

# inspection report

Residential Family Centre

**Dudley Lodge & St. Faiths Residential  
Family Centre**

143 Warwick Road  
Coventry  
West Midlands  
CV3 6AT

*Announced Inspection*

7th February 2005

## **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**

Dudley Lodge & St. Faiths Residential Family Centre

**Tel No:**

02476 502800

**Address**

143 Warwick Road, Coventry, West Midlands, CV3 6AT

**Fax No:**

02476 505085

**Email Address****Name of registered provider(s)/Company (if applicable)**

Dudley Lodge & St. Faiths Residential Centre

**Name of registered manager (if applicable)**

Mr James Alan Evans

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

Residential Family Centre

12

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

16

16

32

**Registration number**  
E530002018

**Date First registered**

5th July 2004

**Date of latest registration certificate**

5th July 2004

**Do additional conditions of registration  
apply ?**

NO

If Yes Refer to Part C

NO

**Date of last inspection**

NA

<b>Date of Inspection Visit</b>		7th February 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		08:30 am	
<b>Name of Inspector</b>	<b>1</b>	Kevin Ward	071607
<b>Name of Inspector</b>	<b>2</b>	Sue Walton	
<b>Name of Inspector</b>	<b>3</b>		
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> 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.		NA	
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>		NA	
<b>Name of Establishment Representative at the time of inspection</b>		Mr James Evans	

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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 Dudley Lodge & St. Faiths Residential Family Centre.

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.

Dudley Lodge provides time limited family assessments (incorporating the Framework for Assessment of Children in Need and relevant legislation) to effectively inform subsequent interventions and support packages. The centre works with a range of families, varying from those requiring mainly support to those where serious neglect and / or abuse is known to have occurred.

Dudley Lodge and St Faiths family centre has 10 flats (6 x 2 bedroomed flats and 4 x 1 bedroomed flats). One of the 2 bedroomed flats is adapted for use by a person with disabilities. The scheme also provides a small bedsit that may be used on a short-term basis by one parent and a baby. All flats are fully furnished and equipped. Dudley Lodge also has a three bed roomed fully furnished house, within the local community. The house is designed to be used as a stepping-stone for a family that has successfully completed an assessment at Dudley Lodge, where they may require further support before living independently in the community. Dudley Lodge is situated within walking distance of Coventry city centre and is served by public transport. A bus stop is situated a very short distance from the Dudley Lodge. Coventry city centre provides parents with opportunities to access a range of social and leisure opportunities with their children, including swimming baths, leisure centre, ice skating, cinema, theatre and shops. A large public park is also within reasonable walking distance of the centre.

Dudley Lodge also provides staffed playroom facilities and a number of communal meeting rooms allowing space for individual counselling and group work with residents. Residents are required to prepare and cook their own meals in their flats. An outdoor play area is situated at the rear of the building, including swings and outdoor toys for children to play with.

The service employs a counsellor to provide individual counselling and to run group work activities. The centre also employs a training and development officer to arrange suitable training opportunities for staff, inform care practises and to take a lead role in the development of services provided by Dudley Lodge and St Faiths.

## **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.)

The focus of inspections undertaken by the Commission for Social Care Inspection is upon the views and experiences of service users, and the ability of the service to support and promote their health and wellbeing.

This is the first inspection of Dudley Lodge family centre since it was first registered, 5/7/04. The inspection took place over three days, involving two inspectors, amounting to a total of 50 inspector hours.

The manager is advised of an error on the home's registration certificate, which incorrectly stipulates the maximum number of children to be accommodated at Dudley Lodge. This condition is to be removed and the registration certificate will instead stipulate the maximum number of families to be accommodated at the centre and at the halfway house, situated close by to the centre, i.e. a maximum of 11 families at Dudley Lodge and one family at the halfway house.

At the time of this inspection 8 families were living at Dudley Lodge and one family was living at the halfway house.

The inspection was carried out with the full cooperation of the manager, staff and residents present at the centre.

### **Purpose and function**

A comprehensive and well formulated Statement of Purpose has been written for Dudley Lodge, detailing the centres philosophy and aims. A copy of the Statement of Purpose and service user guide is being provided to residents as part of the home's admission process. Discussions with staff and manager confirmed a satisfactory awareness of the contents of the Statement of Purpose.

An admission policy and procedure is summarised within the Statement of Purpose. Discussions with residents and staff and entries in the home's records confirm that residents are encouraged to visit Dudley Lodge prior to moving in. The admission process is underpinned by a thorough and detailed "conditions of residency" document that residents are required to read and agree to before commencing their placement. Discussions with residents confirmed that they are fully involved in their planning meetings and receive excellent ongoing feedback of their progress. Residents meet with linkworkers on a weekly basis in most instances to discuss the contents of weekly summary reports that are forwarded to their social workers and are present at monthly reviews with their social workers.

