



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	51a Circuit Lane
Address:	51a Circuit Lane Southcote Reading Berkshire RG30 3HB

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Stephen Webb	1 2 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	51a Circuit Lane
Address:	51a Circuit Lane Southcote Reading Berkshire RG30 3HB
Telephone number:	01189574644
Fax number:	01189574644
Email address:	qualitycareproviders@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Quality Care Providers Ltd
Name of registered manager (if applicable)	
Mrs Osarumen Desiree Ann Odiase	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0

Additional conditions:

The maximum number of service users to be accommodated is 6.

The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD).

Date of last inspection

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Brief description of the care home

Quality Care Providers is based at 51A Circuit Lane, which is approximately two miles from Reading Town Centre. It is a six bedded home, offering care to six service users with learning and associated disabilities. The house is domestic in appearance, has two ground floor and four first floor bedrooms. The home is located on a public transport route and has access to local facilities.

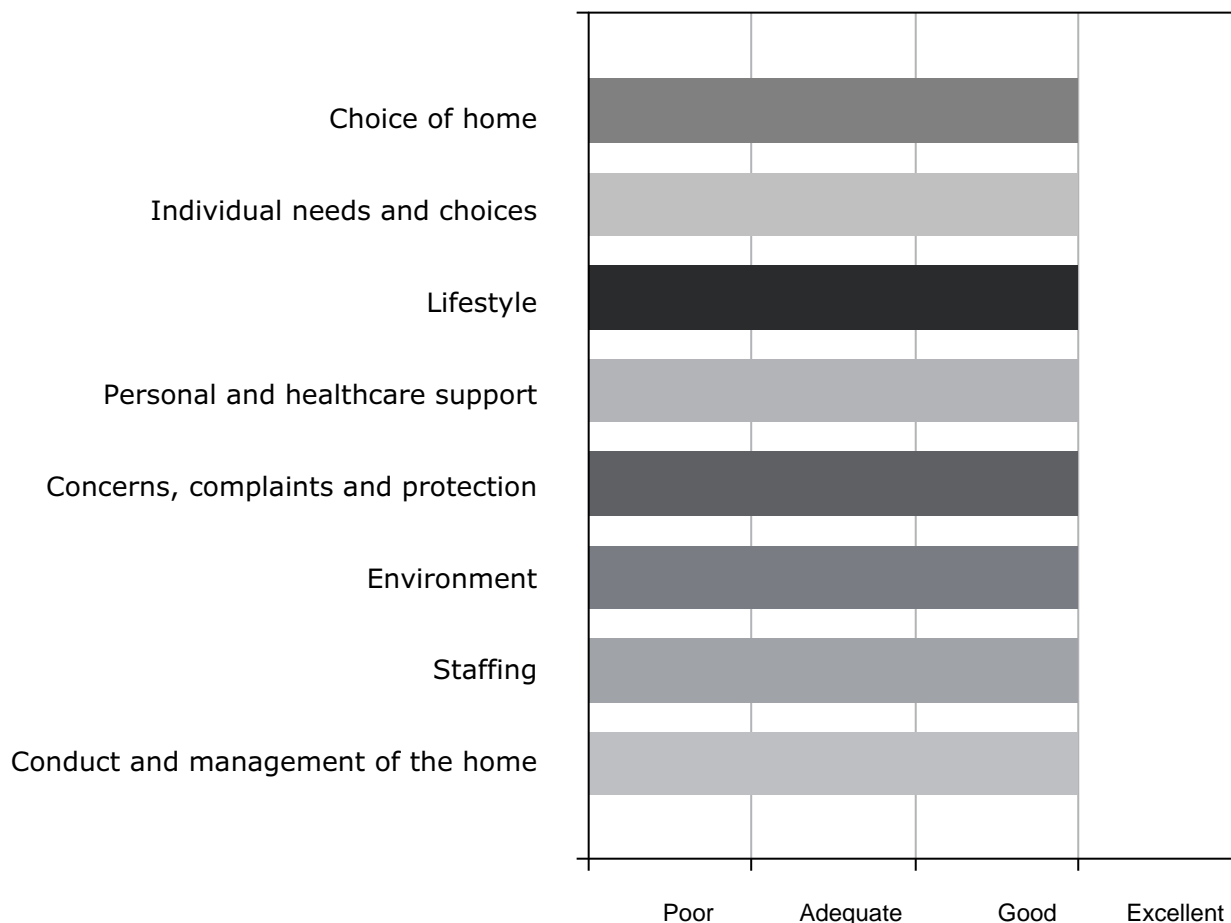
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection included an unannounced site visit from 09.45am until 16.15pm on the 12th of February 2009. This report also includes reference to documents completed and supplied by the home, and those examined during the course of the site visit.

