



*Making Social Care
Better for People*

inspection report

RESIDENTIAL FAMILY CENTRE

Jamma Umoja

**23 Hailing Park Road
South Croydon
CR2 6NJ**

Lead Inspector
David Town

Announced Inspection
3rd October 2005 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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

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 *Residential Family Centres*. 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

Every Child Matters, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above.

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Jamma Umoja
Address	23 Hailing Park Road South Croydon CR2 6NJ
Telephone number	020 8239 6123
Fax number	020 8239 7213
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Jamma Umoja
Name of registered manager (if applicable)	Mr Wayne Pearson
Type of registration	Residential Family Centre
No. of places registered (if applicable)	8
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

1. A maximum of 20 people may be accommodated within up to 8 families.

Date of last inspection N/A as this is the first inspection since registration

Brief Description of the Service:

Jamma Umoja is a Residential Family Centre offering assessment and treatment services for a maximum of 8 families. The family centre is situated within a 10 minute bus ride from the centre of Croydon which has good rail, bus and tram links. There are local parks within walking distance and other local facilities.

The service is provided from a large Victorian family house which is indistinguishable from others in the locality. The accommodation is provided over three floors. Some of the rooms provide accommodation for one parent and one child while there is flexibility to provide accommodation for larger family groups. There is a large garden at the rear with appropriate play facilities.

The Centre has in place systems and structures to monitor and evaluate the care provided by parents to their children. Referrals to the centre are largely received from local authorities and courts across the UK to enable a full assessment (over a 12 week period) to be undertaken on parents and their parenting skills whilst under close observation and supervision.

SUMMARY

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

The inspection was carried out over two days and during that time involved discussions with a director of the company and a representative from each tier of staff from the family centre, three of the parents, observations of practice and daily routines and case tracking of two of the families. The inspector would like to thank the staff and the families for their time and assistance given over the inspection period.

Overall the family centre provides a service that matches with its Statement of Purpose. It has a stable and competent staff team that is committed to the ethos of the centre. The staff are given clear management direction and are provided with the resources to undertake a complex and demanding process.

There are some areas that require improvement for which 3 requirements and 5 recommendations have been made and although it is essential that these are addressed this should not detract from the overall positive service delivery observed on this first inspection.

What the service does well:

The family centre has well established systems for the assessment of parenting skills that is understood by both staff and the families who come to live at the centre. The family centre has established very positive links with local community health services who provide and offer a range of services both at the centre and at nearby clinics. The centre provides culturally appropriate support to the families by use of interpreters and where appropriate by providing links with established ethnic communities in the London area. The family centre provides flexible and wide ranging services to families including those with history of substance abuse, mental ill health and learning difficulties.

What has improved since the last inspection?

As this is the first inspection this is not applicable.

What they could do better:

The external management of the home must establish regular monthly visits in order to monitor the quality of the work within the home and produce a report of the findings to the management of the home, the directors of the centre and the Commission.

One of the parents suggested that the information given to them when they first come to the home is often difficult to remember on top of settling in and would appreciate that this is given to them in over a longer period of time and periodic reminders would also be helpful.

Another issue mentioned by a parent was linked to the raising of complaints with staff. There is a need for staff to respond earlier the concerns raised by the parents. It is also necessary to change the complaints policy given to families in order that it clearly states they can refer their complaint to the Commission at any time during the complaint procedure as well as when they are not satisfied with the outcome of the complaint.

The management and recording of out of date medication and medication that needs to be returned to the pharmacist is in need of improvement.

There was some uncertainty by staff in respect of the child protection referral process to the local authority. Whilst the protocol in the family centre made reference to this, greater emphasis was placed on notifying the placing authority. There was also not a copy of the Croydon child protection procedures available for reference within the centre. The child protection policy and procedures within the family centre should interlink with the child protection policy of Croydon.