### **Quality of care**



Placement plans were found to be of a high standard and contain well detailed objectives for residents and the support to be provided by staff. Residents' records were observed to be well ordered and to clearly reflect the objectives set out in residents placement plans, enabling staff and managers to retrieve essential information for monitoring residents progress.

The centre provides a good management infrastructure to support staff to assess and support residents in the development of parenting skills and personal resources. The centre provides 4 managers to provide leadership and support to the family assessment workers employed at the centre and a Training and Development Officer meets with managers and staff to advise on effective strategies and approaches for working with residents.

The centre also provides staffed playroom facilities and a counsellor employed to undertake direct counselling with individual residents and to run a number of groups at the centre, assisting parents to develop self esteem, assertiveness and personal safety as well as providing opportunities for socialising and fun. The service also makes use of other professionals, including a health visitor, external counsellors. Staff support and monitor residents' access to the local GP and community health services.

### **Parents and children's rights**

Positive systems have been established for seeking the views of residents and their social workers. Questionnaires have been established for this purpose to elicit residents' views on a suitable range of pertinent issues that affect them whilst living at Dudley Lodge. An examination of questionnaires completed by social workers indicated high levels of satisfaction with the service.

Suitable guidance is in place to advise staff on the maintenance of appropriate professional boundaries and conducting their relationships with parents and children. Clear policy guidance is available to staff and is reflected in the conditions of residency agreement regarding circumstances under which police may be involved at the centre. Discussions with staff confirmed that they have been provided "control and physical intervention" training (de-escalation and restraint procedures) for use in exceptional circumstances. Discussions with staff and managers advised of no recent incidents necessitating the need for physical intervention. Where physical intervention of an adult may be required, discussions with staff confirmed that such matters would be referred for immediate police involvement. During their time at the centre, where necessary residents may receive anger management training.

Discussions with residents confirmed that they were familiar with the avenues by which they may make a complaint. Residents are all provided with a copy of the service user guide and Statement of Purpose, containing the centres complaints procedure. An examination of complaints records and discussions with residents indicate that complaints are resolved informally where possible and referred for more formal investigation of the Director if necessary. Residents are being advised of their right to complain to their social workers or legal representatives where they wish to do so.

### **Protection**

Staff provide close monitoring of families initially admitted to the centre and levels of

supervision / support are gradually reduced according to the outcome of ongoing assessment. Suitable policies and guidelines are in place for the protection of children and adults. The Director confirmed that the centres child protection procedures have been ratified by Coventry Social Services Department, representatives of the Area Child Protection Committee. A brief summary of the Social Services adult protection policy is supplemented by the centre's "guidelines regarding the protection of vulnerable adults". This document provides definitions of abuse and good practice guidance, including appropriate means of responding to allegations and suspicions of abuse.

All staff, directly involved in work with residents, have received child protection and adult protection during the last 12 months. Discussion took place with the Director concerning the need to provide training in these subjects for administrative and ancillary staff employed at the centre.

Suitable arrangements are in place for making notification to the Commission for Social Care Inspection and other bodies where required.

### **Staffing**

As previously noted, the service provides 4 managers, each with specific areas of responsibility and charged with leading a team of senior / family assessment workers. Typically the centre provides 3 or 4 family assessment staff on duty, including a manager, in addition to any other staff that may on site, e.g. playroom staff, counsellor, trainer and Director. Discussion with residents indicate that the service is staffed sufficiently to respond to residents needs not withstanding occasional minor delays that can occur from time to time when staff may be engaged in work with other residents.

Discussions with staff and reference to training records confirmed that staff have received access to a good range of training courses. Positive progress is being made to increase the number of staff holding NVQ training qualifications, with most staff either holding these qualifications or in the process of accessing / completing NVQ training.

There have been a number of staff changes during the last year although a core team of skilled manager and staff have worked at the centre for a number of years. The organisation has recently reviewed salary levels at the centre with a view to phasing in pay increases to support the recruitment and retention of staff at the home.

Staff at the centre are being provided with access to routine planned supervision and the management structure enables staff to readily access managerial advice and support when required.

All staff employed at the home are subject to an equal opportunities recruitment procedure and systems are in place for securing Criminal Record Bureau (CRB) checks and references. Committee members have also been subject to CRB checks and named visitors to families at the centre are also being made to undertake these checks, before being allowed to visit. The Director advised that when agency staff are used by the service they are required to produce their CRB disclosure certificate before starting. Discussion took place with the Director regarding the need to secure further information from agencies to confirm the outcomes of recruitment checks and references, required by Schedule 2 of the Residential Family Centre Regulations 2001.