The report also draws from conversation with the manager, and briefly with some of the other staff members on duty during the day. No verbal feedback was obtained but the inspector observed the interactions between residents and staff at various points during the inspection.

Inspection surveys were completed on behalf of five residents (3 by relatives and 2 by staff members), and by three staff members. The majority of feedback was positive.

One or two minor issues raised were discussed with the manager during the inspection.

The inspector also examined most of the premises.

The current fees range between nine hundred and fifty and one thousand pounds per week.

What the care home does well:

Prospective service users or their representatives have the necessary information available to help them decide if the home can meet their needs. The individual needs of a prospective service user are assessed prior to the offer of a place in order to ensure that they can be met by the service.

Residents needs and wishes are identified within care plans which also address cultural and spiritual aspects where known, to enable staff to meet individual preferences. Residents are supported to make decisions and choices in their daily lives, and have access to appropriate activities to enable them to lead fulfilling lives. Contact with family and others is supported and developed wherever possible. Residents are encouraged to be actively involved in daily household routines, menu planning and meal preparation, and are provided with an appropriate and varied diet.

Residents healthcare needs are met effectively by the staff with support from external healthcare professionals.

Concerns raised by residents or others are addressed appropriately through the home's complaints procedure and the home has appropriate systems in place to safeguard residents from abuse.

The home provides a homely, comfortable, clean and safe environment for residents.

The home has appropriate recruitment systems in place to provide protection to residents. Staff receive an appropriate induction and training to enable them to meet the needs of residents.

What has improved since the last inspection?

The requirements and recommendations arising from the previous inspection had all been addressed or begun to be addressed. Further work is needed on the quality assurance systems.

Person-centred plans have begun to be introduced to improve the individualisation of the support provided, and risk assessments have been reviewed.

Additional physical adaptations have been made to maximise independence and support individual's needs.

What they could do better:

The current medication management systems need to be reviewed to ensure they provide the best protection to residents.

The quality assurance and development planning systems need to be developed further.

A fire risk assessment is needed for the service to ensure that fire safety is maximised.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective service users or their representatives have the necessary information available to help them decide if the home can meet their needs.

The individual needs of a prospective service user are assessed and identified in order to ensure that they can be met by the service.

Evidence:

The home has appropriate Statement of Purpose and Service User Guide Documents in place. Both documents had been updated, though the Statement of purpose was last revised in 2006 and the Service User Guide in 2007. Both documents must be reviewed and updated, (where necessary), on an annual basis. The manager reviewed and updated the Service User Guide during the inspection and undertook to review the other document promptly.

An appropriate pre-admission assessment is completed prior to the offer of a place in the home, in order to establish whether the home can meet the identified needs within

Evidence:

the context of those of the existing resident group.

Copies of local authority assessment documents were seen on the files examined, in addition to the in-house assessments.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The needs and wishes of residents are identified within care plans which also address cultural and spiritual aspects where known, to enable staff to meet individual preferences.

Residents are supported to make decisions and choices in their daily lives, and are supported to take some element of risk, subject to risk assessment, in order to lead fulfilling lives.

Evidence:

Residents' care plan records were contained within indexed files and all documents were secured. Files contained various formats including a service user profile, person-centred profile, and risk assessments, which contained details of any known allergies, dietary needs, and other evidence of awareness of their individual needs and wishes. The care plans identified the individual needs and wishes, (where known), of residents and also provided staff with information on how to address the identified needs. Where individual preferences were known, about how a resident prefers to be supported, this

Evidence:

was identified in the plan, under headings including "How to support me", "What's important to me" and "Things I like to do". Thus some evidence was provided of residents views being sought and them being able to make some day-to-day decisions. This was borne out by observations during the latter part of day of choices being offered and residents being enabled to make decisions.

There were examples where the home provides for the cultural and spiritual needs of residents where these are identified, though they often relied upon the views of parents to establish previous needs/wishes. Examples include dietary aspects, the importance of traditional costume and availability of culturally relevant media. The manager indicated that in the past a staff member with specific catering experience was employed to address the dietary needs of one resident. Their cultural and spiritual interests could possibly be explored more proactively with some residents, as they may not have had opportunities to explore these aspects previously, where family had not addressed these. The care plans examined had been recently reviewed. The manager indicated that the resident and their family are invited to reviews.