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.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Being Healthy

Staying Safe

Enjoying and Achieving - There are no NMS that map to this outcome

Making a Positive Contribution

Achieving Economic Wellbeing

Management

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Being Healthy

The intended outcomes for these standards are:

- Families have access to health care, education, employment and leisure activities which promote their good health and well being, including their mental health, in a safe environment.(NMS 4)

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

4

The family centre has well established and positive links with the local community health care services which should ensure that children and their parents remain in good health and have positive experiences of health care services.

The family centre has access to leisure, education and employment information and facilities that is made available to parents during their residence. This enables families to explore opportunities and have a better understanding of what they should expect when they return to their communities.

EVIDENCE:

The registered manager explained that they have a good working relationship with their local GP practice. The practice is aware of the nature of the work undertaken at the family centre and has been sympathetic and supportive of its approach and to the families in residence. It accepts temporary registration of all the families. Each parent is required to sign a consent form for medical treatment and first aid provided by home staff to either parent or child accommodated.

The Health Visitor holds fortnightly surgeries at the family centre as opposed to the families attending the a GP practice. The Health Visitor is a valued resource who also attends relevant meetings and identifies appropriate health resources and professionals for the families. She also liaises with Midwives at the Mayday Hospital when parents are admitted with their new born babies.

The family centre also liaises with the mental health services who will support parents when a crisis arises. The family centre has an arrangement to buy in the expertise of the drug and alcohol service, who provide an 11week rolling programme for the parents on substance misuse as well as positive and healthy living strategies.

As part of the programme, whilst resident at the centre, the parents are encouraged, where it assessed as appropriate, to use the leisure facilities in

the community. Parents who are employed can continue in their employment and assessments are carried out in the evenings. However it is difficult for parents who have come from different parts of the country prior to the placement to make a meaningful commitment to employment or education/training unless the latter is very short course. However the manager confirmed that there had been occasions where parents have decided to continue to live in the area following their discharge from the centre.

Children of school age are admitted to a local school during the assessment period. There was one child who was currently attending school albeit on a half day basis.

Staying Safe

The intended outcomes for these standards are:

- Parents and children enjoy a level of comfort and security within the centre based on mutual respect and an understanding of what may have an adverse effect on other residents.(NMS 8)
- The privacy of parents and children is respected and information about them is handled with appropriate confidentiality.(NMS 9)
- Parents and children are able to complain if they are unhappy with any aspect of the centre. They are confident that any complaint will be taken seriously, investigated and addressed without delay and they will be kept informed of the progress.(NMS 10)
- The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse.(NMS 11)
- Families are protected from abuse, neglect and self-harm.(NMS 12)
- All significant events relating to the protection of children or vulnerable adults within the centre are notified by the registered person to the appropriate authorities.(NMS 13)
- There is careful selection and vetting of all staff and anyone else resident on the premises.(NMS 15)
- Parents and children stay in accommodation that provides physical safety and security.(NMS 22)
- Parents and children enjoy a level of comfort and security within the centre based on mutual respect and an understanding of what may have an adverse effect on other residents.(NMS 8)

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

8,9,10,11,13,15,22,

Parents and their children can feel confident that the policies and procedures in the home provide them with safe and secure environment; where the welfare of their children is central to the work; where generally their views and concerns will be listened to and respected and where they will be supported by staff who are appropriately selected and vetted.

EVIDENCE:

The manager commented that the parents develop a level of mutual support from them all being in a similar situation. This had led to parents alerting staff to concerns about another parent's behaviour. This was not only to protect the

child but also to allow the staff to support the parent to change the behaviour thereby increase the possibility of a positive assessment.

One of the parents confirmed that staff were informed when there were concerns about how the children were treated by their parents. She also commented on the staffs' responses when there were difficulties between residents. She was of the view that these were not always taken seriously. She confirmed that she had mentioned concerns to more than one member of staff however these were not responded to in a timely fashion. This led to further misunderstandings. She commented that these had now been resolved.

It is recommended that the management of the centre review the complaints procedure with the staff and discuss what constitutes a complaint and how resident to resident issues are to be recorded, responded to and resolved.