### **Premises**

A sample examination of flats and discussions with residents confirmed that flats are furnished and equipped to a reasonable standard and that residents are enabled to bring some items of their own equipment, where they prefer to do so. Residents are required to provide their own towels and tea towels. The flats vary in design and style, however all families have sole access to their own facilities including lounges, kitchen's bedrooms and bathrooms and are not required to share with other residents at the centre. The scheme provides communal laundry facilities, however discussions with the Director advised that consideration is being given to the provision of washing machines in some flats, where this is feasible.

Storage space in some flats is rather limited and one family was observed to be having difficulties in finding space to store children's toys and equipment. Hence it is recommended that an audit is undertaken to ascertain the requirement and scope for increasing storage / shelves / cupboard space within each flat. The Director undertook to investigate and address the problem of low water pressure in one flat, brought to the attention of the inspectors during the inspection.

### **Organisation and management**

Overall the service is very well managed with clear policies and guidance being made available to support staff in their practice. Commendable management and recording systems are in place for supporting staff to focus their attention on addressing the matters detailed in residents' placement plans and for keeping residents updated on their progress.

Staff representatives interact with members of the home's committee on subgroups and routine Regulation 25 visits, on behalf of the Responsible Individual are now taking place and reports are being sent to the Commission for Social Care Inspection.

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	
			This is the first inspection of Dudley Lodge.	

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	-
At the time of this inspection visit there were no additional registration conditions in place for Dudley lodge and St Faiths Family Centre.		
Comments		

Lead Inspector	Kevin Ward	Signature	_____
Second Inspector	Sue Walton	Signature	_____
Regulation Manager	Sue Walton	Signature	_____
Date	_____		

## 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 (2)	RFC4	Provide staff with training in safe handling and administration of medication.	30/4/05
2	16 (3) Schedule 2	RFC15	Establish systems for securing written confirmation (e.g. via a fax proforma) from staffing agencies used by the centre that they have effectively addressed all the matters detailed in Schedule 2, 1-6, with any staff referred to work at the home.	7/3/05
3	(2) (c)	RFC19	Proceed with plans to redecorate the corridors / hallways that lead to the flats / bed-sit.	14/5/05
4	22 (1) (a)	RFC22	Consult with the fire officer to confirm the correct frequency that emergency lighting tests are required at the centre.  Increase the level of information in environmental risk assessments, detailing the control measures / checks carried out, the frequency of such checks and by whom they are actioned.	7/3/05

### 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
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1	RFC7	The Director is recommended to review the format and purpose of residents meetings, in conjunction with service users and staff.
2	RFC11RFC12	The Director is recommended to arrange child protection training and adult protection for administration staff and ancillary workers employed at the centre.
3	RFC12	The Director is recommended to revisit the whistleblowing policy with staff, to reinforce other routes, beyond the management hierarchy, by which they could raise any serious concerns about practices at the centre if necessary, including access to the Commission for Social Care Inspection.
4	RFC20	It is recommended that an audit is undertaken, including a survey of residents views, to ascertain the requirement and scope for increasing storage / shelves / cupboard space within each flat.

\* 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	NA
• Meals	NO
• Activities	YES
'Tracking' care and support	YES
Group discussion with service users	YES
Group discussion with staff	YES
Interview of manager	YES
Service user survey- parents	YES
Service user survey- children	NA
Placing officers' survey	YES
Staff survey	YES
Views of local social services department (child protection)	YES
Visiting Professionals' feedback	NO
Tour of Premises	YES
Inspection of policies	YES
Date of Inspection	7/2/05
Time of Inspection	8.30
Duration Of Inspection (hrs)	50
Number of Inspector Days	3

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?

4

A comprehensive and well formulated Statement of Purpose has been developed for the service. This document provides an accurate description of the work of the centre, the accommodation provided and other facilities and services made available to residents during their stay. Minor amendments have been carried out to this document, since the home was registered, to take account of inspectors' observations and comments during the registration process. The Statement of Purpose complies with the requirements of Schedule 1 of the Residential Family Centre Regulations.

Discussions with residents and staff at the centre confirmed that service users are issued with a copy of the Statement of Purpose and an illustrated service user guide. Copies of these documents were observed to be available in flats visited during the course of the inspection. Helpful information and contact numbers, relating to local services, such as GP surgeries and the Benefits Agency is also being made available to all residents of the scheme.

Discussions with staff confirmed that they have been issued with personal copies of the Statement of Purpose and demonstrated a satisfactory awareness of the documents contents.

Plans are in place for the Statement of Purpose to be included on the Dudley Lodge web site during the year 2005-2006.

#### Current weekly fees charged per place (if applicable):

#### Minimum £

1550

#### Maximum £

1895



**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**

Conversations with staff confirmed a common awareness of the admission policy and procedures for introducing new residents to the scheme. Discussions with residents confirmed that Dudley Lodge provides opportunities for parents to visit the centre to view the accommodation and ask questions of staff prior to moving in. A “conditions of residency” agreement is in place detailing the rules and expectations of the service. Discussions with residents confirmed that they had received appropriate support to discuss the contents of this document prior to signing their agreement. Similarly, entries in residents records and conversations with service users confirmed that they are included in placement planning meetings, where very clear plans are agreed detailing the expectations that are placed on residents to comply with monitoring and attend set sessions, as well as explaining the support they may expect from the staff of the service.

