

inspection report

Residential Family Centre

Crown House

10 Abbey Road
Great Malvern
Worcestershire
WR14 3HG

Announced Inspection

16th 17th & 18th August 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

Crown House

Tel No:

01684 577496

AddressCrown House, 10 Abbey Road, Great Malvern, Worcestershire,
WR14 3HG**Fax No:****Email Address****Name of registered provider(s)/Company (if applicable)**

Malvern Achievement Services Limited.

Name of registered manager (if applicable)

Shirley Wainwright

Type of registration**No. of families registered** 8

Residential Family Centre

**No. of parents currently
accommodated in the
Centre**

8

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

8

Total no. Of residents

16

Registration number
E030000383**Date First registered**

15th December 2003

Date of latest registration certificate

16th April 2004

**Do additional conditions of registration
apply ?**☐ YES

If Yes Refer to Part A

☐ NO**Date of last inspection**☐ NA

Date of Inspection Visit		16th August 2004	ID Code
Time of Inspection Visit		09:00 am	
Name of Inspector	1	Martha Nethaway	144156
Name of Inspector	2	Pat Pollock	
Name of Inspector	3	NA	
Name of Inspector	4	NA	
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.		NA	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of Establishment Representative at the time of inspection		Shirley Wainwright Sandra Reynolds Mike Kearney	

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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 Crown House.

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.

Crown House was situated in the small country town of Malvern, against the Malvern Hills, between the cities of Worcester and Hereford. The house was a modernised 3 storey Victorian detached property with its own car park and small-protected play space at the rear. All amenities were within five minutes walk of the assessment centre.

Crown House was opened in December 2003. Families referred to the centre completed a 12 week residential assessment process either directed by the courts or by the referring authority. Some of the referrals were for child protection concerns. A rigorous assessment process existed and clear plans of the intended work were agreed with the referring agency and the social worker. The registered manager prepared the assessment reports. Court friendly reports were key features of the service and were prepared by a practicing childcare solicitor at Crown House.

The responsible individual is Sandra Reynolds, one of the owners. The registered manager of Crown House is Shirley Wainwright, who is responsible for the management of thirteen staff and the day-to-day operation of the centre.

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.)

Inspections are undertaken in line with the agreed regulatory framework under the Care Standards Act 2000 and the Children Act 1989 as amended, with additional visits as required.

The report represents the inspector's findings from the evidence found at the specified inspection dates, 16th 17th & 18th August 2004. This was the first time that Crown House had been inspected since its opening in December 2003. Two inspectors carried out the inspection. Questionnaires were given to resident families, social workers and staff. The inspectors used observation time and were able to talk families, children and staff in semi-structured interviews.

The inspectors observed one late evening routine and one early morning. A mealtime was taken with families in the dining room. The staff helpfully offered hospitality and every co-operation to enable the task to be carried out.

The inspectors would like to thank the children, families, the staff team, the manager and owners for enabling the inspection to run smoothly and for their consistent co-operation.

Statement of Purpose (Standards 1-2)

1 of 2 assessed standards exceeded and 1 was nearly met.

Crown House had available copies of the Statement of Purpose and the Resident's Guidebook. Some minor amendments were needed to fully comply with this Standard. All admissions were pre-planned and the family assessment period was for twelve weeks, often at the direction of the courts. There was a highly structured process to the family's assessment and clear time structures for reviewing and monitoring progress. Each family had a formal assessment and a 'work plan' was devised to concentrate on the core aspects including parenting capacity, family and environmental factors and the child's developmental needs. There was an extensive range of risk assessments that interlinked to living at the centre and the programme of intended work based at the family centre. Families were expected to co-operate with restrictions identified in the risk assessments. Exit plans were likewise detailed and reflected areas of support and stimulation as well as practical safety issues. All residents had an agreed exit plan, which allowed for planned leaving of the centre.

Quality of care (Standards 3-5)

1 of the 3 assessed standards was exceeded, 1 of the standards was met and 1 was nearly met.

The placement plan addressed the needs of the families including the day-to-day arrangements. There were established links with health professionals. The initial Placement Plan identified any specific health issues that needed to be followed up and records were well maintained. The storage and administration of medication was good. The educational needs of children were set out in the placement plans. At the time of the inspection a number of children were attending local nurseries. The only shortfall identified in relation to the standards was that not all the records were signed and dated by staff.

Parent's and Children's Rights (Standards 6-10)

2 of the assessed standards were exceeded and 3 of the standards were nearly met.

Crown House emphasised the most important role for staff at the centre was to build a supportive and professional relationship with residents. This aided the therapeutic process and gave residents the confidence to participate in the assessment process. The family's rights were observed and privacy and confidentiality were considered key aspects to the assessment process. Clear expectations about how families behave in relation to their own behaviour and the management of their children's behaviour were understood. This was endorsed in the Resident's Handbook and the assessment plan. The family was responsible for discipline of the child and this was in conjunction with the work plan and monitored by the keyworker at the centre. Clear arrangements existed for visitors. The shortfalls identified in relation to these standards were that staff should be provided with training on permissible techniques for physical restraint. The centre did not have a designated telephone for the sole use of the families and children. The centre's complaints procedure needed to be revised and staff training should be provided to comply fully with standard 10.

Protection (Standards 11-13)

The 3 assessed standards were met.

There was a thorough Child Protection policy. Interviews with staff clearly demonstrated that appropriate procedures would be followed in the event of child protection concerns. Mechanisms were in place to report notifiable events to the relevant authorities.

Staffing (Standards 14-18)

4 of the 5 assessed standards were nearly met and 1 standard was not met.

The manager identified that as a new staff team it was a busy time setting up the service and providing an operational service that met the needs of the referring authority and the resident families. The shortfall identified in relation to these standards included amendments to the staff disciplinary procedure. The personnel files needed to be overhauled to ensure all the information outlined in standard 15 was fully implemented. The supervision records needed to demonstrate that they were compliant with this standard. The staffing arrangements should be set out in the Statement of Purpose.

