



Making Social Care
Better for People

inspection report

RESIDENTIAL FAMILY CENTRE

Care 2 Share

**19 St Mary Road
Walthamstow
London
E17 9RG**

Lead Inspector
Robert Sobotka

Announced Inspection
1st November 2006 10:00

The Commission for Social Care Inspection aims to:

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *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.

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SERVICE INFORMATION

Name of service	Care 2 Share
Address	19 St Mary Road Walthamstow London E17 9RG
Telephone number	020 8539 4822
Fax number	020 8521 1955
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Care 2 Share
Name of registered manager (if applicable)	Miss Emma Jane Cotton
Type of registration	Residential Family Centre
No. of places registered (if applicable)	4
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

Date of last inspection N/A

Brief Description of the Service:

Care 2 Share is a Family Residential Assessment Centre. It was registered with the Commission in early May 2006. The purpose of the project is to carry out assessments on families who are in need of further guidance and support to enable them to care for their children independently in the community. The centre occupies a large Victorian House situated in a predominantly residential area in the London Borough of Waltham Forest. Local amenities are within a two-minute walking distance from Walthamstow tube and underground station, and Walthamstow central shopping facilities. These include Health Centres, Opticians, Dentists, Libraries, Post Offices, Banks, Chemists, Supermarkets, and various Places of Worship for different faiths. The project is registered to accommodate 4 families. Each family is provided with their own bedroom and would share communal washing and cooking facilities, which comprise two bathrooms and shower rooms and three WC's. There is a communal lounge and laundry room available for use at all times and also two shared kitchens. For the purpose of assessments, service users are being watched via CCTV cameras located throughout the home. Although the premises are not fully wheelchair accessible, there is a disability ramp/access leading to the house and a WC on the ground floor.

SUMMARY

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

This inspection took place over one day and was announced. It was the first time this family residential centre was inspected by the Commission for Social Care Inspection.

The Lead Inspector, Mr Robert Sobotka, was accompanied by his colleague Mrs Kristen Judd.

The inspectors spoke to one person, who was the only parent living in the home at the time of this visit, however her placement was coming to an end before the assessment was due to be completed.

Individual discussions were also held with the Proprietor, the Registered Manager and one member of staff working in the home.

A tour of the premises was undertaken. The inspectors also viewed three care plans (one of the person who was being assessed at the time of this inspection and two previous placements), as well as medication administration records and other various records. Two questionnaires were returned to the inspector, one from the resident and one from a member of staff working in the centre.

The Inspectors would like to thank the parent, the Proprietor and staff members for their assistance with this Inspection.

What the service does well:

This inspection showed that the centre had a good admission and care planning systems in place. Documentation such as assessment reports were of high standard.

Families are consulted about their assessments. They involved in planning their stay at the centre and their views are obtained.

Service user spoken to commented that staff treated her with dignity and respect.

Premises were homely and attractively decorated.

Staff spoken to were aware of child and adult protection issues.

What has improved since the last inspection?

This was the first statutory inspection of the service; this section is therefore not applicable on this occasion.

What they could do better:

Following this inspection 21 statutory requirements have been made.

These are:

- The registered manager must ensure that written permission is obtained from parent for each child, should a staff member need to administer first aid, prescribed or non-prescribed medicines.
- The centre's medication policy requires further development.
- The registered manager must ensure that instructions on the medication dispensing label match information on the medication administration record kept in the home.
- The registered manager must ensure that there is at least one person on duty at all times that has a suitable first aid qualification.
- Confidentiality policy must be updated/reviewed to include information, as to when confidentiality may be breached.
- To ensure that complaints are appropriately handled, the responsible person must ensure an independent person is appointed is a complaint is made against the Registered Manager or the Proprietor.
- Complaints policy must be reviewed/updated to include timescales, within which any complaint would be investigated and responded to.
- The registered manager must ensure that the Commission is informed of any significant event listed in Schedule 5 of the Residential Family Centres Regulations.
- The responsible person must ensure that no staff are allowed to work in the home until enhanced Criminal Records Bureau check is obtained.
- The responsible person must ensure that each staff file contain all information listed in Schedule 2 of the Residential Family Centres.
- The registered manager must ensure that all fire doors are kept closed, unless automatic door closures have been installed.
- Lampshades must be fitted on all light bulbs in the home.
- Fan in the shower room on the top floor was out of order and must be repaired.

- Fire safety information on the fire safety posters must be completed.
- The registered manager must ensure that fire drills are carried out on regular basis and are recorded.
- The Statement of purpose and the Resident's Handbook must be updated to include more information in relation to the use of CCTV in the project.
- The registered manager must ensure that all relevant documents are signed by all parties.
- The responsible person must ensure that duty rosters include shift patterns worked by the registered manager.
- The registered person must ensure that all staff members receive regular supervision in line with the National Minimum Standards.
- The responsible person must ensure that the job title of "Social Worker" is only used by those staff who have been approved by the General Social Care Council.
- The responsible person must ensure that staff receive all mandatory training and any other training required for their role.

