

inspection report

Residential Family Centre

Jamma Umoja

94 Plaistow Lane

Bromley

Kent

BR1 3JE

Announced Inspection

23rd June 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ESTABLISHMENT INFORMATION

Name of establishment

Jamma Umoja

Tel No:

020 8464 3882

Address

94 Plaistow Lane, Bromley, Kent, BR1 3JE

Fax No:

020 8464 3886

Email Address

r.crosbie@jamma-umoja.org.uk

Name of registered provider(s)/Company (if applicable)

Jamma Umoja

Name of registered manager (if applicable)

Karen Marie Greene

Type of registration**No. of families registered**

Residential Family Centre

9

**No. of parents currently
accommodated in the
Centre****No. of children of those
parents currently
accommodated in the
Centre****Total no. of residents**

9

Registration number

G010000355

Date First registered

9th January 2004

Date of latest registration certificate

9th January 2004

**Do additional conditions of registration
apply ?**

YES

If Yes Refer to Part C

NO

Date of last inspection

Date of Inspection Visit		14th June 2004	ID Code
Time of Inspection Visit		09:30 am	
Name of Inspector	1	Cheryl Carter	135535
Name of Inspector	2		
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection			

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to assess whether the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and / or the Children Act 1989 as amended.

This document summarises the inspection findings of the CSCI in respect of Jamma Umoja.

The inspection findings relate to the National Minimum Standards (NMS) for Residential Family Centres published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's response and proposed action plan to address findings

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000 and the Children Act 1989 as amended. The report is based on the findings at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.
<p>Jamma Umoja is a Residential Family Centre offering assessment and treatment services for a maximum of 9 families. The family centre is situated near the centre of Bromley in a large converted Victorian building. The accommodation is provided over three floors and there is an annex located on the side of the main building that has separate access via the rear garden. Some of the rooms provide accommodation for one parent and one child whereas others can provide accommodation for two parents and three children. The Centre has in place systems and structures to provide care. Referrals to the centre are largely received from courts across the UK to enable a full assessment to be undertaken on parents and their parenting skills with their children under close observation and supervision.</p>

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This is the first announced inspection the centre had received since being registered. The manager of the centre has been in post for the past two years. The centre is generally well managed with a positive and committed staff team. The centre recently had a fire but the building was quickly evacuated and the fire brought under control by the fire department. The fire services commended the staff on their handling of this situation. The registered provider and the registered manager have developed a strong and effective management relationship that is one of the strengths of this Family Residential Centre.

Since registration there have been some changes to the building to raise standards. A conservatory has been built which gives the centre more communal space for the residents. The shower room on the first floor has been converted to a bathroom and now meets with requirements.

There are currently two vacancies and long-term agency staff are filling these. Staff files were checked and the recruitment process and administration were found to be in order with all the necessary checks being carried out before staff take up employment. A new deputy has been appointed and will take up his position in the next few weeks. Staff receive supervision monthly and staff are clear that they feel supported by managers. The centre also has a ten-week induction programme for new staff and there is an on-going programme of training for all staff. The staff team work very effectively together.

There is a comprehensive statement of purpose that covers all requirements, however this needs to be reviewed and updated in line with the new Commission. Not all policies are in place and the Registered Provider must review the policies to ensure that they are in line with the Regulations for residential family centres.

The family centre continues to work with families from diverse backgrounds around the UK. Care practices in the centre reflect the needs of the families. The families that I spoke to said that they were pleased with the way the centre worked with them and the positive influence they have had on their life. They are currently looking forward to moving into their own accommodation with their babies.

In conclusion the centre has made the necessary changes to the physical environment. The inspector was impressed with the work done and with the manager and staff's positive attitude in making further progress. Openness on the part of the staff and the residents that I met made this inspection an easy process for myself, for which I would like to thank all the people who took part.

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS

Identified below are areas not addressed from the last inspection report, which indicate a non-compliance with the Care Standards Act 2000 and Residential Family Centres Regulations 2002.