Premises (Standard 19-22)

3 of the assessed standards were met and 1 was nearly met.

Crown House was a modernised large Victorian building. The premises were well maintained and provided a good range of accommodation. Some further adaptation was planned for the car park to provide a more spacious play area for children and the families to use. The only shortfall identified was a revision of the risk assessment format. Also identified was the need to ensure that the risk assessments fully addressed the use of the top floor accommodation. Particular attention needed to be given to high-risk vulnerable individuals.

Organisation and management (Standard 23-25)

1 of the assessed standards was met and 2 were nearly met.

Crown House was a well-funded service and feedback from the purchasers indicated that the outcomes of the assessment package provided clear analysis of the assessment through the reports provided. The registered manager was a capable, competent and energetic individual whose style of management provided clear aims and objectives for Crown House. The registered manager was fully involved in the day-to-day workings at Crown House. Feedback from staff evidenced that they felt valued and supported. The shortfalls identified included a process to evidence that formal monitoring would be conducted to fully comply with standard 24. The staff and resident's registers needed to be revised to include all the matters in Schedule 4.

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	YES
Type of registration Residential Family Centre		
Comments		

Condition	Compliance	YES
Categories of registration		
Comments		

Condition	Compliance	YES
Maximum number of places registered 8 families with a maximum of 22 people.		
Comments		

Condition	Compliance	YES
<ol style="list-style-type: none"> 1. The centre will not accommodate children or adults with mobility difficulties or whose needs require disabled access, until such time as the building has been adapted fully and approved by the relevant agencies, including the registration authority. 2. The centre will ensure that staff on duty in sufficient numbers, to ensure the safety and well being of service users. This will include: <ul style="list-style-type: none"> • A minimum of 2 competent care staff on duty throughout the waking day (7:00am-11:00pm) • A minimum of 2 competent care staff on duty on the premises at night (11:00pm-7:00am) • Details of appropriate on-call arrangements to be made available to the registration authority. 3. The registered persons to provide the registration authority with full details of staff employed to work in the centre from the date of registration, including an updated and timed induction programme and details of persons employed subsequently to complete the staffing establishment. 4. The maximum number of adults to be accommodated at any one time to be 16. 		
Comments		

Lead Inspector	Martha Nethaway	Signature	_____
Second Inspector	Pat Pollock	Signature	_____
Regulatory Manager	Alan Sholl	Signature	_____
Date	20 October 2004		_____

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	4	RFC1	The Statement of Purpose must be amended to reflect all the points outlined in Standard 1 of this report.	31/1/05
2	19	RFC5	Written entries on the file must be signed and dated and the name of the signatory clearly identified.	Immediate
3	11	RFC8	The registered manager must establish a rolling programme of training in permissible methods of restraint. Staff must be trained in anger management and de-escalation procedures and on the use of and techniques for physical restraint of children.	31/1/05
4	14	RFC9	The siting of the telephone must be convenient, private, and practical for the resident families to receive and make call at the centre.	31/1/05

5	20	RFC10	<p>All staff must receive training in the following area.</p> <ul style="list-style-type: none"> • what constitutes a complaint; • what the procedure is for dealing with an informal complaint in the centre and how this is recorded; • to whom a complaint is made outside the centre; • the procedure to be followed should a complaint not be resolved promptly by informal means, including who should be notified and the keeping of records; and how a parent or a child can be assisted in making a complaint, including situations where the complainant has a communication impairment. Standard 10.8 	31/1/05
6	16	RFC15	<p>The personal files must clearly display the following,</p> <ul style="list-style-type: none"> - work permit status has been checked - 2 written references - dates of CRB checks - a request to all referees to provide information regarding the applicant's suitability to work with children - any gap in employment history has been vigorously explored. 	31/10/04
7	16	RFC15	<p>The registered manager must check any staff provided through an agency who work with the children in the centre have successfully passed the CRB Disclosure Checks that are required in the Residential Family Centre Regulations 2002, within the previous 12 months. There must be evidence of this, which is placed on their file. The check will be at enhanced level for staff and volunteers involved in regularly caring for, supervising, training or being in sole charge of children, and at the "standard" level for all others working as paid staff or volunteers on the premises of the centre. Standard 15.3.</p>	31/10/04

8	16	RFC15	<p>The register manager must ensure that staff members and others subject to CRB checks do not normally start work at the centre until all checks have been completed. In the exceptional circumstance where this is not the case the following should be robustly applied and included in the recruitment procedures and guidance. Standard 15.4.</p> <ul style="list-style-type: none"> • the individual is directly supervised at all times at a level that prevents them having unsupervised contact with children in the centre; • the registered person has taken all reasonable steps to complete the recruitment process and to “chase” outstanding information; • such circumstances are exceptional; and • the registered person has taken all reasonable steps to avoid such circumstances occurring. 	31/10/04
9	15	RFC16	<p>The staffing policy must be set out in the Statement of Purpose as outlined in Standard 16.3 and state the following.</p> <ul style="list-style-type: none"> • the number of staff required to be on duty by day; • the number of staff required to be on duty by night, and whether they are required to be waking, sleeping in or on call; • the number of ancillary staff required to be on duty in addition to care staff at defined times of day or night; • the arrangements for managing the staff on duty by day and night; • the minimum number of staff to be available during the day; • the composition of the staff team reflects the needs of the residents and takes into consideration their sex and race • the arrangements for calling senior staff support if required; and • written risk assessments record factors taken into account in deciding staffing numbers. 	31/1/05