A sample examination of referral information and discussions with managers and staff confirmed that appropriate arrangements are in place for assessing residents’ suitability for a place at Dudley Lodge. Residents’ files were observed to contain good levels of referral information, court reports and other relevant assessment information. Salient information from these documents is mirrored in the contents of residents’ placement plans.

An examination of notification records and discussions with a manager regarding placement breakdowns confirmed that social workers are kept informed of events and that appropriate consideration is given to ensuring children’s needs are safeguarded in these circumstances.

## 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?	4
<p>A sample examination of residents placement plans found these documents to be of a high standard and to be supported by good recording practices. Placement plans are quite explicit in detailing the expectations of residents and the role of staff in monitoring and supporting parents childcare practices. Placement plans are underpinned by commendable recording and communication systems, including "focus sheets", used to pin point the matters that staff are required to monitor and record throughout the day and night. These matters are then reflected under the same headings on the record sheets. Relevant matters identified in residents individual risk assessments were observed to be addressed in residents' placement plans.</p> <p>Discussions with residents confirmed that they take part in placement planning meetings and subsequent reviews. Residents are issued with copies of their placement plans and a timetable detailing sessions and meetings they are required to attend. A timetable, illustrated with pictures, to make the information accessible, had been devised for one resident with learning disabilities. Weekly summary reports are completed by linkworkers and used to inform progress and address any concerns at an early stage. Residents spoke positively of the ongoing feedback provided by staff and confirmed that this enables them to feel fully prepared for their monthly review meetings with social workers. These meetings are underpinned with monthly reports produced by the supervising manager responsible for the case.</p> <p>Discussions with linkworkers confirmed that they receive high levels of support and assistance from the 4 managers and the training and development officer at the centre, to assist them in their work with residents. A folder containing a wide range of tools and worksheets for use with parents is available in the home and the training officer routinely meets with managers, every Monday, to consider new approaches that may assist staff in</p>		

their work with residents. Shift handover arrangements are in place to enable staff arriving on duty to receive a detailed handover of events that have taken place in the past 24 hours.

A counsellor is employed by Dudley Lodge to provide counselling to individuals where this has been agreed with residents' social worker and part of their placement plan. The manager confirmed that professional supervision is made available to the counsellor via a BACP registered supervisor / counsellor. The counsellor, supported by a family worker, also run a number of groups at the centre, assisting parents to develop self-esteem, assertiveness and personal safety as well as providing opportunities for socialising and fun. A men's social group is also operating at the centre.

A list of visitors is agreed with residents as part of the placement planning progress. Discussions with parents confirmed an awareness of the need for all visitors to complete a Criminal Record Bureau check and conversations with staff confirmed that only named visitors are allowed to visit families at the centre.

**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?****2**

Discussions with residents confirmed that they are provided with the contact details of the local community health services, including dentists, opticians and GP surgeries. Where necessary support is given to parents to register and staff closely monitor parents / children's attendance at appointments.

The centre possess good links with the local health visitor who attends a clinic at the centre, to provide support and advice to parents and to monitor children's health and welfare needs. Suitable arrangements are in place for managers of the centre to meet with her when she visits to pass on and receive information.

A playroom is available at the centre staffed by a playroom organiser and an assistant, to assess and assist residents to develop play skills with children. A second playroom is also available for use in specific circumstances where parents may benefit from discreet coaching, to learn to play with their children. This room is equipped with cameras so that parents may be videoed playing with their children whilst receiving discreet instructions, through and earpiece, from a trained worker situated in the next room, watching via a two-way mirror.

Residents' placement plans were observed to contain a range of relevant written permissions from parents for children, including any necessary medical treatment, first aid and administration of none prescription medications.

It is the policy of the centre to hold children's medication for the first few weeks following admission in order to monitor and assess parents competencies in this area of care. At the time of the inspection staff were also holding the medication of a parent with mental health needs. Suitable arrangements are in place for the safe storage of medication, including a lockable cabinet and fridge. An examination of recent medication records advised of no anomalies. Discussions with managers advised that where children require any medical interventions such as the administration of oxygen, specialist training is arranged for the community nursing service for family workers, underpinned by written protocols. None of the children living at the centre at the time of this inspection required such interventions. Discussions with staff and training information provided by the Director advised that there has been no recent training in "safe handling of medication" at the centre. Hence there is a requirement for staff to receive training on this subject to underpin their practice and the advice provided to residents.

Conversations with parents confirmed that they are not allowed to smoke in the communal areas of the centre and are discouraged from smoking in close proximity to their children.