Copies of relevant individual risk assessments were included within files, which included details of how the identified issues were to be managed.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents have appropriate opportunities for social and educational activities within the community to enable a fulfilling lifestyle. Contact with family and others is supported and developed wherever possible.

Residents are encouraged to be actively involved in daily household routines and to make decisions and choices in their lives as part of developing individual skills. They are encouraged to be involved in menu planning and meal preparation, and are provided with an appropriate and varied diet.

Evidence:

The home has a regular day-care service in place, which is accessed by all of the residents during the week, including some college attendance. The day-care service is provided in-house but off-site, by Quality Care Providers, and provides a good range of

Evidence:

indoor and community-based activities, as well as support for college attendance. On the day of inspection three residents were attending day-services and two were involved in college courses. The wishes and preferences of residents with regard to social and educational activities are identified where possible in planning individual day-care packages. Copies of individual "Home and Day-Care Programmes" were seen on the files examined. The programmes also include involvement in domestic tasks within the house, with appropriate support where required. One resident has an advocate and is supported to maintain contact with them via e-mail. Staff within the house also provide a range of evening and weekend activities including a weekly evening meal in a pub, for which extra staff are rostered. As already noted, the home addresses some of the cultural and spiritual aspects of residents' needs, where these are identified but there may be scope for more in-depth exploration of these areas with some residents themselves. Residents have tended to holiday together as a group at established venues such as holiday camps, in the past. Though some individual resident's holidays were beginning to be planned, there was potential for further development of this aspect of individualisation.

Residents now all have some family contact, which for some is very frequent, and the staff have worked to support and establish links with family where possible. Staff will sometimes provide escort and transport to support visits where necessary. Staff work to support individuals' rights and are encouraging more decision-making, involvement and choice by residents.

The home has taken steps to provide for individual dietary preferences or needs where known, with staff maintaining an overview of healthy eating issues. Pictures are used to support some residents in making menu choices, usually at the weekend, for the following week.

Staff indicated a positive attitude towards encouraging and supporting resident choice. The manager indicated that four of the residents take some part in meal preparation, cooking or baking, and one tends to prefer to watch the process taking place.

An appropriately varied diet is provided for residents.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents receive personal support according to their needs and with due regard to any identified personal likes or preferences, and their healthcare needs are met effectively by the staff with support from external healthcare professionals.

The home's current medication management/recording systems do not provide the optimum protection to residents and should be reviewed.

Evidence:

The files examined included records of the wishes and preferences of residents and the person-centred care plans indicated that these are appropriately considered when supporting individuals. There is some evidence of the cultural and spiritual aspects of personal support being addressed, though there is potential for further development in this area. None of the current residents was identified as having identified spiritual needs. A range of individual guidelines were in place for aspects of daily living where specific approaches had been adopted, for example on bathing, bus travel, attending hospital etc. As noted above, one resident is supported by an independent advocate in ensuring their needs are met. A range of methods were in use to facilitate

Evidence:

communication with individual residents, including Makaton, picture boards, speech, interpretation of facial expression, and individual signing. Some residents are offered hand-over-hand support with specific tasks.

Where the management of challenging behaviour was identified as necessary, detailed intervention guidelines were in place to enable staff to adopt an agreed and consistent management strategy, and records of instances of the behaviour in question are maintained, to enable ongoing evaluation of the management plan.

Files contain records of relevant healthcare issues including weight monitoring charts and of appointments with external healthcare services, including GP, dentist, optician, psychologist, etc. One of the files examined contained a detailed health emergency procedure to support staff in responding appropriately should a healthcare emergency arise for the resident.

The home uses a proprietary monitored dosage system to manage medication, and staff receive medication training from the pharmacist.

The home has a double signatory system in place for all medication administered but the medication administration record, (MAR), sheets do not currently provide an effective audit trail as the quantities of medication received are not recorded, though they are checked in on arrival.

Best practice according to Royal Pharmaceutical Society guidelines is to record the quantities of all medication received, in order to provide the start of an audit trail, and the home are recommended to adopt such a system. The MAR sheets already include space for this purpose.

The remainder of the audit trail is already in place, with weekly medication stock checks and a returns log in use for any unused or spoiled medication.