One of the parents suggested that the information given to them when they first come to the home was difficult to remember on top of all the other expectations of settling in. She said she would have appreciated periodic reminders during the time they stay in the home.

It is recommended that staff build into their programme with the residents reviews of the essential information including the complaints procedure.

The information contained in the complaints procedure did not inform the residents of their rights to refer their complaint to the Commission at any stage in the complaints process. This inclusion of this information will give the residents greater confidence that their complaints will be taken seriously and dealt with without delay.

It is required that the complaints procedure includes the information that residents can refer their complaints to the Commission if they are dissatisfied with the how their complaints were dealt with and provide the contact details of the Commission.

Those parents spoken to confirmed that that met together as a resident group with one of the staff to discuss issues they were concerned about or suggestions they had that could improve the functioning of the centre. Records of these meetings are kept. There was evidence to show that their views were listened to and acted on as when they asked for cutlery to be made personally available for each family rather than they all share communal ones stored in the kitchen.

Information held in the centre about the parents is kept in a locked metal cupboard in a downstairs office. Currently staff conduct most of their routine business and day to day dealings with the residents from a general office.

Although this office is secured by use of a number pad locking mechanism and residents have to be let in by staff, residents were observed to have frequent access to this area for a variety of reasons. Whilst residents were in the office staff were observed to continue to work on computers leaving their screens open to the view of visitors to the office and potentially giving them access to sensitive information. Staff need to be mindful of this when residents are in the office.

However the manager confirmed, that as a result of changes to the staff use of rooms in the building, there will be more private space available for them to undertake report writing and hold business meetings.

The welfare of the children is promoted overall by the assessment processes and daily observations of the staff in the family centre . This begins pre-placement with access to the information about the family and development about the placement plan. In the first two weeks there are hourly checks on the parent and child that also includes observations of specific activities such as nappy changing, feeding and bathing. When the child and or parent is sleeping they are encouraged to use baby monitors to listen out for responses. If required as part of the assessment visual monitoring by camera can also be arranged.

If parents have appointments or visits out of the family centre during the first two weeks they are usually accompanied by a member of staff. If there are concerns by the staff about the welfare of any child, the policies and practice in the family centre allows for a variety of responses, according to level of concern. This would could include discussions with the parent about the concern, formal reviews or triggering of the child protection procedures and ultimately a recommendation to the Court or placing authority that it would not be in the child's best interest that they remain in the custody of their parent.

There are cameras positioned over the front door and outside the ground floor office. The observation screens for these are in the general office and this affords staff the opportunity to screen who enters or leaves the building. There is also a buzzer system that informs the staff when the front door has been opened.

There is a signing in book for all visitors and the home has a policy on visitors to the family centre and standards of accepted behaviour, preferred visiting times and the rights of others in the centre. Service users are responsible for the behaviour of their visitors and this is made clear at the admission meetings.

There are systems in place to notify the Commission if there is an event of significance that may affect the welfare of the residents. The Commission had received appropriate notifications from the family centre since it was first

registered. Which enables the Commission to be confident that this procedure is understood and acted on when necessary.

There are policies and procedures regarding privacy and confidentiality. Staff demonstrated awareness of the rights of the service users in this respect. Service users confirmed that staff respect their privacy as much as possible given the need to observe their behaviour in relation to their children.

All service users have a key to their room and said that staff always knock and wait for a reply before entering their room. The home has a master key locking system that allows the staff access to a service user's room in the case of an emergency.

A check was made on the staffing records and recruitment practices of the family centre. The family centre has a personnel office at another site where central records are kept. However the essential information was available in the centre for scrutiny to enable an assessment that the recruitment practices afforded safety to the parents and children.

Making a Positive Contribution

The intended outcomes for these standards are:

- Parents and children are admitted to and leave the centre in a planned and sensitive manner.(NMS 2)
- Children and their parents have their needs assessed and written plans outline how the assessment will be undertaken.(NMS 3)
- Parents and children using the centre feel well-informed and party to decisions made.(NMS 6)
- Parents and children enjoy sound relationships with staff based on honesty and mutual respect(NMS 7)

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

2,3,6,7.