10	15	RFC16	The Statement of Purpose must detail that staffing levels by day and night are sufficient to fulfil the Statement of Purpose of the service, and to provide levels of supervision that are safe for parents and children, staff and members of the public.	31/1/05
11	17	RFC17	The staff handbook must contain policies, procedures and practice guidance in accordance with Standard 17.3. Some of existing documents will need to be developed and reviewed.	31/1/05
12	17	RFC17	<p>The supervision proforma document should be audited to ensure compliance with Standard 17.7.</p> <ul style="list-style-type: none"> • methods of working with parents and children; • the staff member's role in fulfilling the service's Statement of Purpose; • degree of personal involvement/professional boundaries; • staff feelings and concerns, including their own well being; • staff development and training; • the setting and maintenance of standards; • the clarification of accountability and responsibility; • feedback on performance; and • guidance on current and new tasks. 	31/10/04

13	17	RFC18	<p>The centre must set up a training programme to cover all core areas identified in Standard 18.5.</p> <p>The centre should provide other programmes of training which address the following:</p> <ul style="list-style-type: none"> • normal and abnormal child development; • specific child care/family work approaches and skills appropriate to the unit's purpose and function; • restraint; • issues of race, ethnicity, religion and culture; • dealing with sexuality; • health education relevant to growing children and healthy adulthood; • the implications for families living with HIV and AIDS; • communicating with children, including those with disabilities; • health and safety at work, including food hygiene and safety with medicines; • infection control; • fire precautions; • First Aid; • the Children Act 1989 and other relevant legislation; • staff supervision (for staff with supervisory responsibility); • interview techniques (for staff with recruitment responsibilities); • complaints and representations procedures; • the requirements of these National Minimum Standards. 	31/1/05
14	25	RFC24	The registered manager must devise a monitoring system that complies with Standard 24.2.	31/10/04
15	19	RFC25	The staff and resident's register must contain all the information as stipulated in Schedule 4.	31/10/04

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	RFC1	The Statement of Purpose should be improved by adding a corporate leaflet as the covering front leaflet.
2	RFC1	As a good practice measure the manager should ensure that staff have signed to say that they have read this during a supervision session or during the induction programme, since this document was the baseline, which should underpin their work at the centre.
3	RFC4	The registered manager should ensure that consultation about the leisure and recreational activities is discussed and clearly set out in the family's placement plan.
4	RFC5	The Resident's Handbook should set out in detail how families can access their records.
5	RFC14	The registered manager should amend the disciplinary procedure code of conduct and list issues of gross misconduct.
6	RFC15	Inspectors advise that all staff should be given copies of the General Social Care Council (GSCC) code as outlined in Standard 15.6. This should be included in any induction material supplied to new staff.
7	RFC18	The registered manager should ensure all staff have a personal development plan within 1 year of appointment.
8	RFC21	The top floor room window should have a metal guard so that it can be opened for ventilation purposes.
9	RFC22	A rigorous risk assessment should be completed on potential families that use the top floor of the building and particular high-risk vulnerable individuals should be precluded.

* 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	YES
• Meals	YES
• Activities	YES
'Tracking' care and support	YES
Group discussion with service users	YES
Interviews with staff	YES
Interview of manager	YES
Service user survey- parents	YES
Service user survey- children	NO
Placing officers' survey	YES
Staff survey	YES
Views of local social services department (child protection)	YES
Visiting Professionals' feedback	YES
Tour of Premises	YES
Inspection of policies	YES
Date of Inspection	16/8/04
Time of Inspection	9:00
Duration Of Inspection (hrs)	54
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?	2
<p>The Statement of Purpose described the aims, objectives and processes of the centre clearly. This was given to parents and children, prior to their admission, along with the Resident's Handbook. The Statement of Purpose was also forwarded to the parties involved in the Court Process, including the Parent's solicitor. These two documents together provided a coherent account of what families can expect from their stay in Crown House, including the process by which assessments will be conducted and the way in which these assessments link to the assessment framework. The registered manager had a system established to monitor and review the performance of the service against the Statement of Purpose.</p> <p>The Statement of Purpose, audited against Schedule 1 Regulation 4(1), needed to include the following;</p> <ul style="list-style-type: none"> • The organisational structure of the residential family centre, including a flow chart. • The arrangements for dealing with complaints. • The rules and conditions applying to residents, and the circumstances in which placements may be terminated. • The arrangements for respecting the privacy and dignity of residents. • The policy relating to the use of drugs and alcohol in the residential family centre. • The residential family centre's confidentiality policy. • Clear indication of the admission criteria, as laid down in Schedule 1 of the Regulations. <p>The Resident's Handbook needed to include a summary of the Statement of Purpose and clearly evidence that it was updated in line with the Statement of Purpose. Standard 1.11. During the inspection feedback session inspectors advised that the Statement of Purpose could be improved by adding the corporate leaflet or similar document to the front cover.</p> <p>Inspectors noted from interviews that staff were aware of the home's Statement of Purpose. As a good practice measure it would be helpful if staff could sign to say that they have read this during a supervision session or during the induction programme, since this document was the baseline, which should underpin their work at the centre.</p>		

Current weekly fees charged per place (if applicable):	Minimum £	1,600	Maximum £	4,000
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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?

4

All admissions to Crown house were for a period of twelve weeks and were individually designed assessments. Final recommendations were given at week ten to permit structured exit planning for families.

The Staff Handbook and the Resident's Handbook both identified the need for clear client sensitive admission and exit plans for families. Staff and residents were able to confirm that the difficult issues of admission and exit were handled constructively and in detail.

Inspectors were informed that in most circumstances all families were met prior to being a resident by the Centre Manager and the keyworker. This initial meeting usually took place with the family based in their own community. A number of the families described visiting the centre to view the facilities and met the staff prior to admission. Staff were depicted as being sensitive to the unnerving process involved in moving into a residential family centre.

