had been cleaned recently to high standards, and the cleaners were busy with their jobs. Horizontal surfaces were checked in some rooms and were found to have minimal dust. The cleaning at the home is well organised and managed by designated cleaning staff. Residents and relatives questioned were very pleased with the cleanliness at the home.

Residents' rooms seen had been furnished with the residents' furniture and possessions. Some bathrooms were decorated with impressive murals, although such attempts to make the rooms more attractive may be somewhat diminished by the displaying of signs reminding staff of certain duties. In conversation residents said that they like their rooms and the lounges and other areas they use.

# Staffing

## The intended outcomes for Standards 27 – 30 are:

- 27. Service users' needs are met by the numbers and skill mix of staff.
- 28. Service users are in safe hands at all times.
- 29. Service users are supported and protected by the home's recruitment policy and practices.
- 30. Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

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

27, 28, 29, 30.

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

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

Staffing is a concern at the moment. However, the manager and chief executive are aware of this and how it may affect the care residents receive. They are trying to increase the staff available especially when the home is very busy. Staff are trained to do their jobs and are well supported. Therefore people living at the home are in safe hands, although there may sometimes be a delay in meeting their needs while there are staffing vacancies.

## **EVIDENCE:**

Staff spoken to during the inspection visit were knowledgeable about their roles in the home, and care staff were able to talk about how they look after people in their care. Staff receive training in essential areas and there is a training manager responsible for checking that staff receive the training they should. Approximately 60% of care staff have now completed National Vocational Qualification training.

Staff enjoy working at the home and some spoken to have worked there for years. Staff spoke well of the training and the support given to them. They described good team work and job satisfaction. Members of staff are encouraged and supported to develop at the home, and one staff member on duty had recently been promoted to a more senior position. Residents were

comfortable in the presence of staff and spoke highly of them during discussions.

At the time of the inspection visit, agency staff were being used to cover shifts, and recruitment for care and kitchen staff was underway. The manager tries to make sure that the same staff return to the home when using agencies. Staff questioned felt that when staffing numbers are as they should be (12 care staff in the mornings), that the residents' care needs are manageable. However, they are stretched especially during times of peak activity such as meal times, if for any reason this number is not reached. On the day of the inspection visit there were 10 care staff on duty. (Additional staff for kitchen, cleaning, laundry, administration, and activities duties were also on duty however.) The manager described how she deploys staff at times of peak activity to try and minimise the difficulties experienced. Residents said that their needs are met, although there is sometimes a delay. (See also "health and personal care".)

A sample of well maintained staff files confirmed that the proper checks are made before employing any one to work in the home. Recruitment is organised by a person in the organisation who deals with all human resources issues. Induction training is given to new staff.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

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

31, 32, 33, 35, 36, 38.

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

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

The manager and staff find out what people think about the home and they want to do their best for the residents. The manager is well supported and the home is organised. Therefore people living there can be sure that the home is run with their best interests at heart.

**EVIDENCE:**

The manager runs the home in a friendly and organised way. She is very approachable and has an "open door" policy with an easily accessible office to encourage communication from residents and relatives.

Work has been done to improve communications at the home. Staff feel well supported and receive supervision sessions every other month. Annual appraisals are to start soon. Staff meetings are held, and information is handed over from shift to shift. The home's Investors in People award has just been reaffirmed.

Residents are able to speak to the manager in a relaxed way. Residents' meetings and forums are held, and newsletters are produced. The home distributes a questionnaire survey every year to formally obtain feedback from residents about the running of the home. The chief executive and the manager follow up any comments and hold staff meetings to make sure that information is shared with staff, and any action taken as necessary.

A resident confirmed that she has control of her money and is glad for the support given by the home regarding its safe-keeping.

This is a large home of over 60 beds, and the manager is supported by various people working in the organisation. For example in areas such as staff training, human resources, and complaints management. The manager is visible in the home and goes around the large premises often in order to gain knowledge about life and care in the home. To support this activity and improve the home's approach to quality assurance further, the manager agreed to consider formally and frequently auditing defined areas of activity including call bell times, care plans/risk assessments, medicine administration, health and safety, and cleaning.

Health and safety checks such as those for fire and hot water are undertaken by the maintenance man, and records are kept.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No.

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP27	CSCI, residents, and staff should be kept informed as to the results of the current recruitment drive and other initiatives aimed at addressing the concerns related to staffing.
2	OP33	The Registered Manager could consider introducing formal and frequent auditing of specific areas of activity to enhance the home’s approach to quality assurance, (and to assist her in the organised monitoring of activity in this rather large home).

## **Commission for Social Care Inspection**

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