Also the following 3 good practice recommendations were made:

- It is recommended that automatic magnetic door closures be installed on fire doors within the home.
- It is recommended that staff working in the project are not working excessive hours.
- To demonstrate an authenticity of emails, it is recommended that these are saved/printed out with the sender's details i.e. sender's details, time and date of when the email was sent.

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

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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.

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

Children's and their families' health needs are generally met, however some improvements were required to ensure that there is a suitably qualified first aider on duty at all times and that medication systems are appropriately managed.

EVIDENCE:

Documents viewed evidenced that the families living in the home were registered with the local GP and were receiving appropriate support/services from any relevant healthcare professional.

During the review of one of the files, it was noted that there was no written permission from parents for each child in place, should a staff member need to administer first aid, it was noted that this issue was raised in the child protection conference held on 18/10 and at this time the appropriate documentation was signed.

The medication policy was examined during the inspection; it was very brief and does not meet with the NMS4. In addition one of the medication sheets had a missing signature and it was unclear, as to whether this medication had been administered on that day. The Inspector also noted that instructions on the medication dispensing label did not match information on the medication administration record kept in the home. This required improvement.

From the records it was not clear if staff had received mandatory training such as first aid. This is very concerning and the registered manager must ensure that there is at least one person on duty at all times that has a suitable first aid qualification.

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, 12, 13, 15, 22, 8.

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

Appropriate systems must be in place to ensure that complaints against the registered manager are investigated by appropriate individual. Staff recruitment practices are poor and require immediate improvement. Confidentiality policy and complaints procedure require updating. Satisfactory child and adult protection policies and procedures were in place, however the agency must ensure that all relevant parties are informed of any significant events, as required by the Regulations.

EVIDENCE:

The project had appropriate arrangements in place to ensure that 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. There was a Privacy policy in place, which outlined residents' rights and what they can expect from staff working in the project. Topics of Mutual Respect, Working Together in Partnership, Feeling at Home, as well as information about receiving visitors, were included in the Resident's Handbook. Service user, who spoke to the inspectors, confirmed that staff treated her with dignity and respect and that visitors were allowed in the project, subject to care plan restrictions.

Confidentiality was maintained. The Inspector reviewed the confidentiality policy, which required further information as to when confidentiality may be breached.

As part of the inspection, complaints folder was also viewed. It demonstrated that complaints were taken seriously and dealt with without delay. It was noted, however that one of the complaints was made about the registered manager, who subsequently dealt with this complaint. To ensure that complaints are appropriately handled, the responsible person must ensure an independent person is appointed is a complaint is made against the Registered Manager or the Proprietor. Complaints policy required review to include timescales, within which any complaint would be investigated and responded to.

There were appropriate child protection policies in place and staff spoken to were familiar with child protection issues. There have been no child protection issues in the project since the project was registered. Staff were also aware of adult protection procedures.

Reporting significant issues to the Commission required improvement. There was one incident in the project, during which the police had to be called. This should have been reported to the Commission, in line with the Regulation 26. The registered manager must ensure that the Commission is informed of any significant event listed in Schedule 5 of the Residential Family Centres Regulations.

The inspector examined several staff files during the inspection. It was noted that one file a of a newly appointed staff member contained an old CRB from a previous employer which was dated 9/9/04 and did not have requests made for POCA and POVA. This position greatly compromises the welfare of service users, is contrary to Regulations, an immediate requirement notice was issued during the inspection.

Additionally concerns with regard to CRB checks were that another staff member check had not included a request for a POVA check.

It was also evident that not all staff had a current CRB check completed prior to commencing employment. For example one file contained a CRB dated 12/10/06 however the staff file indicated that the employment commenced 13/04/06. This is deemed a very poor practice. Employing staff members in the home without an up-to-date CRB check could place children and vulnerable adults at risk.

It was of great concern to note that references that were in place had been received just prior to this announced inspection. For example one file indicated that the commencement date of employment was 07/08/06 but references were not received until 30/10/06. Additionally it was of concern that one staff member had commenced employment without satisfactory reference in place, as one of the original reference requests had not been returned, there was no evidence of this being followed up. Failure to obtain suitable references for all staff members could place young people at risk.

22. As part of this visit, the inspectors conducted a tour of the premises, which was guided by the registered manager. Several shortcomings were identified. Some of the fire doors were being propped open. The inspectors advised the registered manager that this practice was unacceptable. To resolve this issue, the inspectors advised the registered manager that automatic magnetic door closures should be installed. Some of the lighting did not have lampshades. Fan in the shower room on the top floor was out of order and must be repaired. In addition fire safety information on the fire safety posters must be completed.

The majority of health and safety were in place, however the registered manager must ensure that fire drills are carried out on regular basis and are recorded.

The project had clear guidelines in relation to acceptable and unacceptable behaviour. Rules and conditions applying to residents are outlined in the Resident's Handbook. The registered manager stated that "residents are expected to respect the rules and regulations at the centre. Given that they are undergoing comprehensive assessments, they are made aware that the progress or outcomes of the assessment would partially be reliant upon their ability to work with staff and other professionals and that their conduct would be an essential ingredient of the assessment. Unacceptable behaviour or conduct would mean an immediate meeting with the centre manager followed by a referral to their social worker to meet with them. In serious circumstances a disruption meeting would be held or the placement may be terminated if posing a risk to residents or staff." Visitors book was maintained.

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.

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

There were good admission and care planning systems in place. Families are involved in their care planning.

EVIDENCE:

One file used as part of the case tracking of a family who had left the service. Records indicated that the moving in and leaving arrangements were planned. Staff also recorded clearly when the leaving date moved and the support that was given to the family during this time. There was clear information with regard to the individual programme for the family, which indicated the areas of concern.

The inspectors were satisfied that very clear well written placement plans are in place. Plans seen were comprehensive and covered issue such as how the centre will undertake to assess the family, the child's welfare, how the adults will be supported, contact arrangements and any restriction that may be imposed. The plans clearly indicated the objectives of the placement and the intended outcomes. The form was signed by the parents however there was no signature/date by staff.

The centre provided staged reports to the local authority. Reports were seen and are very comprehensive and well written. The reports reflect information form the observations made during the stay at the centre, health issues,

development issues, parenting skills and educating parents as well as the child's emotional and behavioural development.

Staff maintain daily observation records, which are very clear. These records are shared with the family. The inspector noted that on one occasion an observation was queried with the family. The manager arranged for the family to view the videotape and discussed the observations made, this is deemed good practise.

Documentation viewed showed that those who use the service are involved in the care planning process and their views are taken into account. One service user spoke to the inspectors and she confirmed that she was being consulted about her views and wishes throughout the assessment. She also said that staff were approachable and accommodating.

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.

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

Those who use the project benefit from a pleasant, well designed environment, however minor additional work was required to ensure the health and safety in the project.

EVIDENCE:

As previously mentioned, the centre occupies a large Victorian House situated in a predominantly residential area in the London Borough of Waltham Forest. Local amenities are within a two-minute walking distance from Walthamstow tube and underground station, and Walthamstow central shopping facilities. These include Health Centres, Opticians, Dentists, Libraries, Post Offices, Banks, Chemists, Supermarkets, and various Places of Worship for different faiths. The project is registered to accommodate 4 families. Each family is provided with their own bedroom and would share communal washing and cooking facilities, which comprise two bathrooms and shower rooms and three WC's. There is a communal lounge and laundry room available for use at all times and also two shared kitchens. For the purpose of assessments, service users are being watched via CCTV cameras located throughout the home. Although the premises are not fully wheelchair accessible, there is a disability ramp/access leading to the house and a WC on the ground floor.

As previously mentioned, the inspectors identified some improvements required to the premises, such as lampshades to be fitted, ventilation fan in

the shower room on the top floor to be repaired, and for automatic magnetic door closures to be installed.

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, 24.

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

Further improvements were required to facilitate a more efficient service.

EVIDENCE:

The project had an up-to-date Statement of Purpose and the Service User's Guide (Resident's Handbook), which included information listed in Schedule 1 of the Residential Family Centres Regulations. Both documents provided useful information about what services could be expected from the project. It was noted however that both documents required updating to include more

information in relation to the use of CCTV in the project, as at the time of this inspection both documents lacked this information. The Children's Handbook was also in place, which gave children useful information about the centre.

As previously stated, there were good recording systems in place, however it was noted throughout the inspection that documents were not always signed and dated. This required improvement.

As previously mentioned, the centre's recruitment practices were poor and required urgent improvements.

At the time of inspection there were sufficient staff on duty. The inspector examined the staff rota and noted that the registered manager hours were not recorded. The responsible person must ensure that duty rosters include shift patterns worked by the registered manager. There was also concern at the length of shifts that staff worked as one member of staff was working nearly 50 hours per week. It is recommended that staff working in the project are not working excessive hours.

During the inspection, the inspector examined several staff members' files. There was evidence that some supervision sessions have taken place, and records were very detailed. However the supervision was not being regularly conducted. The registered person must ensure that all staff members receive regular supervision in line with the National Minimum Standards.

Staff files contained job descriptions. The inspector noted that there were some inconsistencies noted, as the job descriptions did not match the jobs applied for on the application forms. At the time of the inspection, the inspector noted that staff members were referred to as residential social workers. The General Social Care Council clearly state that only qualified staff may use the term 'Social Worker'. This does not adequately/legally reflect their current role.

Staff files indicated that there was a lack of training being undertaken. From the records it was not clear if staff had received mandatory training such as first aid. This is very concerning and the registered manager must ensure that there is at least one person on duty at all times that has a suitable first aid qualification.

There was an incident on 8/7/06 and records were seen. The report was extremely comprehensive and well written.

Regular quality assurance visits were taking place and these were carried out by a consultant appointed by the proprietor. The inspector viewed reports from those visits, which were comprehensive. It was noted however that they were called "Regulation 33 Reports", which relate to children's homes and not Family Residential Centres.

The registered manager showed the inspectors some of the quality assurance documents, which were returned from the social workers responsible for some of the placements. Both documents contained positive feedback from the placing authorities. The registered manager stated that both documents were returned to the agency via email attachments. To demonstrate the authenticity of emails, it is recommended that these are saved/printed out with the sender's details i.e. sender's details, time and date of when the email was sent.

Standards 23 and 25 were not assessed on this occasion, as the centre has been opened for less than 6 months.

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	2
10	2
11	3
12	3
13	2
15	1
22	3

ACHIEVING ECONOMIC WELLBEING	
<i>Standard No</i>	<i>Score</i>
19	2
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	2
5	2
14	2
16	2
17	2
18	2
23	X
24	2
25	X

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? N/A

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.	RFC4	10(2)	The registered manager must ensure that written permission is obtained from parent for each child, should a staff member need to administer first aid, prescribed or non-prescribed medicines.	15/12/06
2.	RFC4	11(2)	The centre’s medication policy required further development.	01/01/07
3.	RFC4	11(2)	The registered manager must ensure that instructions on the medication dispensing label match information on the medication administration record kept in the home.	15/12/06
4.	RFC4	15, 11(1), 16(3)(b)	The registered manager must ensure that there is at least one person on duty at all times that has a suitable first aid qualification.	01/01/07
5.	RFC9	4(1) Sch 1.16	Confidentiality policy must be updated/reviewed to include information, as to when confidentiality may be breached.	15/12/06
6.	RFC10	20	To ensure that complaints are appropriately handled, the responsible person must ensure an independent person is appointed is a complaint is made against the Registered Manager	15/12/06

			or the Proprietor.	
7.	RFC10	20(5)	Complaints policy must be reviewed/updated to include timescales, within which any complaint would be investigated and responded to.	15/12/06
8.	RFC13	26(1) Sch 5	The registered manager must ensure that the Commission is informed of any significant event listed in Schedule 5 of the Residential Family Centres Regulations.	01/12/06
9.	RFC15	5, 7, 19 Sch 2.2	The responsible person must ensure that no staff are allowed to work in the home until enhanced Criminal Records Bureau check is obtained.	01/11/06
10.	RFC15	5, 7, 19 Sch 2	The responsible person must ensure that each staff file contain all information listed in Schedule 2 of the Residential Family Centres.	15/12/06
11.	RFC22	22	The registered manager must ensure that all fire doors are kept closed, unless automatic door closures have been installed.	01/12/06
12.	RFC22	21(2)(k)	Lampshades must be fitted on all light bulbs in the home.	15/12/06
13.	RFC22	21(2)(k)	Fan in the shower room on the top floor was out of order and must be repaired.	15/12/06
14.	RFC22	22	Fire safety information on the fire safety posters must be completed.	15/12/06
15.	RFC22	22	The registered manager must ensure that fire drills are carried out on regular basis and are recorded.	15/12/06
16.	RFC1	4	The Statement of purpose and the Resident's Handbook must be updated to include more information in relation to the use of CCTV in the project.	15/12/06
17.	RFC5	19	The registered manager must ensure that all relevant documents are signed by all	15/12/06

			parties.	
18.	RFC14	19(3) Sch 4.11	The responsible person must ensure that duty rosters include shift patters worked by the registered manager.	15/12/06
19.	RFC17	17(5)(a)	The registered person must ensure that all staff members receive regular supervision in line with the National Minimum Standards.	01/01/07
20.	RFC15	16(3)(b), 16(3)(d)	The responsible person must ensure that the job title of "Social Worker" is only used by those staff who have been approved by the General Social Care Council.	01/01/07
21.	RFC18	16(3)(b), 17(5)(a)	The responsible person must ensure that staff receive all mandatory training and any other training required for their role.	01/02/07

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.	RFC22	It is recommended that automatic magnetic door closures be installed on fire doors within the home.
2.	RFC16	It is recommended that staff working in the project are not working excessive hours.
3.	RFC5	To demonstrate an authenticity of emails, it is recommended that these are saved/printed out with the sender's details i.e. sender's details, time and date of when the email was sent.

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