No.	Regulation	Standard	Required actions	

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

Providers and managers must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector _____ Second Inspector _____ Locality Manager _____ Date _____	Signature _____ Signature _____ Signature _____
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STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Children Act 1989, the Residential Family Centres Regulations 2002, or the National Minimum Standards for Residential Family Centres. The Registered Person(s) is/are required to comply within the given time scales.

No.	Regulation	Standard *	Requirement	
1	11	8	The registered provider must have a policy on the management of visitors to the centre.	1.09.04
2	26	13	The registered manager must have a system in place for the notifications of events within 24 hours included in Schedule 5 of the regulations.	1.09.04
3	15	16	The registered provider must have a staffing policy that shows details of the numbers of staff required to be on duty.	1.09.04
4	23	24	The registered provider must have in place a system to monitor the conduct of the home once a month.	1.09.04

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	12	The inspector recommends that all staff including ancillary staff receive training in adult abuse.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 3-letter prefix e.g RFC10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct Observation	YES
Sampling	YES
• Records	YES
• Care Plans / Care Pathways	NO
• Meals	NO
• Activities	YES
'Tracking' care and support	NO
Group discussion with residents	NO
Group discussion with staff	YES
Interview of manager	NO
Service user survey- parents	NO
Service user survey- children	NO
Placing officers' survey	NO
Staff survey	NO
Views of local social services department (child protection)	NO
Visiting Professionals' feedback	NA
Tour of Premises	YES
Inspection of policies	YES
Date of Inspection	14/06/04
Time of Inspection	09.45
Duration Of Inspection (hrs)	8.5
Number of Inspector Days	1

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Residential Family Centres have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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)

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

Purpose and Function

The intended outcomes for the following set of 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
- Parents and children are admitted to and leave the centre in a planned and sensitive manner

Standard 1 (1.1 - 1.11)

The centre has a written Statement of Purpose, which accurately describes what the centre sets out to do, how it will operate and the way in which it will be provided.

Key findings/Evidence

Standard met?

3

A detailed and informative Statement of Purpose had been prepared for the centre. This document contains all the relevant information required. Managers and Staff were clear about who should receive copies of the Statement of Purpose. Staff were familiar with the Statement of Purpose and were clear about the aims and objectives of the Centre. There is a comprehensive guide for residents. In addition to the statement of purpose there is also a document prepared for placing social workers.

Current weekly fees charged per place (if applicable):

Minimum £

2,076

Maximum £

X

Standard 2 (2.1 - 2.11)

Moving in and leaving arrangements are planned and, where practicable, agreed with the parents and children and, where appropriate, the purchaser, and handled with sensitivity and care.

Key findings/Evidence

Standard met?

3

Parents and children are only admitted to the centre if their needs are consistent with what is set out in the Statement of Purpose provided to the Social Worker by Jamma Umoja. The centre has a written policy on moving in and leaving the home. Prior to moving into the home all families have some preparation work done. The nature of the work and the preparation time needed is decided with the family, the social worker and the community team from Jamma Umoja. Written information for the families covers all the areas covered by regulations and guidance. The Welcome Pack produced contains written information about the centre, local information, useful addresses, information around health and safety, a weekly planner, a child's diary, groups run at the centre, the complaints procedure and important and useful telephone numbers.

Quality of Care

The intended outcomes for the following set of standards are:

- Children and their parents have their needs assessed and written plans outline how the assessment will be undertaken.
- 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.
- Parents' progress is recorded to reflect their ability to care for the children in a safe manner, promoting their welfare.

Standard 3 (3.1 - 3.9)

The registered person completes a written placement plan, agreed so far as may be practicable with the parent/s and the placing authority, specifying:

- How the centre will undertake the assessment with the parents and children, including detail of methods of supervision to be used;
- How each child's welfare and well-being will be promoted using any relevant current local authority plan for that child;
- How services will be provided for each resident for their care, treatment, education and supervision;
- The arrangements for contact and visitors; and
- The objectives and intended outcomes of the placement.

Key findings/Evidence

Standard met?

