



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Approach Lodge**

**2 Approach Road  
London  
E2 9LY**

*Lead Inspector*  
**Margaret Flaws**

*Unannounced Inspection*  
**17th October 2007      10:00**

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<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Approach Lodge
<b>Address</b>	2 Approach Road London E2 9LY
<b>Telephone number</b>	020 8981 2210
<b>Fax number</b>	020 8981 2210
<b>Email address</b>	care@approachlodge.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Approach Lodge Ltd
<b>Name of registered manager (if applicable)</b>	Michelle Maxine Wimpress
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	7
<b>Category(ies) of registration, with number of places</b>	Mental disorder, excluding learning disability or dementia (7)

# SERVICE INFORMATION

## Conditions of registration:

1. The Registered Person may provide the following category of service only:

Care home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

2. Mental Disorder, excluding Learning Disability or Dementia - Code MD  
The maximum number of service users who can be accommodated is:  
7

## Date of last inspection

This is the first inspection.

## Brief Description of the Service:

The home is located in a refurbished Victorian house at the convergence of two roads in Bethnal Green. It is laid out over four floors, with a small paved area at the front and yard with a smoking gazebo at the back. CCTV cameras protect the premises. It has seven bedrooms, lounge, kitchen, laundry, visitors room, office and one small room for staff to use.

The house is close to local shops and within walking distance of Bethnal Green shops and the Roman Road market. Public transport access is good, with bus routes and Bethnal Green tube and rail station close by.

The home is intended to provide medium term rehabilitation support for people with mental disorder so that they can eventually move in to supported living or independent accommodation.

Fees for the home are £1050 per week.

# SUMMARY

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

This first inspection took place over one day and the Registered Manager assisted me throughout. I spoke to all the people currently living in the home and to three staff members. I distributed several surveys for relatives and health professionals but at the time of writing, none have been returned. After a tour of the premises, I inspected the home's policies and procedures; all care and staff records, health and safety files, other home records and pre-registration correspondence.

The home also provided CSCI with an Annual Quality Assurance Assessment, which added good quality information to the inspection.

## **What the service does well:**

The service has a demonstrable commitment to provide proactive and supportive rehabilitation to people experiencing mental illness. The Registered Manager demonstrated energy and dedication to service development, and had sound insight into the needs of the people who use or prospectively use the service. This was mirrored by the solid preliminary work done in setting up the service by the Registered Person and the owner.

There is very good information available to prospective residents and referrers about the service. The assessment procedure is excellent and takes into consideration the equality and diversity needs of prospective residents.

The home is comfortable, well resourced and refurbished to a very high standard.

## **What has improved since the last inspection?**

This is the first inspection.

## **What they could do better:**

The Equal Opportunities Policy and Statement of Purpose need updating to reflect current legislation.

The relationships policy and procedure needs expanding.

Further information on the health status of one resident must be obtained.

A child protection policy and procedure must be put in place to protect any children visiting the home and the adult protection policy and procedure simplified.

Staffing levels must be kept under review once the home is fully occupied to ensure that all residents' needs are met. CSCI must be informed of the outcomes of these reviews and staff changes.

All staff, including the Registered Manager, must receive alcohol and drug training, learning disabilities training and further in-depth training on mental health issues.

It is also recommended that the infection control policy and procedure be reviewed.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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## Choice of Home

### **The intended outcomes for Standards 1 – 5 are:**

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

### **The Commission consider Standard 2 the key standard to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

1, 2, 3, 4, 5

Quality in this outcome area is excellent

This judgement has been made using available evidence including a visit to this service.

The assessment procedure is excellent and takes into consideration the equality and diversity and cultural needs of prospective residents. The service has a demonstrable commitment to proactive and supportive rehabilitation for people experiencing mental illness, providing good information on the service and a comprehensive assessment to start the process.

### **EVIDENCE:**

At the time of this first inspection, there were three people living in the home, all of whom had moved in over the past two months. The home has very good information for prospective residents, including a good website ([www.approchlodge.co.uk](http://www.approchlodge.co.uk)), brochure, Service User Guide and Statement of Purpose. The Statement of Purpose (and the Equal Opportunities Policy) needs updating to refer to and reflect current equality legislation. New legislation has been put in place since the document was written.

Approach Lodge has a clear and comprehensive assessment procedure. Four prospective residents have been assessed and are likely to move in over the next few weeks. I checked the assessments for the prospective residents and the assessments of the current residents. The assessment process involves a series of documented meetings between each prospective resident, a range of

professionals and the Approach Lodge Registered Manager and Registered Person. The Placing Authorities also provide comprehensive assessments. Approach Lodge has two main assessment forms – a functional assessment and a referral assessment, which are completed by the Registered Manager and the Registered Person. These are available for prospective residents and referrers to read on the home's website.

Some prospective residents are from East Africa and their mental health status has been affected by the use of a drug common to that region. The Registered Manager described to me how she was consulting with culturally appropriate mental health services to support these prospective residents and said that it is likely that this support and advice will be extended to staff when the residents move into the home. It is likely that, when fully occupied, the home will have a diverse cultural mix of Bengali, Afro-Caribbean, Somali and mixed black British residents, and a good mix of ages and genders. The Registered Manager described how she is working to match the cultural and linguistic backgrounds of staff and residents. This appeared a thoughtful and considered process, supported by the thorough assessments I read and the recruitment procedure (described under 'Staffing').

The Statement of Purpose, Service Users' Guide and the home's website are specific about which needs the home believes it can reasonably meet. A copy of the Service Users' Guide is placed in each person's bedroom.

Prospective residents are offered a trial stay of one to three months. The three residents I spoke to said that they had had an initial stay to see if the home suited their needs. They all said that they were happy to continue living at Approach Lodge. They had all come back to the area, their locality, after being placed in another part of London.

Everyone had a clear contract from placing authorities on file.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

### The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

6,7 and 9

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

People living in the home have their needs assessed and goals discussed and recorded in a regularly reviewed individual plan. They are supported to make decisions about their lives in line with their wishes and the rehabilitative philosophy of the home.

Risks are assessed and discussed on an individual basis and the residents' finances protected.

### EVIDENCE:

The stated goal of the service outlined on the website is to:

“promote the independence of the service users through Person Centred Planning to assist in their rehabilitation and encourage autonomy within the local community to develop the confidence needed for them to move on from 24 hour care to independent living”.

I read the files of all people living at Approach Lodge. Each person has a care plan written to address their assessed and changing needs, their wishes and

views. These person centred plans support the home's rehabilitative ethos (outlined in the Statement of Purpose and Service User Guide) by identifying individuals needs and goals and outlining how these could be met. The plans inspected were clear and specific. They provide practical support to help residents develop their living skills to move on from long or acute periods of hospitalisation towards independent community living. Staff have received training in writing person centred care plans.

Each person's care plan is reviewed in an Individual Progress Review each month or more frequently, if necessary. Although the residents were relatively new to the home, their care had been reviewed and changes documented regularly. Each individual signed the review. The home operates a key worker system and the residents I spoke to were positive about their key workers. One said that she had a very good affinity with her key worker and felt very supported by her. There is also a back-up key worker to cover when the lead key worker is off duty. Residents also said that they have input into the selection of their own key worker and that they were able to choose what they do, with support as they identify they need it.

There is a risk assessment policy and procedure, which covers both environmental and individual risks. The home writes each risk assessment around individual needs. For example, the risks each person might face using the spiral staircase to the lower ground floor were assessed individually.

The home is situated in an area where street drug dealing is commonplace. To protect residents who may be vulnerable, there are clear risk assessments and guidelines for staff about how to maintain the safety of the residents who go for a cigarette either on the front door step or in the 'smoking gazebo' at the back of the property. One staff member regularly sat with a resident while she had a cigarette and chatted with her. Other risk assessments sampled covered kitchen knives (locked away), cooking and supporting residents to go out into the community on their own.

I observed a good procedure for handover between staff shifts and good documentation (a well maintained handover diary) to support this. This meant that the daily changing needs of the residents could be conveyed well across the team.

There is a good policy and procedure for protecting the residents' finances. Each bedroom has a small locked safe used by people who maintain their own finances. There is also a locked cupboard in the office for safekeeping resident's money and a financial handover log which is checked and signed on each shift. The home is committed to working with individuals if they need to learn to budget their finances prior to moving to independent living. An example of this is food management (Standard Fifteen).



# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

**The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

12, 13, 14,15,16,17

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

People living in the home can be confident that they will be supported in their rehabilitation through pursuing activities and leisure of their choice; through access to the local community and to relationships. However, the relationships policy would benefit from expansion to better consider their needs.

They can generally be confident that their rights and responsibilities will be recognised.

Food in the home is very good.

### **EVIDENCE:**

Individually tailored and chosen activities form the backbone of the home's rehabilitative programme. These include involvement in the day to day running of the home. On the day of the inspection, two residents were at home and one came back from hospital for a visit, accompanied by a key worker.

One staff member, who has worked in similar residential settings, acts as an Activities Coordinator. He spends time with each resident and talks to their key worker about activities they enjoy. He then builds up an activities plan with the person and the keyworker. Examples of individual activities include going to the gym, swimming, Turkish baths, church attendance and visits to a local day centre. At the first residents' meeting, residents requested magazines, newspapers and access to the Bethnal Green library close by. The home has responded to these requests and initiated weekly discussions on reading topics.

The home runs two hour sessions each week for the residents on topics such as mental health awareness, and medication awareness and management. The home has digital television and provides internet access for the residents.

Family involvement is encouraged and supported through the visitors' policy and procedure. As the current residents are local to the area, some have families close by who visit very regularly. The home also has a policy and procedure covering relationships but at present, this only applies to maintaining professional boundaries between staff and residents. It is important, in recognising residents' rights, that this be reviewed to include residents' relationships with each other and with other people. A requirement is made for this to be expanded. I observed the staff knocking on the doors of residents' rooms and generally respecting their wishes and their privacy.

When I arrived at the home unannounced, the Registered Manager had just returned from shopping. I observed that the food purchased was of very good quality. At their recent meeting, residents gave positive feedback on the food. They choose their menus every few days. The Manager said that they were now starting to do the shopping on the internet, because this enabled the residents to see the food online, make up a virtual shopping basket and understand the management of the food budget. I checked all the cupboards and the fridge and freezer. There was an excellent range of fresh fruit and vegetables, meat, fish and other ingredients for healthy meals. There was also a freshly baked tray of biscuits. The residents participate in cooking and sometimes make their own meals. Cultural needs and individual preferences are assessed and catered for (eg. whether the person requires halal or vegetarian food).

Fridge and freezer temperatures were monitored and recorded daily.

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

18,19,20,21

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

The physical and emotional needs of people living in the home are assessed and met in their interests. Personal support tends to be of a prompting nature. Wishes in case of death are recorded.

Residents are protected by the home's medication policies and procedures.

### EVIDENCE:

The Registered Manager showed me the database system used to maintain communications and records for the residents, including healthcare records. This appeared a simple but well structured way of monitoring the residents' needs and ensuring that they are met. Regular healthcare appointments, meetings and case conferences are managed on this database.

In addition to the mental health needs of the residents (which are assessed and reviewed by the mental health support teams), physical health issues managed in the home include diabetes and physical disability. Specific needs were appropriately documented in residents' files, with clear guidelines for staff to follow. In discussion with the Manager, it became clear that one person's health information needed clarifying. The home has tried to get this



information from previous GPs without success. A requirement is given that this information be obtained as soon as possible.

Support provided is more of a prompting nature or is emotional support rather than actual physical personal support. For example, excellent emotional support was being provided to one person who had recently had a baby. This was observed in the interactions of staff with the resident throughout the day.

The home has a clear medication policy and procedure and staff have been trained in this area. Boots Chemist provides a full medication service to the home and medication is delivered in blister packs weekly. I checked the medication stock and Medication Administration Record with the Registered Manager. At the time of the inspection, medication was only held for one person, because one resident was in hospital and another self-medicates. The medication was appropriately stored and the MAR sheet was in order. A controlled drug was correctly stored. There was a risk assessment completed for the resident who self medicates and all residents have a locker in their bedrooms for the safe storage of medication.

Wishes in case of death were recorded in each person's files, after discussion with them.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

22,23

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

People living in the home are generally protected by good complaint and adult protection policies and procedures and by staff trained to use them. Child visitors would benefit from a child protection policy and procedure.

### **EVIDENCE:**

The complaints, comments and comments policy and procedure is written in plain English and gives clear guidance to people who wish to use it. It is in the Service User Guide (in each person's room) and on the website.

No complaints have been received at this stage.

I checked the training records. Staff have been trained in adult protection. They confirmed this in my interviews with them and were able to describe what they would do in instances of suspected abuse. The home has an adult protection policy to safeguard the adults in the home, but it is quite long and cumbersome. It is recommended that a simplified version be produced. There is a copy of Tower Hamlets Adult Protection policy and procedure available in the home.

Also, because there are likely to be child visitors, the home must produce its own child protection policy and procedure to protect them.

## Environment

### **The intended outcomes for Standards 24 – 30 are:**

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

### **The Commission considers Standards 24, and 30 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

24, 25, 26, 27, 28, 30

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

The home is refurbished to a very high standard to provide an excellent environment for the residents to live in. Security features have been incorporated into the home to protect the residents.

The home is kept clean and hygienic.

### **EVIDENCE:**

The house has been refurbished and furnished to a high standard. The bedrooms, although small in some cases, are well laid out, with good ensuite facilities. The lounge area is comfortably furnished. One resident said, "I've stayed in some real dumps but this certainly isn't one." The building is laid out over four floors, with the kitchen, communal lounge, laundry and one bedroom on the lower ground floor and bedrooms and the office on the upper floors. There is a small room on the top floor for the staff to use.

There is a simple system for recording and fixing maintenance problems.

All staff, assisted by the residents, do the cleaning daily and there is a cleaning schedule.

Security in the home has been well thought through. For example, there is a buzzer, which sounds whenever someone goes out or comes in the main door. There is a CCTV system, with monitors in the Approach Lodge office and in the offices of the Registered Person and the owner. This provides an unusual degree of back-up to the staff on duty from the Senior Management.

In the laundry, the washing machine is capable of temperatures of up to ninety degrees, ensuring good infection control of soiled items. There are locked COSHH cupboards and sensible procedures for managing dangerous chemicals in the home. The home has an infection policy and procedure but this needs a minor review. A recommendation is made.

# Staffing

## **The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

## **The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

32,34,35,36

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

People living in the home are protected by appropriate recruitment procedures and supported by generally well trained and supervised staff. They would benefit further as the staff training and knowledge base is expanded.

At the time of the inspection, sufficient staff were on duty to meet the needs of the people living in the home but staffing will need to be increased as the occupancy moves to capacity.

### **EVIDENCE:**

The home has a clear recruitment policy and procedure. The procedure has been followed in the recruitment of new staff for the home, with a clear audit trail in the seven staff files I checked. Staff confirmed how they had been recruited in line with the procedure. In order to get a good mix of skills on the team, the home has targeted students completing degrees in related areas and professionally qualified people. There is a two stage interview process and the Registered Manager, the Registered Person and a resident interview prospective staff. All pre-employment checks, including Criminal Records Bureau and reference checks, had been completed prior to employment and

new staff confirmed that they were fully inducted using the Skills for Care Foundation model.

The multicultural staff team reflects the culturally diverse area of Bethnal Green and the cultural backgrounds of the residents. The team has an excellent balance in terms of age, ethnicity and cultural background, religious belief and gender.

There is a small room for the staff to use at night. The Registered Manager said that, when the home is up to full occupancy, the staffing levels, including day staffing, ratios at night and the waking/sleeping night staff balance, will be reviewed and increased. A requirement is given that staffing levels are reviewed and CSCI informed of any changes.

I checked the staff training files. They have been trained in the core competencies needed to run the service including adult protection, health and safety, food hygiene, infection control, medication, dealing with aggression and challenging behaviour, person centred planning, recording and report writing, COSHH and basic mental health awareness. The AQAA stated that six out of nine staff (66%) have NVQ qualifications in care or are working towards them. The Registered Person is a consultant and trainer in the area of social care and is able to provide some training to the team. Training gaps were identified in the following areas and a requirement is given that staff be trained to work with people with learning disabilities, alcohol and drug addictions and receive further, ongoing training on mental health issues. This should continue to be at a more advanced level for the Registered Manager.

A process for staff supervision is in place and supervisions have commenced. These are documented in each staff member's file and staff I spoke to confirmed that meeting with the manager monthly for supervision was a useful tool to help them develop their professional practice. Staff have also attended a course on 'Supervision for Supervisees'.

Residents were positive about the support they received from the staff. For example, one person said "They've got time for me. They don't just stay in the office. They listen to me"

## **Conduct and Management of the Home**

### **The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

### **The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

37, 39 and 42

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service.

People living in the home benefit from committed, pragmatic and resourceful management. They can be confident that they will be consulted on the running of the home and that their health and safety will be protected.

### **EVIDENCE:**

Throughout the inspection, the Registered Manager demonstrated energy and dedication to service development, and sound insight into the needs of the people who do and prospectively use the service. This was mirrored by the preliminary work she did in setting up the service, alongside her line manager, (the Registered Person) and the owner. She was able to describe the value of the line management support she receives. Staff were very positive about the manager and management of the home (one said the manager provided "firm but kind management") and said that they were pleased to be working in a

well run, well resourced and supportive environment. The residents echoed these statements. The Registered Manager is completing an NVQ 4 in care before enrolling in a Registered Manager's Award. She has also completed basic mental health training but, along with the team, would benefit from further training in this area. A requirement is given under Standard Thirty Five.

I discussed the home's budget with the owner. It was clear that he had sound understanding of the need to resource the project well and expand the expenditure appropriately as occupancy increases.

The home has a framework in place for quality assurance. The first residents' meeting took place in September, chaired by one of the residents. According to the AQAA, issues discussed included food, following up resident's leisure interests, settling into the home and establishing a routine. More formal consultation will take place after the home is more established.

The Registered Manager sent CSCI a clear Regulation 37 report when one person was admitted to hospital and the Registered Person has undertaken her first formal inspections to report to CSCI (under NMS Regulation 26).

I checked health and safety certificates on site. These certificates covered gas safety, electrical installation and portable appliances, fire alarms, water and were up to date and in order.

The home has a sound fire policy and procedure; staff are trained in this area; fire checks take place and are recorded weekly; fire drills carried out and the home has a fire risk assessment.



# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. 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)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	4
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	3

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	X
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	X
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	2
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<b>Standard No</b>	<b>Score</b>
<b>18</b>	3
<b>19</b>	2
<b>20</b>	3
<b>21</b>	3

<b>CONCERNS AND COMPLAINTS</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>24</b>	3
<b>25</b>	3
<b>26</b>	3
<b>27</b>	3
<b>28</b>	3
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection?

No (first inspection)

<b>STATUTORY REQUIREMENTS</b>				
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.				
No.	Standard	Regulation	Requirement	Timescale for action
1	YA1	6(a); 12(4)	The Registered Persons must include current equality legislation in the Statement of Purpose and the Equal Opportunities Policy.	31/12/07
2	YA16	12(2); 16(2)	The Registered Person must ensure that the Relationships Policy is expanded to cover residents' relationships with each other and others.	31/12/07
3	YA19	12(1)	The Registered Person must obtain health information about one resident.	31/12/07
4	YA23	12(1)	The Registered Person must ensure that the adult protection policy and procedure is simplified.	30/01/08
5	YA23	12(1)	The Registered Person must ensure that a child protection policy and procedure is produced.	30/01/08
6	YA35	18(1)	The Registered Person must ensure that staff are trained in the following areas: <ul style="list-style-type: none"> <li>• Learning disability</li> <li>• Mental health (ongoing)</li> <li>• Alcohol and drug problems</li> </ul> Mental health training for the Registered Manager must be at	30/01/08

			higher level than for the other staff.	
7	YA33	18(1)	The Registered Person must ensure that staffing levels are kept under review and increased proportionate to the occupancy of the home. CSCI must be kept informed of any changes.	15/12/07

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA30	The Registered Person should review the infection control policy and procedure.

## **Commission for Social Care Inspection**

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