Information contained in resident's placement plans and discussions with residents and staff indicate that suitable provision is being made for children to receive access to appropriate schooling during their stay at the centre.

Discussions with managers and residents confirmed that residents are supported to access

local community facilities with their children, such as parks, swimming baths, cinema and libraries, with a view to encouraging the use of these places when they leave the centre. As noted previously, counselling and group work support is made available at the centre, as well as men and women's social groups.

**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**

Discussions with staff advised of a strong commitment to keeping residents informed and aware of how their assessment is progressing and to provide access to written records on an ongoing basis. A sample examination of placement plans found that everyone involved, including parents and professionals, signs these documents. Conversations with parents confirmed a high degree of satisfaction with the levels of support and information provided by staff, in particular the sharing of weekly summary reports that are sent to social workers to keep them updated of families progress and events. Comments made by parents advised that they are being kept fully informed of their progress and any areas where further work is required and confirmed that they are fully prepared by staff for their monthly reviews involving social workers and other professional.

Policy guidance is in place at the centre addressing confidentiality and access to records and lockable cabinets are available for the safe storage of confidential information.

## 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?

4

Discussions with residents and reference to records confirms that good systems are in place for consulting with residents regarding the services provided at Dudley Lodge. This includes a questionnaire provided shortly after admission and two more questionnaires later in the placement. Information provide by the Director identifies a range of matters that have been addressed, responding to the views of residents. This is particularly reflected in improvements to the premises and equipment at the centre.

As noted above, an illustrated timetable has been provided for one resident with learning disabilities living at the centre at the time of this inspection to support their understanding of childcare routines. As previously noted excellent systems are in place for consulting with residents concerning their placement plans including weekly progress reports and monthly reviews.

Discussions with managers and staff advised that in the past the centre has used the services of an Asian interpreter, arranged by social services, where required.

**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**

As noted previously, residents are required to sign a conditions of residency agreement as part of the placement planning process. This document was found to address the expectations of the centre in significant detail. Conversations with parents confirmed that they had received this information prior to moving in and held a good awareness of the contents of the document. Similarly discussions with residents advised that they had been issued with copies of placement plans and were familiar with the contents. Signatories on placement plans and letters on files demonstrate that residents are in receipt of support from social workers and legal representatives.

Parents are issued with timetables to prompt them with aspects of childcare. Discussions with parents confirmed that they were all aware of the requirement to allow staff to closely monitor the care given to children initially and advised that they supported to operate increasingly more independently as they are able to demonstrate their childcare skills.

Residents' meetings take place on a weekly basis, to enable residents to air their views and concerns and for staff to raise general domestic issues with residents. Attendance at the meetings is voluntary. The meeting that took place during this inspection was very brief with the agenda being agreed at the meeting. The Director is recommended to review the format of these meetings with residents and staff.

**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?****3**

As noted above the conditions of residency agreement itemises the expectations placed on residents and their visitor whilst they are at the centre. Clear policy guidance is available to staff and reflected in the conditions of residency agreement regarding circumstances under which police may be involved at the centre. Discussions with staff confirmed that they have been provided "control and physical intervention" training (de-escalation and restraint procedures) for use in exceptional circumstances. Discussions with staff and managers advised of no recent incidents requiring the need to physically intervene. Where physical intervention of an adult may be required, discussions with staff confirmed that such matters would be referred for immediate police involvement. During their time at the centre, where necessary residents may receive anger management training.

All visitors to the centre are required to sign a visitor's book detailing their time of arrival and departure.

**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**

Discussions with staff indicated unawareness of the home's confidentiality policy, a summary of which is included in the centres' Statement of Purpose. As previously noted conversations with residents confirmed that they are provided with copies of placement plans and kept informed of the contents of weekly summaries (sent to social workers) and review reports on an ongoing basis.

It is part of the conditions of residency that residents accept high levels of monitoring and involvement by staff, including the use of baby monitoring / listening devices by staff. CCTV is in place in the flat corridors for monitoring security in these areas. This is detailed in the centres' Statement of Purpose. Discussions with the training and development officer, responsible for undertaking video recording of parents at play with their children, advised that the tapes are passed to the parents for their safekeeping and pleasure and are not retained by the centre.

Conversations with staff indicated an appropriate regard for residents' privacy, such as knocking on their doors before entering, under normal circumstances. Suitable written policy guidance addressing privacy issues is also available in the centre. Discussions with residents indicate a general perception of staff as being reasonable and respectful.



**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

Suitable arrangements are in place for recording complaints made at the centre. 6 complaints have been recorded during the last 12 months. Five minor complaints were made against staff, three of which were not upheld, one was resolved by managers' intervention / negotiation and one complaint was upheld. One other complaint surrounded a serious assault by one adult resident upon another. This matter was appropriately referred to the police for investigation.