The Resident's Handbook identified general expectations of behaviour within the centre and advised families of daily routines during the assessment period. This information was supported through the induction process from the keyworker on the day of arrival. During the inspection one inspector observed this part of the admission process. The meeting was conducted in a sensitive and skilled manner. A clear agenda was paced and measured in consultation with the family and the supporting professionals. This was considered a model of good practice.

In addition, each family had an assessment plan, which was based upon their history, referral information and discussions with the family. This process contributed to and formed part of the work plan developed with individual families. The work plan involved attention to core assessment areas, which were general to all families including a basic skills programme plus any areas, which were identified as specific to the family. Exit plans were similarly detailed and consider areas of support and stimulation as well as practical safety issues. Inspectors noted that all residents had an agreed exit plan, which allowed for planned leaving of the centre.

Inspectors were informed that all residents were subject to a risk assessment prior to their admission. The registered manager, in consultation with the directors made the decisions. In the past high risk referrals had been refused admission to Crown House.

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>All families had a 'Residential Assessment Plan'. The Placement Plan was expanded during the first few days of placement to cover a detailed, day-to-day timetable of activities. This timetable together with the Placement Plan addressed assessment areas, health and educational needs, contact with family and other professionals and the intended outcomes for the placement.</p> <p>In consultation with placing officers, the family files and staff indicated that follow up plans were developed to ensure ongoing support to families and Looked After Children were consistent with the requirements of the Children's Act.</p> <p>Inspector's examination of the family files illustrated that plans identified needs, strengths and vulnerability for the family. The core aspects focussed upon included parenting capacity, family and environmental factors and the child's developmental needs. This was then supplemented with a range of risk assessments that interlinked to living at the centre and the programme of intended work based at the family centre. Families were expected to co-operate with restrictions identified in the risk assessments.</p> <p>Inspectors heard that staff ensured that all children would have an age appropriate explanation of what was happening and what they can expect.</p> <p>Inspectors were informed that Crown House would offer school aged children a place in a school within the local area. Alternatively the multi-disciplinary team would be able to support the educational needs of school age children within the centre if it is the best option for the child or young person. At the time of the inspection a number of the children in residence were preschool age and attending various local nurseries. This corresponded with details set out in the placement plan.</p>		

During the inspection process a number of visiting professionals including a psychologist and a psychotherapist were observed. This was a particular strength of the family centre and ethos that incorporated both the therapeutic process and giving residents the confidence to participate in these sessions. The therapeutic relationships helped to inform part of the assessment process and the possible direction of further intervention or development work for families.

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**

Inspectors were informed that arrangements had been made with the primary care centres and the registered manager had forged good working relationships with local health care professions.

The family files, staff and residents indicated that arrangements existed to provide immediate and comprehensive links to primary care centres. Families were registered with a local health centre on admission and necessary medical and health visitor assessments were undertaken. Inspectors observed families visiting baby clinics and health visitors visiting the centre whilst families were in residence.

The initial Placement Plan identified specific health issues and follow up was recorded on files as appropriate. In addition, the centre maintained a central record of all medicines brought onto the premises, for whom it was prescribed, which staff member was to release the medicine to parents and for what ailment. The process followed written procedural guidance and was monitored by the registered manager.

The educational needs of each young person were also recorded in their Placement Plan and a specific member of staff was designated to ensure that their needs were met otherwise within the centre. Leisure activities were also the subject of planning but families reported that this was an area of less significance in the assessment process. Inspectors were informed that the local leisure centre was used.

Inspectors were informed during the inspection feedback that due to the intensive and high level of supervision needed with residents it was not always appropriate to access a large number of recreational activities. Inspectors accept this analysis. However, it should be explored further in consultation with the resident group in the future.

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?****2**

Each family had a designated file that was cross-referenced with the centre's code. These files were kept securely and families confirmed that they had the right to see the information contained therein. It would be useful to illustrate to families how they can access information about their records in the Resident's Handbook.

Both staff and families confirmed that assessment conclusions were open and honest and that families had the opportunity informally at 4 weeks, 8 weeks and 10 weeks to comment upon the assessments.

Inspectors found not all file entries were signed by a member of staff or dated. Standard 5.2.

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

Crown House placed a strong emphasis upon treating every family individually. The Statement of Purpose stated that it offered a supportive and therapeutic service which values family's abilities and strengths. It provided parents the opportunity to identify their vulnerabilities and to work towards positive change that was sustainable when they return back to their community. The ethos and the philosophy of the centre were clearly understood by staff and the families spoken to during the inspection. The overarching aim was to offer the natural parent every encouragement to succeed, but the interest of the child was always paramount. The inspectors were impressed by the atmosphere of openness and honesty within the centre. Parents confirmed that they felt able to comment on the processes and outcomes of assessment in a safe and accepting environment. Their feelings and beliefs would be taken seriously. The centre had a range of mechanisms in place that invited families to express their views and opinions about living at the centre and the programme of work including keyworker meetings, resident meetings and group work.

There was evidence in the files of religious and cultural needs being taken seriously and addressed by the staff.

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?****4**

The Resident's Handbook sets out general expectations of residents in respect of their own and their children's behaviour. In addition, the Placement Plan and daily timetables reinforce individual responsibility and cooperation. Inspectors were informed that parents were responsible for sanctions and parents were supported by staff in agreeing sanctions. Staff informed inspectors that residents were expected to behave in a manner that reflects good parenting and families were reminded that the assessment would report any unruly behaviour.

The inspectors were impressed by the ability of the staff to support individual needs at the same time as ensuring a positive group living environment. Staff and residents meet formally once a month to discuss issues, and these meetings were minuted and agreements acted upon by staff.

Family files sampled provided evidence that where English was not a family's first language, a translator was provided daily, and written material for example timetables, were translated for their use.

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 had policies and procedures covering acceptable behaviour in relation to privacy, bullying, alcohol and drug misuse, racism, aggression and behaviour of visitors. These policies were reflected in the Resident's Handbook and the consequences of breaching the standards were clear.

There was a policy that refers to physical restraint of persons within the centre. Staff in the centre were clear that physical restraint should only be used as a last resort, but they await training in permissible techniques. It was intended for staff to attend a 'Restraint and Breakaway Course' provided by a qualified practitioner. Standard 8.7.

Crown House had in place a thorough visiting procedure and the Registered Manager regularly examined the visitor's book. Inspectors noted that staff were well informed in the daily briefing and staff handovers about any visitors planned visits.

It was explicitly clear the arrangements that needed to occur for the management of family visitors. Visitors were provided with a predetermined time slot at the weekends. These arrangements were clearly understood by the families and relatives. Rooms were allocated to families and visitors in public areas. In certain circumstances in agreement with the placing authority some visitors were to be supervised during contact. Staff reported this is done sensitively but with the regard to the safety of the child.

Some of the families reported this was a difficult aspect, being away from their own community and family networks.

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?****2**

The centre had a policy, which specified the importance of privacy and confidentiality. Staff were advised they must knock on entering rooms. Staff were conscious that they must not disclose personal information inappropriately and must keep all records safe and secure. Staff confirmed that they were aware that Child Protection concerns must be reported to the manager. Staff were working with families who usually had significant child protection issues. The registered manager provided clear working procedures and monitoring to ensure that staff vigilance was maintained at the centre.

There was no telephone available in the centre designated for the resident families except for the centre's phone. This was a concern as children do not have access to outside help should they require it. Standard 9.5. The registered manager assured inspectors that this matter would be promptly addressed with the purchase of a new payphone with free childline access.

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?****2**

The Staff Handbook and Resident's Handbook both identified the appropriate processes and procedures for making a complaint. The process was separated from that for raising Child Protection concerns and identified an informal process, followed by a formal process if the service user wished to pursue an issue further. Procedures and policies existed for dealing with representations from the community also.

Inspectors examined the complaints register and there were no entries recorded. There were no complaints from neighbours. Inspectors were informed that the centre had made acquaintance with neighbours and the local Methodist church. The centre ensured that residents are quiet outside the centre and have asked smokers to use the rear of the building so as not to disturb neighbours.

The centre's complaints procedure needed to,

- preclude any person who is the subject of a formal complaint from taking any responsibility for the consideration of or response to that complaint;
- expressly forbid any reprisals against the person making a complaint;
- include provision for both informal attempts, such as negotiation, arbitration and mediation, at resolving the complaint and for the complainant to have the matters pursued further if not satisfied with the proposed informal resolution;
- be accessible to disabled people in a suitable form;
- enable people other than a child to make a complaint on a child's behalf, provided the child consents to this. Standard 10.3.

The inspectors were unable to confirm that staff had been or were going to be trained in managing the complaints process. All staff should receive training in the complaints procedure covering the following areas:

- what constitutes a complaint;
- what the procedure is for dealing with an informal complaint in the centre and how this is recorded;
- to whom a complaint is made outside the centre;
- the procedure to be followed should a complaint not be resolved promptly by informal means, including who should be notified and the keeping of records; and
- how a parent or a child can be assisted in making a complaint, including situations where the complainant has a communication impairment. Standard 10.8

Number of complaints made at or to the centre about care in last 12 months:	0	
Number of above complaints which were substantiated:	0	
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

The centre had a detailed Child Protection procedure, which was available to all staff along with the local ACPC procedures. The process was summarised briefly for the advice of residents. Staff confirmed that Children Protection formed part of their induction programme and that they have attended more detailed courses since. Child Protection has a high profile in the centre including many discussions in team meetings and group supervision. This was confirmed by staff interviews. The manager confirmed that she had made general attempts to link positively with the local ACPC. They have approved the centre's procedures. A procedure exists for staff support during the process of investigating an allegation against themselves.

The registered manager informed the inspectors that as a new service the Child Protection procedures were under regular review and any improvements would be made with immediate effect.

As already discussed earlier in this report the level of supervision during the basic skills assessment was high. All staff have been rigorously trained in Child Protection reporting. Crown House has clearly identified that Adult protection is a particular risk with learning disabled residents. Crown House has a learning disability worker who has provided training for the team.

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

The centre had a vulnerable adults policy that was available in the staff handbook. The procedure noted the importance of the POVA register and of using physical restraint as a last resort. Staff confirmed that they were aware of this procedure and their responsibilities within it. Inspectors were informed that some residents have moderate learning disabilities. The programmes of work were adapted to meet their particular needs and learning styles were taken into consideration. In the past the centre has used advocacy representation for some residents.

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

The centre had a policy and procedure in place to ensure notification of significant events to the relevant authorities.

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

0

0

1

1

0

0

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?

2

The centre was adequately staffed for the service it was providing. The manager impresses as a competent and enthusiastic leader of the service. She is a professionally qualified and experienced social worker. The registered manager heads a team with a variety of appropriate qualifications (primary teacher, NNEB and Open University Psychology student) The manager and the appointed person provided out of hours cover in the evenings and weekends and shifts were led by two key workers during weekends. There was waking night cover each night. Those staff with no qualifications were in the process of registering for NVQ 3 in Care of Children and Young people.

There was a staff disciplinary procedure in the staff handbook. This was not clearly linked to the GCSC Code of Practice for Social Workers and it did not identify behaviour that constitutes gross misconduct.

The registered person of the centre needed to demonstrate that by 2005, a qualification at level 4 NVQ in management (or another qualification that matches the competencies required by that NVQ). Standard 14.8.

Total number of all staff of the centre:

13

Number of staff who left in the last 12 months:

1

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?****1**

The centre had a recruitment policy and procedure, which reflects the requirements of Schedule 2.

The inspectors were concerned to find that the personnel files did not immediately provide evidence of the following,

- work permit status had been checked
- 2 written references
- dates of CRB checks
- a request to all referees to provide information regarding the applicant's suitability to work with children
- any gap in employment history had been vigorously explored.

The inspectors advise the registered manager that the files should be audited against checklists to ensure safeguards are appropriately maintained.

The inspectors sampled the request letters for references pertaining to potential candidate and concluded that the content should be revised. They needed to detail and clearly state where there are any concerns regarding the suitability of the person to work with children and if so explain what those are. This was discussed with the registered manager during the inspection feedback session.

Inspectors were informed that the centre had not employed agency staff. However, the registered manager had signed up to a reputable social work agency if any agency staff were needed in the future. Inspectors advise that the manager should check any staff provided through an agency who work in the centre have successfully passed the checks that are required in the Residential Family Centre Regulations 2002 within the previous 12 months. There must be evidence of this, which is placed on their file. The check will be at enhanced level for staff and volunteers involved in regularly caring for, supervising, training or being in sole charge of children, and at the "standard" level for all other working as paid staff on the premises of the centre. Standard 15.3. Inspectors have included this as a requirement in the event that Crown House needs to use agency staff in the future.

Inspectors were informed that it was not the normal practice to employ staff prior to completed CRB checks. Inspectors would advise in the exceptional circumstance where this is not the case the following should be robustly applied and included in the recruitment procedures and guidance. Standard 15.4.

- the individual is directly supervised at all times at a level that prevents them having unsupervised contact with children in the centre;
- the registered person has taken all reasonable steps to complete the recruitment process and to "chase" outstanding information;
- such circumstances are exceptional; and
- the registered person has taken all reasonable steps to avoid such circumstances occurring.

Inspectors noted that a copy of the General Social Care Council (GSCC) was available in the staff policies and procedures. Inspectors advise that all staff are given a copy of the code as outlined in Standard 15.6. This should be included in any induction material

supplied to new staff.

Staff interviews confirmed that staff were supplied with a copy of the Statement of Purpose as part of the application pack. Inspectors were informed that short-listed candidates were invited to visit the centre prior to interviews and the registered manager always supervised this.

There was a rigorously applied visitors policy, which affords protection to staff, residents and visitors.

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**

Staff were sufficient in number and qualifications to carry out the assessment work of the centre. The centre had a staffing policy that provided appropriate cover and leadership at all times. Rotas were printed and available for residents to read. Temporary or agency staff were not currently employed at the centre. The Statement of Purpose provided information about the level of expertise that staff provided including a background in social work, childcare solicitor, qualified teacher, learning disability worker, N.N.E.B qualified worker and a creative art tutor. In addition the external team included a physiotherapist, a psychologist and a substance misuse advisor to provide supplementary input.

The staffing policy needs to be set out in the Statement of Purpose as outlined in Standard 16.3 and state the following.

- the number of staff required to be on duty by day;
- the number of staff required to be on duty by night, and whether they are required to be waking, sleeping in or on call;
- the number of ancillary staff required to be on duty in addition to care staff at defined times of day or night;
- the arrangements for managing the staff on duty by day and night;
- the minimum number of staff to be available during the day;
- the composition of the staff reflects the needs of the residents and takes into consideration their sex and race
- the arrangements for calling senior staff support if required; and
- written risk assessments record factors taken into account in deciding staffing numbers.

Further information needed to be provided in the Statement of Purpose to fully address all the matters in Standard 16.4.

From the rota sampled it was evident that the centre was able to provide sufficient permanent staff to work at the centre. Inspectors were informed that the deployment of staff was critical and the focus was upon offering continuity. The centre was able to achieve this by ensuring that staff had set days to work. Inspectors were informed that staff sickness was covered by arranging staff coverage from their bank staff.

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

70

%

**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?

2

The centre had a supervision policy that ensured adequate levels of support and accountability for staff. The rota planning was reported by the manager to have hampered the full implementation of this policy, but weekly staff group supervisions have supplemented the shortfall in individual sessions. The manager assured the inspectors that the new rota arrangements would allow full supervision to occur. The manager should ensure supervision occurs monthly and the timetable to include familiarisation with policies, procedures and guidance documents.

The staff handbook contains policies, procedures and practice guidance in accordance with Standard 17.3. Some of these documents will require reviewing and expanding over the coming months. This was discussed with the registered manager during the inspection feedback session. The inspectors were not persuaded that this handbook was a 'live' document for staff. Further consideration needed to include how the registered manager will roll out these policies and procedures to the staff. A review of the Staff Handbook should be conducted as soon as possible to ensure it is an accessible and properly indexed document.

The resident families clearly understood they could use the complaint procedures if they had a grievance to arise. Inspectors noted from staff interviews that staff were familiar with the centres complaints procedure. The complaints policy detailed the process involved in the investigation of any complaint outlining the timescale and any referral to external agencies would be made with 24 hours. Inspectors advise that the complaints policy is amended to reflect details of the new Commission for Social Care Inspection.

Interviews conducted with staff demonstrated that staff knew to whom they were accountable. Inspectors were informed that all posts have job descriptions and person specifications. In the future the registered manager will need to demonstrate that the job description is subject to a periodic review. Standard 17.6.

Inspectors advise that the proforma document used for supervision should be audited to ensure compliance with Standard 17.7.

- methods of working with parents and children;
- the staff member's role in fulfilling the service's Statement of Purpose;
- degree of personal involvement/professional boundaries;
- staff feelings and concerns, including their own well being;
- staff development and training;
- the setting and maintenance of standards;
- the clarification of accountability and responsibility;
- feedback on performance; and
- guidance on current and new tasks.

All staff were provided with an annual appraisal conducted by the registered manager. The document examined by the inspectors complied with Standard 17.8. Inspectors noted that not all staff had appraisals, as a number of new staff had not reached one year of employment. Inspectors were informed that appraisals were scheduled for all staff.

Inspectors were informed that staff meetings occurred weekly. The inspectors considered this a model of good practice. Due to the sensitive nature of the staff discussions, records were not maintained of these meetings. Inspectors advise that the clear outcome and decisions that have been agreed should be recorded. Inspectors were informed that external

specialists were involved in working with staff to provide appropriate intervention and therapeutic work with the resident families as outlined in the residential assessment.

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?****2**

All staff reported that they were provided with an induction programme during their probationary period. The probationary periods lasted for 3 months for staff. This induction process has been supplemented by other internal and external provision including staff training. As the centre had only been operational for 8 months, only the beginnings of a training programme were in operation.

The inspectors were unable to confirm that a full programme of training was planned to address all the issues in Standard 18.5, as yet or that all staff have a personal development plan. The centre should provide other programmes of training which address the following:

- normal and abnormal child development;
- specific child care/family work approaches and skills appropriate to the unit's purpose and function;
- restraint;
- issues of race, ethnicity, religion and culture;
- dealing with sexuality;
- health education relevant to growing children and healthy adulthood;
- the implications for families living with HIV and AIDS;
- communicating with children, including those with disabilities;
- health and safety at work, including food hygiene and safety with medicines;
- infection control;
- fire precautions;
- First Aid;
- the Children Act 1989 and other relevant legislation;
- staff supervision (for staff with supervisory responsibility);
- interview techniques (for staff with recruitment responsibilities);
- complaints and representations procedures;
- the requirements of these National Minimum Standards.

Inspectors would advise the registered manager to set up a training programme to cover all core areas identified in Standard 18.5. In discussion with the registered manager it was identified that the management could provide some of the training internally. Inspectors would advise that a certificate should accompany the courses attended. Inspectors recognised that this training list needs to prioritise the essential core training and plan for further training needs in consultation with the staff.

The registered manager should ensure all staff have a personal development plan within 1 year of appointment.

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

Crown House was situated in the small country town of Malvern, against the Malvern Hills and lies between the cities of Worcester and Hereford. The house was a modernised 3 storey Victorian detached property with its own car park and small-protected play space at the rear. All amenities were within five minutes walk of the assessment centre including public transport, education, a public park, health and leisure facilities. The building was decorated and furnished to a high standard and all rooms were risk assessed. It provided some large communal areas. The proprietors were committed to maintaining the building and furniture to a high level. Inspectors were informed that all the furniture was bought new and complied with Fire Safety Regulations 1988.

There was an ongoing programme of improvements and the whole building meets with Health and Safety regulations and these were reviewed regularly. Office space was at a premium and the inspectors were concerned that if more staff are appointed as planned the overcrowding could present problems. The play space behind the house was very limited, although there was a spacious park very close to the house. The inspectors were informed that the proprietors were to redesign the car parking area and intended to make more play and sitting space available for children and families. Outline plans had already been drafted and requests for quotation on the work were advanced. Inspectors welcomed this.

Inspectors were informed by the proprietors and the registered manager there were no outstanding requirements or recommendations from the

- planning authority;
- building control authority;
- fire service; and
- environmental health authority.

Inspectors noted that, in addition to the shared communal sitting room on the ground floor, the parents had access to the downstairs-based sitting room. Children's study facilities included the dining room and the children's playroom.

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

At the time of the inspection there were four families in residence at the assessment centre. All families would be staying for a period of 12 weeks and all were allocated a private bedroom. This was in accordance with the information detailed in the Statement of Purpose. The accommodation offered caters for both lone parents/carers and larger families. Some of the rooms were for single people with 2 children or 1 child. There were larger rooms for bigger families or couples with children. Crown House was able to offer couples their own room, which inter-connects with their children's room so some privacy could be maintained. In most cases, families had their own bathroom. The inspector can confirm that all the bedrooms contained the necessary furniture and furnishings outlined in Standard 20.2. Families were provided with information about the items that were available in the bedroom, kitchen and bathroom. At the time of the inspection no families were sharing toilets or bathroom facilities. All bathrooms were within the immediate vicinity of the sleeping and recreational areas of the centre. Staff were provided with a separate toilet. Records examined by the inspectors demonstrated a monitoring system existed to certify that water temperatures were maintained at between 41-45 degrees centigrade.

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**

Families based at Crown House shared one central, communal kitchen. The kitchen was domestic in scale and provided a range of kitchen units, work surfaces, three cookers and a large fridge and freezer. The kitchen was well decorated and clean. There was a designated work area for each family to carry out domestic cooking including preparing food and cooking. Each family was given their own set of equipment including crockery, cooking equipment, utensils, baby equipment and linen. Inspectors were informed that each family managed prearranged time slots for cooking their own family meals. Some families made arrangements to cook together in agreement with the family link worker. Inspectors were informed that each family were allocated a shelf to store food, in the fridge and freezer. Similar arrangements existed with the use of the kitchen cabinets to store food and the kitchen equipment. Families spoken to did not describe these arrangements as too demanding.

Off the kitchen was the dining room. It contained three dining room tables with sitting arrangements for four residents at each table.

As already discussed in Standard 20 the outdoor space available to families was small. But the proprietors did intend to rectify this by modifying the car park area to create extra space for a children's play area and for families to use. The registered manager informed inspectors that many families use the local parks and children's play areas, which were located within the immediate vicinity of the centre.

The arrangements for the laundry were domestic in scale including two washers and driers. At the time of the inspection the laundry room was been updated so that less noise pollution occurred. This was reported as a problem in the past for some of the resident families on the top floor.

Inspectors were informed that the central heating system was also being replaced for a more efficient system. The work was planned for September 2004. The inspectors noted that one of the rooms on the top floor was not well ventilated and the resident explained the room was too stuffy. The assessment centre had provided an electrical fan. During the inspection feedback session a possible solution was to provide a metal guard so that the window restrictor could be removed. Inspectors advise that this should be pursued. Inspectors were informed there was a planned schedule for replacement of furniture and equipment. The proprietors intended to complete painting and decorating of the communal areas in the next twelve months.

There was no staff sleeping in accommodation. Crown House provided two waking night staff and on call arrangements with the manager and the proprietors.

Inspectors can confirm that the accommodation was maintained to a good level of cleanliness and was well organized. Families were encouraged to keep the centre clean and tidy. Families were conversant that their co-operation and ability to keep the environment clean and healthy was commented on in the final assessment report.

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**

Inspectors were informed that health and safety was apportioned between the proprietors and the registered manager. The inspectors can confirm risk assessments were completed for individual rooms and the boiler room. All the risks had a review date that had expired. As a good practice measure, risk assessment should provide details such as,

- Date of the risk assessment
- Who carried out the risk assessment and signed
- Counter signature of the registered manager
- Review date (already on the current format)

There was a health and safety policy available identifying the clear area of responsibilities between the registered manager and the proprietors. Clear fire procedures existed and the checks that have been completed. The fire risk assessment was completed and dated for November 2003. Inspectors noted all the utilities installation certificates were current and valid.

There was a medical policy available. One of the Inspectors examined the storage of medication and a designated person held the keys for the medicine cupboards. There was a written protocol for using prescribed and non-prescription medication and parents were responsible for dispensing medication under the supervision of the keyworker. There was secure storage available for Controlled Drugs in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973. A Controlled Drug register was available. Two First Aid boxes were provided. Two staff were trained in basic First Aid and it was intended to provide further training in the future.

Inspectors were informed that a designated person was responsible for inducting the families about the fire and emergency evacuation procedures for the centre. This was recorded and formed part of the assessment process. Crown House has in place a planned response if the building had to be evacuated. These arrangements were clearly stipulated in the policy.

The only area identified as a possible hazard was the space at the top floor stairwell and the potential drop of three flights as there was no safety net in place. There was a wooden rail that provided some extra safety. In discussion with the proprietor and the registered manager the inspectors advised a rigorous risk assessment needed to be completed on potential families that would use that part of the building. Particular high-risk vulnerable individuals should be precluded from using this part of the building.

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?	3
<p>The service was well funded and was registered at Company's House. Purchasers confirmed that they were happy with the outcomes of assessment packages and have confidence in the level of care and analysis, which was devoted to each family's plan. The manager and owners confirmed that their work was constantly improved and refined in response to new situations and that they were keeping a record of outcomes in order to monitor their performance over time. Staff and resident's records were adequate and kept securely.</p> <p>The registered manager demonstrated a thorough knowledge of the staff, the families and matters concerning Crown House. During the inspection the registered manager and the proprietors were able to supply the necessary information on any matters that arose during the inspection. The ethos of working culture supported the aims of Crown House to provide an effective working relationship to offer the natural parent every encouragement to succeed. It was emphasised that families needed to recognise historical difficulties and strive to improve and maintain. The registered manager cited their own professional background in the delivery of providing direct work underpinned by extensive professional qualifications. This included social work training and a Post Graduate qualification in Family studies. Another strength of the Crown Centre was that one of the proprietors was a professional Child Care Solicitor. A commitment to quality reports and punctual delivery were key features of the centre. This provided a fertile ground for initiative and focussed work with families as directed by the court.</p> <p>Inspectors were supplied with information that illustrated the budget for 2004/05.</p> <p>Inspectors were informed that relationships with the neighbours were positive.</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?****2**

The registered person had established a system for monitoring the records noted in Standard 24 on a quarterly basis. She was available at the centre most days and intimately involved in report writing and viability assessments. Her overall knowledge of the services and resources was high. However, she has not yet established a formal monitoring process as stipulated in Standard 24.4. Inspectors would advise her to set up a monitoring proforma document and process to achieve a thorough audit.

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?****2**

The staff and resident's register does not contain all the information as stipulated in Schedule 4 as follows,

A record in the form of a register showing-

(a) the name, address, date of birth and marital status of each member of each family;

(b) the date on which he took up residence at the residential family centre;

(c) the date on which, and the reason why, he ceased to be accommodated there;

(d) the name of the person or organisation responsible for arranging the family's stay in the residential family centre;

(e) the name and address of the general practitioner and social worker if any, of each

- member of the family;
- (f) in the case of a child, any court order to which he is subject;
- (g) in the case of a child who is subject to a care order, the name, address and telephone number of—
- (i) the local authority which is the designated local authority in respect of the care order for the purposes of section 31(1) of the Children Act 1989⁽¹⁴⁾; and
- (ii) the officer of the authority responsible for the child's case.

A record showing in respect of each person employed at the residential family centre-

- (a) his full name;
- (b) his sex;
- (c) his date of birth;
- (d) his home address;
- (e) his qualifications relevant to, and experience of, work involving children;
- (f) the position held by him, and the average number of hours worked by him per week.

The registers should be in a bound book and extended to include the above information.

A process existed to archive records at the responsible individual's solicitor's office.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor

Signature

Date

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

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 14 October 2004, 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: <enter details here>

☐

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I Sandra Reynolds of Crown House Residential Family Centre 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	<u>Sandra Reynolds</u>
Signature	<u></u>
Designation	<u>Responsible Individual</u>
Date	<u>12.10.04</u>

Or

D.3.2 I _____ of Crown House Residential Family Centre 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	<u></u>
Signature	<u></u>
Designation	<u></u>
Date	<u></u>

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.

Commission for Social Care Inspection

33 Greycoat Street

London

SW1P 2QF

Telephone: 020 7979 2000

Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120

www.csci.org.uk

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