3

The manager and staff team are committed to ensuring that each family has a placement plan and that the necessary levels of monitoring and observation takes place. The placement is reviewed at the required intervals and if necessary additional reviews take place when the need arise. Families are assessed using the Department of Health Assessment Framework and other assessment tools that focus on the individual needs of each family. The inspector was told that the home operates its Child Protection procedures in line with the Children's Act 1989 and the welfare of the child remains paramount and is never compromised. The objectives and intended outcomes for the placement is always what is best, and safe for the child.

Number of individual residents (if any) with no placement plan at the time of inspection:

0

Number of children (if any) with no placement plan at the time of inspection:

0

Standard 4 (4.1 - 4.7)

The registered person has arrangements with local primary care centres which give appropriate access to immunisations, vaccinations, medical and developmental checks, mental health centres and family planning, and has local knowledge of opticians, dentists and other primary care centres such as guidance on substance misuse.

Key findings/Evidence**Standard met?**

3

Soon after admission any family admitted to the centre is registered with the local GP. Health visitors are informed for all children under 5. All needs for each child are recorded on file and included in the placement plan. All families are accompanied to the Local Health centre on the first Monday after admission. During the first two weeks families are always accompanied out of the centre so they can familiarise themselves with the area, local dentist and opticians if needed. The centre buys in psychiatric and psychological services. There is also Art Therapy and Drug and Alcohol counselling. Parents are encouraged and supported to provide for all members of the family the opportunity to pursue activities and leisure activities.

Standard 5 (5.1 - 5.3)

The registered person ensures there is a permanent, private and secure record for each family of their history and progress to which they have access.

Key findings/Evidence**Standard met?**

3

Case files were generally well ordered and contained detailed information required by regulation. A daily recording about the families provides an account of daily occurrences in the centre. This includes the staff working with the family; time commenced and finished their shift and events that occurred during the shift. This record provides some evidence of the work that underpins the assessment.

Parents' and Children's Rights

The intended outcomes for the following set of standards are:

- Parents and children using the centre feel well-informed and party to decisions made.
- Parents and children enjoy sound relationships with staff based on honesty and mutual respect
- 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
- The privacy of parents and children is respected and information about them is handled with appropriate confidentiality.
- 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.

Standard 6 (6.1 - 6.8)

The registered person ensures that the views of parents, children and significant others are sought over key decisions which are likely to affect their daily life and their future.

Key findings/Evidence

Standard met?

3

Each family has a key worker and a case manager. The key worker arranges sessions to complete specific work about life history, relationships, parenting skills and other identified areas. The inspector saw evidence that families race, culture, religious and cultural backgrounds were considered in undertaking the assessments, and care plans reflected this. The Case Manager meets with parents to discuss progress and concerns. The art therapist works with parents and children. Residents can meet with their case manager or key worker to raise any issues that may affect their daily living.

Standard 7 (7.1 - 7.5)

Staff are able to set and maintain safe, consistent and understandable boundaries for parents and children in relation to acceptable behaviour.

Key findings/Evidence

Standard met?

3

From my interviews with the families the inspector felt that the quality of the relationships between staff and residents are mostly positive. Parents felt that the staff were clear about the importance of building relations with them and worked hard to achieve this. The centre staff has developed very positive relationships with other professional networks providing services to the families in the home. Assessments are carried out as specified in the statement of purpose.

Standard 8 (8.1 - 8.11)

The registered person ensures that parents and children are clear what standards of conduct are acceptable from them and their visitors and are aware of the possible consequences of unacceptable behaviour.

Key findings/Evidence**Standard met?****2**

The centre has clear policies, procedures and guidance setting out the standards of behaviour expected of parents and children, and these are included in the resident's guide. There was no policy on visitors to the centre for staff and residents on the management of visitors, if they could refuse entry or demand departure where they felt visitors might be unsuitable or pose a risk to staff or residents and this needs to be addressed.(Req.1)

Standard 9 (9.1 - 9.6)

Staff respect parents' and children's privacy, and confidentiality is balanced appropriately with the need to protect children.

Key findings/Evidence**Standard met?****3**

Jamma Umoja have procedures and policy guidance on protecting privacy and confidentiality in place and staff are familiar with them. The guidance is clear about families having privacy whilst balancing this with the need to protect their safety and welfare and the need to carry out a comprehensive assessment. Staff are vigilant about supervising parents and children, but this is done in a sensitive manner that does not unreasonably intrude on the families' privacy.