Children and their parents can be confident that they will be involved in the process of the assessment of their needs and will be kept well informed and involved in decision making.

They can also be assured that the policies and procedures in the centre will ensure that their arrival and departure from the family centre will be handled sensitively and they will be given every opportunity to build relationships with staff on the basis of mutual respect.

EVIDENCE:

The centre has a written policy and procedure on moving in and leaving the home. During the period of the inspection one resident was discharged from the centre in accordance with this procedure. The leaving process was positive process despite a delayed departure.

Whilst no admissions were observed during the inspection, as part of her assessment programme one parent was observed being re-united with her child, following a planned two week settling in period in the family centre on her own. The staff were observed to start the observation and assessment process once the child had been brought to the centre.

There were four families waiting for a vacancy to occur. Decisions on the next admission were dependent on a number of variables from legal considerations to having all the appropriate information. The manager commented that the assessment process did not always begin positively and was sometimes

prolonged due to the placing authorities failure to organise the personal finances and benefits of the parents.

The manager further added that being able to judge how parents decided their spending priorities ie. having enough food purchased to feed their child for the week or whether it was spent elsewhere, was essential to the assessment process.

In certain circumstances the family centre will provide financial support to a parent for the purchase of essential items for a child. However this would trigger a process of challenge and discussion between the staff and the parent about their priorities. This process was noted being planned for one parent during the inspection.

Staff are identified and allocated to the family prior to admission. Placement planning meetings occur in order to develop and identify areas of known weaknesses and strengths in the parenting of the referred family.

Each family has a placement plan that is reviewed at the required intervals. The key worker has regular meetings with the parent/s to provide individual support, advice and guidance. There is evidence in the files that care planning is a joint activity with families and that individuals are listened to and their needs responded to. Service Users confirmed that their views are sought over key decisions, which affect their lives and future. Race, culture, religious and cultural backgrounds are considered in undertaking assessments and care plans reflected this. One parent whose first language was not English had an interpreter at key meetings and sessions.

Overall, despite the difficult situation of 24 hour scrutiny, none of the parents spoken to made negative comments about the staff or their interactions with them. The staff commented that there was a general pattern of less than enthusiastic co-operation in the first five to six weeks but this normally changed.

Achieving Economic Wellbeing

The intended outcomes for these standards are:

- Parents and children live in pleasant, well designed and maintained surroundings providing sufficient space and adequate facilities to meet their needs.(NMS 19)
- Parents and children enjoy homely accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.(NMS 20)
- Shared spaces complement and supplement residents' private rooms.(NMS 21)

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

19.20.21

The centre had adequate individual and communal facilities and space to ensure that the needs of the families at the centre were met.

Families can be assured that the environmental standards are sufficient to ensure that the centre was clean, hygienic well maintained and safe.

EVIDENCE:

The services are provided over three floors each with a bathroom and toilet . There are safety gates at each level to safeguard small children from the stairs. The rooms contain their own fridge freezer, television, sofa, dining table/chairs, bedding and cot or 'Moses Basket' if appropriate. Although it its not a formal policy some of these items (particularly bedding) are allowed to be taken by the residents when the leave the centre. Prior to an admission of a new family, the room is inspected and a decision made on what items need to be replaced or whether the room is in need of decoration.

Kitchen facilities are located on the ground and second floors which overall provide four cookers and sinks. There are also separate dining room areas. There is an expectation that the residents will keep the kitchen and communal areas clean after use.

The centre provided two washing machines and two tumble driers to cater for their laundry. In order for this to be used effectively the families operate a rota.

Families can see their visitors in their own rooms unless there are particular reasons why this should not occur. In such circumstances there is another area that can be used for private meetings.

At the rear of the house is a conservatory that leads to a large garden of $\frac{3}{4}$ of an acre which is stocked with a variety of toys. There is also a play hut which is used for meetings with the play therapist as well as for other activities. The designated smoking area is out in the garden but under cover.