Discussions with residents at the centre advised that they had been made aware of the centre's complaints procedure. A comprehensive complaints policy is in place at the centre and is summarised in the centre's Statement of Purpose. Discussions with one parent advised that they had recently made a complaint surrounding a difference of opinion with a staff member and that had been appropriately referred to the Director to investigate, in accordance with the centre's policy. Discussions with parents and staff indicated a common awareness of the scope for appealing to Dudley Lodge committee members against complaints decisions. Residents are also supported to access their legal representatives / solicitors where they wish to consider this avenue of complaint.

As previously noted residents meetings take place at which residents are able to raise concerns about the centre and discuss disagreements / tensions that may be present.

Information provided by the manager advises that the centre is intending to recruit a children's worker this year to develop practice with children, to ascertain and take account of their views (commensurate with their age and understanding).

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

6

**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**

Staff provide close monitoring of families initially admitted to the centre and levels of supervision and support are reduced according to the findings of residents' ongoing assessments.

A copy of the Area Child Protection Committee procedures are in place at the centre and the centre also has a written procedure covering these matters. A helpful flowchart is available in the Statement of Purpose summarising the procedure for staff to follow in the event that measures are required to protect children from abuse by parents.

Information provided by the Director confirms that the centre's procedures have been agreed with representatives of the local Area Child Protection Committee. Policy guidance is available at the centre to advise staff on appropriate practices relating to physical contact with children and retaining appropriate professional boundaries. Conversations with staff confirmed a clear awareness of the need to pass on child protection concerns to social workers and discussions with parents confirmed that they were aware that staff confidentiality operated within limitations of safeguarding the best interests of children at the centre.

Staff training information confirmed that the vast majority of staff have been provided with access to child protection training. Most recently training was provided, October 04. Discussion took place with the Director regarding the need to extend this training to ancillary and administration staff at the centre.

The Dudley Lodge, disciplinary procedure makes provision for staff to be sent home as a neutral act, pending the outcome of any investigation following allegations, serious concerns or suspicions of abuse.

**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?****3**

Discussions with managers and staff advised that adult protection training had recently been carried out with staff at the home the week prior to the inspection.

A brief adult protection policy and procedure is available at the centre, which the Director advised is based on a template provided by Coventry Social Services Adult Protection Co-ordinator. In addition, the policy is supplemented by the centre's "guidelines regarding the protection of vulnerable adults". This document provides definitions of abuse and good practice guidance, including appropriate means of responding to allegations.

Discussions with staff indicated a reasonable awareness of avenues they could take for raising any concerns regarding care practices at the centre, however in most cases this was confined to reporting concerns to employees / representatives of the organisation. Hence the Director is advised to revisit the whistleblowing policy with staff to consider other routes, beyond the management hierarchy that they could take if necessary, including the Commission for Social Care Inspection.

**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?**

3

An examination of notification records indicates that suitable arrangements are in place for making notification to the Commission for Social Care Inspection, social workers, police and other relevant bodies concerning notifiable incidents and events that take place at the centre. 7 notifications have been made to the Commission during the last 12 months.

Notification records are being routinely signed by the Director and the Regulation 25 visitor, as evidence that entries are being monitored for patterns and trends. Residents' records confirm that staff work closely with social workers and other professionals to follow up any incidents of concern.

The three accidents recorded in the table below represent bumps, falls and injuries that led to children being referred by staff to the hospital casualty department for precautionary check ups and investigations.

**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

3

0

1

0

1

1

0

1

## 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
<p>The centre provides a robust management structure and a good range of skilled staff to carry out the work detailed in the Statement of Purpose. In addition to the Director (Registered Manager) with an operational and strategic role in the service, Dudley Lodge also provides 4 managers, each with supervisory responsibility for a team of senior / family assessment workers holding linkworker / responsibilities for families. Each of the managers takes a managerial lead role for different elements of the service operation, e.g. collating training needs, health and safety etc. The work of this team is supported / complimented by a wider team, comprising, a training and development officer, counsellor and two playroom assistants, in order to provide comprehensive plan of assessment, monitoring and support for residents at the centre. An examination of staff training records confirms that Dudley Lodge possess a well trained staff team.</p> <p>As previously indicated, appropriate use is made of other professionals as, including a health visitor, external counsellors and supporting and monitoring access to the local GP and community health services.</p> <p>Discussions with residents indicate that not withstanding occasional minor inconveniences, sufficient staff are available on duty to respond to any concerns that may arise and to meet the requirements of individual's placement plans. Discussions with managers and staff confirmed that consideration is given to the current levels of monitoring and support required by individual families when allocating family assessment workers, so as to ensure that each caseload is manageable and residents receive a satisfactory service.</p>		
<b>Total number of all staff of the centre:</b>	33	<b>Number of staff who left in the last 12 months:</b> 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?****2**

Information provided by the Director advises that 5 staff, including 4 family assessment workers and senior family assessment worker have left Dudley Lodge since 5<sup>th</sup> July 2004 when the service was first registered. 6 family assessment workers, a playroom assistant and a receptionist have been recruited during the same period. Discussions with the Director and managers advised that staff pay scales have been reviewed and are gradually being increased to improve the retention of staff at the centre. Despite recent levels of staff turnover (family assessment workers) an experienced and well trained core team of staff and managers have continued to work at Dudley Lodge for a number of years.