Standard 10 (10.1 - 10.8)

Parents and children know how to and feel able to complain if they are unhappy with any aspect of living in the centre. Any complaint is addressed seriously and without delay, and a complaint will be fully responded to within a maximum of 28 days, and parents and children are kept informed of progress.

Key findings/Evidence**Standard met?****3**

Jamma Umoja has a Complaints procedure for dealing with formal and informal complaints. This is included in the resident's guide. The families interviewed were aware of the complaints procedure and felt that they were able to complain if the need arose.

Number of complaints made at or to the centre about care in last 12 months:

1

Number of above complaints which were substantiated:

1

Number of complaints made about the centre to CSCI in last 12 months:

0

Number of above complaints which were substantiated:

0

Protection

The intended outcomes for the following set of standards are:

- The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse.
- Families are protected from abuse, neglect and self-harm
- 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.

Standard 11 (11.1 - 11.8)

There are systems in place to promote the safety and welfare of children and to ensure that children are protected from abuse, which are known and understood by all staff (including junior, ancillary, volunteer and agency staff).

Key findings/Evidence

Standard met?

3

Jamma Umoja has in place child protection procedures and written guidance for staff. The policy and procedures are in line with 'Working together to Safeguard Children' guidance. Established staff members have received child protection training and have a good understanding of their responsibilities under the child protection policy and procedures. Staff was familiar with the policy and procedure on dealing with bullying. All staff was alert to the situations that bullying could occur in and knew what action to take if it occurred.

Standard 12 (12.1 - 12.5)

The registered person ensures that vulnerable adult family members are safeguarded from physical, financial or material, psychological or sexual abuse or self harm or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.

Key findings/Evidence

Standard met?

2

The centre has a Vulnerable Adult Policy that defines how adults could become vulnerable and how to take action in any cases where there is suspicion of adult abuse. Not all staff have received training in adult abuse. The inspector recommends that all staff including ancillary staff receive training in adult abuse. (Recommendation 1)

Standard 13 (13.1 - 13.4)

The registered person has a system in place to notify within 24 hours the persons and appropriate authorities of the occurrence of significant events in accordance with Regulation 26.

Key findings/Evidence**Standard met?****2**

Regulation 26 notifications have been made to the commission and the placing authority, but there is no system in place to ensure that this carried out and records of notifications kept. (Req.2)

Number of statutory notifications made to CSCI under Regulation 26 of the Residential Family Centres Regulations 2002 in the last 12 months.

- Death of a resident accommodated in the centre.
- Referral of person working at the centre to Secretary of State as unsuitable to work with children.
- Serious illness or accident to a resident.
- Serious outbreak of infectious disease.
- Allegation that a resident has committed a serious offence.
- Actual or suspected involvement of a child (including a parent aged under 18) in prostitution.
- Serious incident necessitating calling the police to the centre.
- Absconding by a resident accommodated in the centre.
- Serious complaint about the centre or persons working there.
- Instigation of child protection enquiry involving a child accommodated in the centre.

0

0

0

0

1

0

4

0

1

2

Staffing

The intended outcomes for the following set of standards are:

- Parents and children receive the care and services they need from competent staff.
- There is careful selection and vetting of all staff and anyone else resident on the premises.
- 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.
- Parents and children receive a service from staff who are themselves supported and guided in safeguarding and promoting the children's welfare.
- Staff are trained and enabled to carry out the role to which they are appointed.

Standard 14 (14.1 - 14.7)

The centre is organised, managed and staffed in a manner that ensures that the Statement of Purpose is fulfilled, and that parents and children receive the care and services they need.

Key findings/Evidence	Standard met?	3
The registered provider holds a Certificate in Social Work and a Diploma in Management Studies and has nine years experience in local authority as a manager. The registered manager has 10 years post qualification experience and 7 years as an unqualified social worker. The manager has been in post for 2 years. There are a number of qualified social workers as well as a number of specialists working at the home.		
Total number of all staff of the centre:	19	Number of staff who left in the last 12 months: 5

Standard 15 (15.1 - 15.12)

There is written record of the recruitment process which is followed in respect of all staff (including ancillary staff and those on a contractual/sessional basis) and volunteers who work with families in the centre, including evidence that all requirements of Schedule 2 of the Residential Family Centre Regulations 2002 have been met in every case.