The family centre has a contract with a company to assist them with all their health and safety issues. There were no concerns in respect of health and safety identified at this visit. Those residents and staff who were asked about the fire drill were aware of the procedures the records in the home indicated that fire drills were occurring on a regular frequency. One resident expressed a concern that the drills only occurred in the afternoons and a drill at other times might be useful. There was also a concern expressed from the residents about electrical equipment particularly a microwave oven. This was put to the manager who acknowledged the residents had raised this but it was believed that the sparking had been due to incorrect usage.

Residents can bring their own electrical goods into the house but they have to be tested for safety before they can be used.

Risk assessments are undertaken to monitor the risks around the house and action is taken to address any concerns. It was noted that during the inspection, windows that had been risk assessed as a potential hazard were having a safety film applied to them to reduce the dangers of shattered glass if broken.

Management

The intended outcomes for these standards are:

- Parents and children who use the centre know what they can expect, how they will be treated, how the centre operates, and have had this information in written form prior to admission.(NMS 1)
- Parents' progress is recorded to reflect their ability to care for the children in a safe manner, promoting their welfare.(NMS 5)
- Parents and children receive the care and services they need from competent staff.(NMS 14)
- Staff are sufficient in number, experience and qualification to understand the needs of parents and children and who are able to respond appropriately when required.(NMS 16)
- Parents and children receive a service from staff who are themselves supported and guided in safeguarding and promoting the children's welfare.(NMS 17)
- Staff are trained and enabled to carry out the role to which they are appointed.(NMS 18)
- Parents and children enjoy the stability of an efficiently run service and purchasers have confidence that they are getting value for money.(NMS 23)
- The service's work with parents and children is continually adapted in the light of information about how it is operating.(NMS 24)
- There are adequate records of both the staff and families using the service.(NMS 25)

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

1,5,14,16,17,18,23,24,25.

Parents can feel confident that the staff in the home are recruited safely, of a sufficient number, that are trained and supported to carry out the observations and to respond to their families' needs in a professional and sensitive manner.

EVIDENCE:

Parents are informed about what to expect from their period of residence at the family centre in a residents' welcome pack. Information contained in it is reinforced at subsequent meetings with their family assessment workers, coordinators and the senior managers of the centre. However as previously stated some of the parents are overwhelmed by the volume of information at

the start of the process and would like to be reminded of this from time to time.

The manger reported that they put policies up on the notice board for the residents to read.

Staff produce comprehensive written records of the parenting skills and practice observed on a regular basis. This information is shared with the families who have an opportunity to add their own comments if they disagree with the observation. The information is collated and provides the basis for feedback meetings and also to reinforce positive parenting skills and identify areas for development. The information also included in the final report submitted to the courts.

However the manager commented that access to information about the families prior to admission was not always made available in a timely fashion by the social work staff responsible for the families. He said that they often had to rely on the legal departments of the placing authorities to provide essential information.

The manager was advised to monitor this situation and write to a senior member of the placing authority when these delays occurred and send a copy to the Commission. Not having all the information available prior to the admission of the family could put the family and the staff in the centre in unnecessary risk.

Overall the service has been operating for seven years and although it advertises its services through the relevant journals the Manager and Director confirmed that most of their referrals have arisen through 'word of mouth'. They very rarely have vacancies for families for very long as there is usually a waiting list.

The family centre operates as a stand alone cost centre although some of its centralised functions (recruitment) are shared with another unit. There is a basic cost for the assessment package although a more specialised programme for each family can be devised on the basis that each extra service is charged for on top of the basic price. The manager confirmed that some families had stayed longer than the 12 week contract but this was due to the failure of other stakeholders (local authorities) not completing their areas of responsibility for the court hearings which then resulted in adjournments. On the basis of information available at this inspection the assessment service is run efficiently and with sound financial management controls.