An examination of staff recruitment records and discussions with managers confirms that a staff recruitment procedure is in operation at the centre and that relevant checks and references, including Criminal Record Bureau (CRB) checks are being carried out. Information provided by the Director confirms that all committee members have been subject to an enhanced CRB check. As noted previously, residents' visitors are also required to complete a CRB check before they are allowed to enter the centre.

The Director advised that arrangements are in place for viewing and copying agency workers CRB disclosure certificates prior to them commencing work at the centre. Discussion took place with the Director regarding the need to establish systems for securing written confirmation (e.g. via a fax proforma) from the employment agency that they have effectively addressed all the matters detailed in Schedule 2, 1-6, with any staff referred to work at the home.

**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?**

3

As noted above Dudley Lodge provides a well qualified and experienced core staff team that have worked together for a number of years. Discussions with staff and managers indicate that appropriate consideration is given to the workloads of staff and the needs of residents when allocating workers to support families, at the start of each shift.

As previously noted, in addition to the Director of Dudley Lodge (registered manager for the service), the centre also provides 4 managers with responsibility for a team of family assessment workers. A minimum of one manager is on duty at all times of the day to provide leadership and support to staff.

Discussions with manager and staff confirmed that the centre achieves a minimum of 3 or 4 staff on duty during the waking day. At nighttimes the home provides one waking worker and one person sleeps in.

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

47

%

**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)**

YES

**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

Discussions with staff and managers and an examination of staff records advised that recent starters, including a domestic worker and handyman have been provided with access to suitable induction training. Staff at the centre are being provided with routine supervision by managers and receive annual appraisals. Managers receive supervision from the Director. Discussions with staff and managers confirmed that there is frequent interaction between staff and the members of the Dudley Lodge committee. This is supported by staff representation on committee subgroups and monthly visits carried out by a committee member on behalf of the Responsible Individual.

Lines of accountability are in place for the Director to report to the Responsible Individual and the Council of Trustees.

**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?****4**

Training information provided by the centre advises that 9 staff have completed NVQ level 3 / 4 training; this includes 3 managers, 2 whom have completed the Registered Manager's Award and one who has completed the NVQ 4 level in Management. 4 staff are currently undertaking NVQ 3 in the care of children and young people. Plans are also in place for 3 staff, including a family placement worker, domestic worker and a handyman to complete this qualification this year. The home employs a playroom organiser (with BTEC Diploma in childhood studies) and a playroom assistant (NVQ level 2 Teaching Assistant).

The registered manager holds the NVQ level 4 in management and the Certificate in Social Services and has 22 years experience of working with children and families.

An examination of training records for 2004 and discussions with staff confirmed that a good range of training, addressing mandatory training courses (e.g. food hygiene and first aid) and professional development training (such as adult protection, autism awareness, cultural assumptions, domestic violence, attachment and report writing) are being provided at Dudley Lodge.

As previously noted the home employs a Training and Development Officer with responsibilities for arranging training, providing casework support and strategies to managers and family centre workers and taking a lead role in the development of the new services provided by Dudley Lodge.



## 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?

2

Dudley Lodge and St Faiths Family Centre has 10 flats (6 x 2 bedroomed flats and 4 x 1 bedroomed flats) One of the 2 bedroomed flats is adapted for use by a person with disabilities. The scheme also provides a small bedsit that may be used on a short term basis by one parent and a baby. All flats are fully furnished and equipped. Dudley Lodge is situated within walking distance of Coventry city centre and is served by public transport. A bus stop is situated a short distance from the centre. The city centre provides residents with access to swimming baths, leisure centre, ice skating, cinema, theatre and shops. A large public park is also within reasonable walking distance of the centre.

Dudley Lodge also provides staffed playroom facilities and a number of communal meeting rooms allowing space for individual counselling and group work with residents. Residents are required to prepare and cook their own meals in their flats. An outdoor play area is situated at the rear of the building, including swings and outdoor toys for children to play with. Safety flooring is in place under swings and apparatus and risk assessment records were seen to indicate that playground equipment is being periodically inspected and maintained.

Reports received from the planning authority and fire service as part of the registration process, during the last year, indicate that there are no outstanding matters to be addressed that are of concern to these authorities.

Discussions with residents, the handyman and the Director indicate that arrangements are in place for routinely attending to décor in flats between the times that residents move out and new families move in. Whilst overall the décor in flats was reasonable there were a small number of matters that required attention that were brought to the attention of the Director. The hallways and corridors in the flats are looking very dowdy and in need of redecoration. Discussions with the Director advised that this matter is being addressed.

**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?****2**

A sample examination of flats and discussions with residents confirmed that flats are furnished and equipped to a reasonable standard and that residents are enabled to bring some items of their own equipment, where they prefer to do so. Residents are required to provide their own towels and tea towels. The flats vary in design and style, however all families have sole access their own facilities including lounges, kitchen's bedrooms and bathrooms and are not required to share with other residents at the centre. The scheme provides communal laundry facilities, however discussions with the Director advised that consideration is being given to the provision of washing machines in some flats, where this is feasible.

Storage space in some flats is rather limited and one family was observed to be having difficulties in finding space to store children's toys and equipment. Hence it is recommended that an audit is undertaken to ascertain the requirement and scope for increasing storage / shelves / cupboard space within each flat. The Director undertook to investigate and address the problem of low water pressure in one flat, brought to the attention of the inspectors during the inspection.

**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**

This Standard has been addressed by comments made in other areas of the report. In addition to residents accommodation the centre provides access to a number of other well lit and comfortable meeting rooms for residents group meetings, counselling / group work and social get togethers. A kitchen / dining area is available for parents social groups to meet on occasions. As previously noted a playground is situated at the rear of the centre.

**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?****2**

An examination of the centres fire safety log advised that fire alarms are being tested weekly and that routine fire drills are taking place, including residents and staff at the centre. A suitable contract for the maintenance of extinguishers and fire safety equipment. Emergency lights are not currently tested on a monthly basis but are tested periodically as part of the centres maintenance contract. The Director is advised to consult with the local Fire Safety Officer over this matter to confirm the correct frequency of these tests.

An examination of gas safety records confirm that gas equipment is being regularly maintained and checked by CORGI registered gas fitters. The centres maintenance records confirm that the electrical installation was tested 16/11/04 and that electrical appliances were subject to appropriate testing, 18/8/04.

A sub group of the committee of trustees meets together regularly to review health and safety matters with staff representatives of the centre. An examination of environmental risk assessments indicates that that periodic action is taken to address health and safety matters such as play ground maintenance. However the current risk assessments contain insufficient details, regarding the frequency of and details of checks carried out, (e.g. measures taken by playroom staff on a daily / sessional basis to ensure that the floor space is clear and that plug socket covers are in place, etc are to be included in risk assessments).

Suitable storage arrangements are in place for the safe storage of medication at the centre.

A crises policy is in place in the staff policy folder for responding to unforeseen crises and emergencies at the centre.

## 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.**

<b>Key findings/Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>Discussions with staff and managers at the centre confirmed that they are represented on committee sub groups to support the effective running of the home. One inspector attended a "house committee" meeting that took place during the course of the inspection, reporting on resident and staffing issues. Budgetary information and discussions with the Director indicate that there are sound arrangements in place for reviewing and monitoring the schemes financial requirements. Systems are in place for reviewing the services' business plan on an annual basis.</p> <p>The centre provides an effective management structure and clear objectives and administrative practices to direct family assessment staff in the day to day work with residents. Clear and explicit objectives are in place for the centre, detailed in the Statement of Purpose and comments made by staff and managers indicate that lines of accountability are clear and that staff are provided with access managerial support and guidance as required.</p>		

**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?****3**

Suitable arrangements are in place by which the Director reviews significant records quarterly to monitor any trends and patterns to be addressed. Visits on behalf of the Responsible Individual are now taking place routinely following an initial delay when the service was first registered. These visits are the results of a joint effort by the Responsible Individual who visits and meets with residents and the chair of the committee who addresses the other matters required to meet the requirements of Regulation 25, Residential Family Centres Regulations 2002. The Inspector at the Commission for Social Care Inspection is now receiving informative reports of these visits.

**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?****4**

Suitable storage arrangements were observed to be in place for the safe storage of residents and staff confidential information, held at the centre. Discussions with managers advised of suitable arrangements being in place for returning historical records to local authorities to be archived.

Current service user's Placement Plans and records were observed to be maintained to a high standard, enabling the easy retrieval of essential information, underpinned by a clear focus on matters to be recorded in respect of individual residents. Records of notifications and complaints were found to be clear and to contain relevant information to track the outcomes and actions taken to resolve such matters.

**PART C****LAY ASSESSOR'S SUMMARY****(where applicable)**

A lay assessor was not present at this inspection.

**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 between 7/2/05 and 9/2/05 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

Comments were received from the provider

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

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

**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 1<sup>st</sup> April 2005, 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

Action plan was received at the point of publication

Action plan covers all the statutory requirements in a timely fashion

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

Provider has declined to provide an action plan

Other: &lt;enter details here&gt;

**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 Jim Evans of Dudley Lodge 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 Jim Evans of Dudley Lodge 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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