Key findings/Evidence	Standard met?	3
The overall approach to staff recruitment was good. The recruitment process and files checked were found to be satisfactory, showing that attention had been paid to all relevant checks. The registered provider must ensure that any staff provided through an agency who work with children in the centre have passed all the required checks required by these regulations within the previous 12 months and these should be placed on file.		

Standard 16 (16.1 – 16.7)

Staff are sufficient in number, experience and levels of qualification to carry out the placement plan, within the context that responsibility for children rests with the parents unless otherwise arranged.

Key findings/Evidence**Standard met?**

2

Competent family support workers staff the centre 24 hours. Staffing levels are good and staff are effectively deployed. Staff are committed to the task at the centre and access to training is good. The staffing is adequate to meet the needs and size of the target client group. Extra staffing is negotiated with the placing authority of the residents if it is deemed necessary. The registered provider must amend the staffing policy that shows details of the number of staff required to be on duty by day, night, whether they are required to be waking, sleeping or on call, and the arrangements for calling senior staff support if required. (Req. 3)

Percentage of care staff having completed Level 3 NVQ in caring for children and young people or equivalent qualification.

X

%

Registered Manager has qualification relevant to working with children at NVQ Level 4, DipSW or an equivalent qualification?
(NB this is a requirement from 2005)

YES

Registered Manager has qualification in management at NVQ Level 4 or an equivalent qualification?
(NB this is a requirement from 2005)

NO

Standard 17 (17.1 - 17.11)

All staff, including domestic staff and the manager, are properly accountable and supported.

Key findings/Evidence**Standard met?**

3

Staff interviewed described the managers as supportive and accessible. Staff are supervised monthly and there was evidence on the personnel files seen that most of the staff have been appraised in the past year. Staff not appraised were the staff that were recently appointed.

Standard 18 (18.1 - 18.6)

Staff receive training and development opportunities that equip them with the skills required to work with parents and children and fulfil the purpose of the service.

Key findings/Evidence**Standard met?****3**

Jamma Umoja provides a range of appropriate training opportunities for staff. The centre has secured funding for 5 places at Bromley College for staff to do their NVQ training. Three at Level 3 and two at Level 4 NVQ. There is also a ten week induction package for Family Support workers covering areas such as Child Care Legislation, Recording, Child Protection and a number of other relevant in house courses including, Health and Safety, fire regulations and first aid. One member of staff is currently doing a part-time Diploma in Social Work and another will start his Diploma in Social Work in September.

Premises

The intended outcomes for the following set of standards are:

- Parents and children live in pleasant, well designed and maintained surroundings providing sufficient space and adequate facilities to meet their needs.
- Parents and children enjoy homely accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.
- Shared spaces complement and supplement residents' private rooms.
- Parents and children stay in accommodation that provides physical safety and security.

Standard 19 (19.1 - 19.10)

The accommodation is located, designed and of a size that is in keeping with its purpose and function, serves the needs of the parents and children, and is maintained in good order throughout.

Key findings/Evidence

Standard met?

3

The family centre is situated near the centre of Bromley in a large converted Victorian building. The accommodation is provided over three floors and there is an annex located on the side of the main building that has separate access via the rear garden. Some of the rooms provide accommodation for one parent and one child whereas others can provide accommodation for two parents and three children. The centre is fairly well maintained and all communal area was clean and free from hazards.

Standard 20 (20.1 - 20.8)

The registered person provides each family with a private bedroom, which has usable floor space, fittings and furnishings sufficient and suitable to meet individual needs and lifestyles.

Key findings/Evidence

Standard met?

3

Some families were very willing to show the inspector their accommodation. The rooms were well furnished and had all the furniture as set out in this standard. All doors were lockable and there were suitable beds and cots that met the needs of each family. Each floor has its own bathroom. Since registration an extra bathroom have been installed on the first floor which now meet the standard.