The family centre provides a well-qualified and experienced core staff team that have worked together for some time. The staff team consists of a manager, two deputy managers, three family assessment co-ordinators and seven family assessment workers and a play therapist. They are well

supported by an administrative officer and a domiciliary manager. At the time of the inspection there were also two social work students on placement at the centre

Jamma Umoja is an organisation that is committed to training and developing its staff. All staff are given a one week induction which covers amongst other areas policies and procedures and health and safety. There are also in house training events. The questionnaire returned by the manager identified that the staff had recently received in house training on child protection, the role of the Commission. Family assessment workers are expected to achieve an NVQ level 3 within a 12 month period after starting at the centre. Three of the staff have already achieved this and other staff without an equivalent qualification will be expected to be put forward for this award. The staff have access to appropriate in house training and receive supervision on average every 4 weeks. Supervision records were not seen at this inspection.

One area of training and policy that staff need to receive a refresher on is the recording and disposal of out of date and surplus medication. There were six items of medication, three cough medicines for children, one of which was without identification of who it was for, one was of out of date and the other the treatment had been completed. There were also three pain relief medications one of which was without identification the other two the treatment had been completed. All these items should have been returned to the local pharmacist thereby reducing the likelihood of medications being administered to the wrong adult or child.

It is required that the policy on medications is reviewed in order that it identifies who is responsible for the return of surplus and unused medication. All staff should read the policy and sign that they have read and understood it.

In discussions with the staff they were clear about their roles and functions and who they reported to in the event of any concerns. The manager was supported by two deputies who managed the service in his absence. If there are shortages of staff, permanent staff are approached to cover vacancies. If this is not practical there are known agency staff that have been previously called on to cover absences in the centre. Temporary staff are given the same levels of supervision as permanent staff.

One of the directors visits on a monthly basis, however the required written report which is an integral element of the quality assurance process has not been produced following these visits. The Director (Linda Daley) confirmed that future reports would be produced following the monthly visits.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Residential Family Centres 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

BEING HEALTHY	
<i>Standard No</i>	<i>Score</i>
4	2

STAYING SAFE	
<i>Standard No</i>	<i>Score</i>
8	3
9	3
10	2
11	3
12	3
13	3
15	3
22	3

ACHIEVING ECONOMIC WELLBEING	
<i>Standard No</i>	<i>Score</i>
19	3
20	3
21	3

ENJOYING & ACHIEVING	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

MANAGEMENT	
<i>Standard No</i>	<i>Score</i>
1	3
5	3
14	3
16	3
17	3
18	3
23	3
24	2
25	3

MAKING A POSITIVE CONTRIBUTION	
<i>Standard No</i>	<i>Score</i>
2	3
3	3
6	3
7	3

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, Residential Family Centres 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	10.6	20 (4)(a)	It is required that the complaints procedure includes the information that residents can refer their complaints to the Commission if they are dissatisfied with the how their complaints were dealt with and provide the contact details of the Commission.	30/11/05
2	4.4	19(1)(a) Sch 3 (9)	It is required that the policy on medications is reviewed in order that it identifies who is responsible for the return of surplus and unused medication. All staff should read the policy and sign that they have read and understood it.	11/11/05
3	24.5+24.6	25	The Responsible individual visits the home on a monthly basis and produces a report of the findings which must be sent to the Commission.	31/10/05

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	10.7	It is recommended that that the management of the centre review the complaints procedure with the staff and discuss what constitutes a complaint and how resident to resident issues are to be recorded, responded to and resolved.
2	10.2	It is recommended that staff build into their programme with the residents reviews of the essential information including the complaints procedure.
3	9.3	Staff need to be mindful of privacy of information when residents visit the general office.
4	2.5+2.6	When essential pre-placement information is not forthcoming The manager is advised to monitor this situation and write to a senior member of the placing authority when these delays occur and send a copy to the letter to the Commission.
5	22.6	Frequency of fire drills to undertaken at different times including night.

Commission for Social Care Inspection

Croydon, Sutton & Kingston Office

8th Floor

Grosvenor House

125 High Street

Croydon

CR0 9XP

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI