Commission for Social Care Inspection

CSCI

Making Social Care Better for People

inspection report

RESIDENTIAL FAMILY CENTRE

[redacted]

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Lead Inspector
Martha
Nethaway

Announced
22nd 23rd & 24th August 2005 09:00

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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SERVICE INFORMATION

Name of service	Crown House
Address	10 Abbey Road Malvern Worcestershire WR14 3HG
Telephone number	01684 577496
Fax number	01684 577496
Email address	sr@crownhousemalvern.org
Name of registered provider(s)/company (if applicable)	Malvern Achievement Services Ltd
Name of registered manager (if applicable)	
Type of registration	Residential Family Centre
No. of places registered (if applicable)	8 Families
Category(ies) of registration, with number of places	8 families with a maximum of 22 people

SERVICE INFORMATION

Conditions of registration:

1. The centre will not accommodate children or adults with mobility difficuties or whose needs require disabled access, until such time as the building has been adapted fully and approved by the relevant agencies, including the registration authority.

2. The centre will ensure that staff are on duty in sufficient numbers, and with appropriate experience, qualifications and competence, to ensure the safety and well-being of service users. This will include:
A minimum of 2 competent care staff on duty throughout the waking day (7.00am - 11.00pm)
A minimum of 2 competent care staff on duty on the premises at night (11.00pm - 7.00am).
Details of appropriate on-call arrangements to be made available to the registration authority.

3. The registered persons to provide the registration authority with full details of staff employed to work in the centre from thTcate of registration.

4. The maximum number of adults to be accommodated at any onTctime to be 16.

Date of last inspection 16 August 2004

Brief Description of the Service:

Crown House is a modernised 3 storey Victorian detached property with its own car park and a small-protected play space at the rear. All amenities are within five minutes walk of the assessment centre.
Families referred to the centre complete a 12-week residential assessment process either directed by the courts or by the referring authority. Some of the referrals are for child protection concerns. A rigorous assessment process exists and clear plans of the intended work were agreed with the referring agency and the social worker. The registered manager prepares the assessment reports. Court friendly reports are a key feature of the service and are prepared by a practicing childcare solicitor at Crown House.
The responsible individual is Sandra Reynolds, one of thTcowners. The registered managers post is vacant but the responsible individual is making application to the Commission for the registered manager. The outgoing manager is working closely with the responsible individual. Crown House employs twenty-one staff for the day-to-day operation of the centre.

SUMMARY

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

The inspection was announced and began at 9:00am. It took place over 2 ½ days. Two inspectors visited the Centre and one inspector observed the morning, evening and nighttimes routines. Files of three families were examined and other records were sampled. A full range of staff were both interviewed and spoken to. Group work sessions were observed. A resident family gave one inspector a guided tour of the centre. On the days of the visit, families and children were spoken to. In addition, questionnaires were received from parent and or carer and 4 questionnaires were returned from social workers.

What the service does well:

The staff team are committed to working in partnership with parents. Parents viewed staff as 'open and helpful'. The service is focussed and clear about providing direct supervision on a one to one basis to assess parenting skills and ability. Excellent mechanisms exist to provide parents with training and development to assist with improving parenting skills. Good support networks underpin the staff teams professional ethos with input from a psychologist, counsellor and an external childcare consultant. The staff team regularly consult with parents through weekly feedback sessions, residents meetings, group work and one to one sessions. The Centre is well managed and improvement is continually monitored.

What has improved since the last inspection?

The group work sessions have developed awareness of women's issues and domestic violence. Staff are provided with research material and are accessing professional training. Crown House has improved its recording mechanism and introduced an IT network system to assist with this task. Parents have access to a telephone that has been installed. Parents now sign the weekly keyworker feedback sessions to denote their participation and agreement.

What they could do better:

The residential assessment plan needs to illustrate the outcomes and be cross-referenced to the objectives of the assessment for parents. This will enable the assessment plan to identify the welfare needs of children and parents and how this is continually monitored and reviewed. The resident's handbook needs to address the arrangements for smoking and the rights of parents' access their files. Residents meetings need to reflect the follow up actions and outcomes of previous meetings. Further amendments need to be made to the child protection and whistle blowing policy to fully support staff working practices. A notification system needs to be implemented in relation to significant events. Staff must receive supervision on a one to one basis every

month. There could be better eviden

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 Standards

Statutory Requirements Identified During the Inspection

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 standard(s) 8,9,10,11,12,13,15 &22

Families feel well supported and the staff team are attuned to the needs of the individual. Good systems exist that are protective and promote the welfare of children. Guidance and training is available in relation to complaints, privacy and confidentiality and these matters are taken seriously. Recruitment practices are satisfactory. Further work is required to develop further policies and amend some existing ones. Mechanisms for auditing should be implemented.

EVIDENCE:

Families are given an information pack about Crown House outlining the assessment process, the structuring of sessions and therapeutic input. Clear guidelines are available in relation to maintaining acceptable behaviours and verbal or physical aggression is not accepted. Any breaches can affect the parent's assessment process. Residents spoken with clearly understood these arrangements from the outset of the assessment. Discussion with staff evidenced that training had been provided in 'Breakaway Techniques' and de-escalation procedures. Crown House will need to develop a 'No Physical Restraint Policy' in line with the good practice at the centre. Additionally the Department of Health guidance on physical intervention should be obtained to support the development and implementation of the policy.

Residents are aware that they can complain and information and guidance is available. Records examined showed this process is accessible. Some minor improvements are required to the complaints policy. Additional amendments are necessary to the 'Whistle Blowing' policy to ensure that staff have access to external individuals.

The staff team understands matters relating to privacy and confidentiality with families. Discussions with the residents indicate that staff are approachable and sensitive to building 'open' and 'honest' relationships. Residents described working practices that are consistent with operational guidelines, for example knocking on bedroom doors prior to entering rooms or providing immediate feedback to a parent in a private manner.

All child protection concerns are monitored closely and families are expected to attend formal sessions to discuss historic issues and progress, with a clearer understanding to improve their standard of parenting. Some families spoken to found this challenging but in equal measure recognised the importance of changing their parenting style to safely protect their children. Crown House will need to ensure all matters relating to child protection are initially referred to the Worcester Duty and Assessment team and notified to the Commission. A recording mechanism should be implemented. Crown House always ensures that the placing authorities are notified if any child protection matters arise. In addition a copy of 'No Secrets' should be obtained to assist with developing the practice policies and procedures to protect vulnerable adults.

The personnel files had been restructured to contain all the necessary information in relation to recruitment checks. It would be useful to develop a mechanism to record all the necessary checks to fully comply with Schedule 2. CRB checks are available including ones obtained from previous employers. During the inspection it was agreed to carry out new CRB checks in line with current advice from the Commission.

All visitors are monitored and contact arrangements for children are agreed within the assessment plans. Discussions with staff evidenced that they are familiar with these arrangements and any changes are discussed in daily briefings and handover periods. During the inspection the security of the building was well managed including the alarming of the building at night. This provides good safeguards for parents and children.

Health and Safety is regularly monitored. A new format for risk assessments had been devised. Fire checks are up to date. One family's induction was observed and this covered the centre's fire evacuation procedures.

recognised and areas of improvement are identified. Parents sign to denote their involvement in this process. It would be beneficial to cross-reference all of these aspects and to record the outcomes within the residential placement plan. It would be also beneficial to record the level of supervision and to interface with the Looking After Children documents. This will further enable the residential placement plan to be a live document for the parents and staff.

Each family are allocated a keyworker who are responsible for face-to-face consultation including support, advice and feedback. Parent's views and opinions are also shared in one to one sessions and group work. Residents meetings are held monthly facilitated by night staff and minutes revealed some lively discussions and requests. It would be beneficial to discuss follow up actions and outcomes from each previous meeting.

Discussion with parents indicated that staff are aware and have a clear understanding of 'group living'. During the inspection, parents and staff are aware of who is doing what and there is an air of consensus at Crown House. It is made clear to parents that they are responsible for their children's behaviour. The parents and staff work in partnership with each other. The expectations were clearly reinforced in the induction interview observed.

Crown House has the resources to be able to support a family where English is not their first language and have provided this. Local resources used include Worcester Ethnic Access Link.

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 standard(s) 1,5,14,16,17,18, 23, 24 & 25

Information is available to parents and staff to support children's understanding of their time while living at the centre. Strong emphasis is placed on children being safe and parents being provided with advice, counselling and guidance to improve their parenting skills. Staff are trained, capable and enthusiastic about their work. The outcomes for children are positive and staff are committed to the task at hand.

EVIDENCE:

The management team have amended the Statement of Purpose since the last inspection. During the inspection feedback, the management team accepted some minor improvements could be organised. Discussions with residents and staff indicated there was consistency with information available in the guide

and experiences in relation to direct practices at the centre. Parents made positive comments about the induction process and information about the purpose of the assessment, the procedures and methods used. Staff are attuned to the issues that may arise. It would be useful to include information about residents having access to their files and develop awareness that parents and children can read their files with reference to restrictions on confidential or third party information being shared. In addition it would be beneficial to outline the practical arrangements in relation to smoking and financial management while accommodated at the centre.

One of the strengths of the centre is the varied ability, skill level and experience of the staff group. Many of the staff hold a formal qualification in childcare or related social care sector and are continuing further professional training. The ethos of the centre is to provide a thorough residential assessment that contributes to clear outcomes for the parents and children involved. The registered manager left in July 2005 and is now working as an external consultant for the centre. It is intended that one of the Directors will apply for registration as the manager. If this is pursued than the registered manager's award will need to be obtained and will form part of the condition of registration.

There was evidence to support the view that staff are being supervised and monitored regularly. Staff team meetings, handovers and session work with parents evidence this. However, formal staff supervision is not taking place every month. Discussions with the Directors indicated that this would be addressed.

All newly appointed staff receive an induction. Crown House have identified that the induction programme for new staff could be further developed and improved.

Crown House is making available a good selection of in-service training and external professional training. It would be useful to develop a formal mechanism to identify refresher training and any gaps interlinked with each staff members personal development plan. This would enable monitoring and identify any additional resources needed in relation to improving and promoting best practice.

All of the staff and both of the directors are able to provide information about the parents that is relevant and up to date. Crown House will need to implement a daily record of events under Schedule 4 of the National Minimum Standards. The directors are actively involved in the running and management of the service. Great interest and care is taken to promote parental involvement and to facilitate responsible parenting during the assessment process. The protection of children is central to the philosophy and ethos of Crown House.

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.	RFC 4	The residential placement plan should cross-reference all health care needs that are incorporated within the LAC information and record clearly the outcomes.
2.	RFC3.	The residential placement plan should cross-reference the objectives and outcomes more clearly to illustrate compliance with all the elements in standard 3.1.
3.	RFC12	A copy of the Department of Health guidance in relation to 'No Secrets' should be obtained and circulated and discussed with the staff team.
4.	RFC 15	In relation to the recruitment checks a system should be implemented to ensure all the necessary paperwork is collected in line with Schedule 2.
5.	RFC 6	The resident's meeting should clearly record any follow up actions and outcomes from each previous meeting.
6.	RFC 1	The resident's handbook should address the arrangements for access to files, money management and smoking arrangements for parents.
7.	RFC 18	An induction staff pack and guidance should be developed and implemented to assist with new employees induction.
8.	RFC 18	A mechanism should be implemented to monitor and review staff training.
9.	Standard 11	A system should be implemented to ensure that all child protection matters are initially referred to the local duty and assessment team and the Commission should be notified.

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