Standard 21 (21.1 - 21.6)

A range of comfortable, safe and fully accessible shared spaces is provided both for shared activities and for private use, in those centres which do not operate with fully self-contained flats.

Key findings/Evidence**Standard met?**

3

Each family has their own room and on each floor there is a kitchen and bathrooms shared by residents on that floor. There is a small sitting room and a conservatory provides another communal sitting area for families. The centre has a no smoking policy. There were no problems with the lighting or heating at the time of my inspection. There is a pay phone for residents where residents can make and receive calls.

Standard 22 (22.1 - 22.7)

Positive steps are taken to keep parents, children, staff and visitors safe from risk from fire and other hazards.

Key findings/Evidence**Standard met?**

3

The residents guide includes comprehensive guidelines on Health and Safety. There are guidelines on Fire Safety for residents and staff. Fire records were checked and found to be in order. There are regular checks to the fire detection system and monthly evacuations.

Organisation and Management

The intended outcomes for the following set of standards are:

- Parents and children enjoy the stability of an efficiently run service and purchasers have confidence that they are getting value for money.
- The service's work with parents and children is continually adapted in the light of information about how it is operating.
- There are adequate records of both the staff and families using the service.

Standard 23 (23.1 - 23.9)

The registered person has the necessary ability to plan, budget and administer the finances to ensure that the service is run on a sound financial basis.

Key findings/Evidence	Standard met?	
This standard was not assessed at this inspection.		

Standard 24 (24.1 - 24.7)

The manager of the service reviews the following records at least quarterly to identify any patterns or issues requiring action, signs the records concerned to record the monitoring, and takes any required follow up or consequential action:

- each family's placement plan and placement agreement;
- deposit and issue of money and valuables given for safe keeping;
- accidents and injuries;
- illnesses, whether physical or mental;
- complaints and their outcomes;
- allegations or suspicions of abuse and their outcomes;
- a record of visitors to the unit;
- staff recruitment records and conduct of required checks for any newly recruited staff;
- statutory notifications of incidents;
- disciplinary measures;
- use of physical restraint;
- risk assessments and subsequent action;
- medication, treatment and first aid at the unit;
- duty rosters as actually worked;
- the unit's Daily Log;
- absences;
- records of valuables and money held in safe keeping;
- fire drills and tests of alarms, emergency lighting and fire equipment;
- annual staff appraisals; and
- minutes of staff meetings.

Key findings/Evidence**Standard met?**

1

There is no system in place for the monthly monitoring of the centre. The registered provider must have in place a system to monitor the conduct of the home once a month. These visits should be carried out announced and unannounced and should include checks on the daily logs, records of complaints, disciplinary measures and any use of restraint, an assessment of the physical condition of the building, furniture and equipment of the home. Also there should be an opportunity for any resident or member of staff who wishes to meet the visitor to do so.

Standard 25 (25.1 - 25.2)

The service maintains satisfactory records about the staff, parents and children involved with the service and major events affecting them.

Key findings/Evidence**Standard met?**

3

All records relating to staff, parents and children were found to be in place and were generally well kept in the detail required by regulations.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor

Signature

Date

PART D**PROVIDER'S RESPONSE****D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on <enter date(s) of inspection here> and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary

☐ NO

Comments were received from the provider

☐ YES

Provider comments/factual amendments were incorporated into the final inspection report

☐ NO

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

☐ YES**Note:**

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required

☐ YES

Action plan was received at the point of publication

☐ YES

Action plan covers all the statutory requirements in a timely fashion

☐ YES

Action plan did not cover all the statutory requirements and required further discussion

☐ NO

Provider has declined to provide an action plan

☐ NO

Other: <enter details here>

Public reports

It should be noted that all CSCI inspection reports are public documents.

D.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of _____
confirm that the contents of this report are a fair and accurate representation
of the facts relating to the inspection conducted on the above date(s) and that
I agree with the statutory requirements made and will seek to comply with
these.

Print Name _____

Signature

Designation

Date _____

Or

D.3.2 I _____ of _____
am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

--

Print Name _____

Signature

Designation

Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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