Current practice with medication for residents attending daycare is to decant due medication into individual named dosette boxes, though it was not clear whether the MAR sheets were completed by accompanying staff contemporaneously with the actual administration, or on return to the home. The manager is advised to seek guidance from the pharmacist on best practice, with regard to this aspect of medication management.

None of the current residents has been managing their own medication, though the manager noted that this might be worked towards for one resident in the future.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Concerns raised by residents or others are addressed appropriately through the home's complaints procedure.

The home has appropriate systems in place to safeguard residents from abuse.

Evidence:

The home has an appropriate complaints procedure in place. Examination of the complaints log indicates that appropriate records of complaints are maintained, including details of the investigation and outcome. Four complaints had been logged in the past year, and appropriately addressed.

The home has an appropriate safeguarding procedure in place. There had been two safeguarding referrals relating to difficult inter-relationships between residents, and following safeguarding meetings, and support from external healthcare professionals, effective strategies were put in place to address the conflicts.

Training records provided indicate that staff receive safeguarding training though one or two had not done so since 2005 and two since 2007. It was understood that these staff would be prioritised for the next course.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides a homely, comfortable, clean and safe environment for residents.

Evidence:

The home is located in a residential street and is next door to the GP surgery, which serves the residents.

The building is pleasantly decorated and homely, aside from some minor areas of damaged plaster. Standards of hygiene were good and there were no unpleasant odours. Appropriate laundry facilities were available.

The home has six individual bedrooms, of which the five occupied rooms were personalised to reflect the interest of their occupant. Two of the bedrooms have en suite shower/bath facilities while the other rooms share a further two bathrooms between each pair of bedrooms. One bathroom has adaptations to meet the needs of one of the residents. There is wheelchair access to two ground floor bedrooms, (used by a previous resident though not currently required).

The home has a large garden with a wheelchair-accessible patio though other areas are not accessible but provide pleasant areas for other residents' use.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are supported by a competent staff team in sufficient numbers to meet their needs and support a varied and fulfilling lifestyle.

The home's recruitment systems and practice provide protection to residents, and staff are provided with an appropriate induction and training programme to enable them to meet the needs of residents.

Evidence:

The usual weekday staffing levels are three staff on from 7am till 10am, eight staff from 10am until 4pm (mainly day care team members), and two, (three if outings are planned), staff in the evenings. At weekends there are two staff each on the early and late shifts with a further staff member on a day shift from 10am to 6pm. The staff team has access to an appropriate range of training courses, managed and monitored by a training manager at head office. The home accesses NVQ training via a local university and all staff are expected to undertake NVQ unless they have an equivalent qualification, once they have completed their probationary period. Examination of an updated training schedule provided at inspection suggests that the majority of mandatory training had been completed and supported through periodic updates, though in a few cases these were overdue. It is important to maintain an up to date record of training across the team, within the home, in order for the manager to

Evidence:

maintain an overview and ensure timely updates are provided.

The home has an appropriate recruitment and checking process for new staff, which is fully documented in individual files, together with records of regular supervision and copies of training certificates. One resident has taken part in the interview process for new staff on a previous occasion, though the manager acknowledged there was room for further development of this aspect of enhancing resident rights and involvement.

The home has introduced a new Skills For Care induction package for all new staff.

Regular team meetings take place on a monthly basis, which are minuted, and handovers between incoming and outgoing staff are built into the shift-pattern to maximise continuity of information.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is run in the best interests of resident on a day-to-day basis, in order to prioritise their needs.

Additional work is needed to ensure that the views of residents and others about the operation of the home, are sought and acted upon; as part of an active cycle of ongoing development and review of the service.

The health, safety and welfare of residents and staff are promoted and protected for the most part, though a fire risk assessment is needed for the service to ensure that fire safety is maximised.

Evidence:

The manager is appropriately qualified and experienced to manage the home along with her senior team. The manager also manages the provider's domiciliary care agency but the management team has been increased to 3.5 seniors and a deputy manager to allow for this, and the manager reported this to be working well. The

Evidence:

provider's management team meets monthly across all services.

The provider representative undertakes regular Regulation 26 monitoring visits every month and copies of the resulting reports were available on file at the service. In addition the home is subject to quarterly management monitoring visits undertaken by another manager within the organisation. The home is also subject to accreditation visits by the local authorities it serves, though not all are undertaking these annually. The manager sees the results of surveys undertaken of care managers as part of this process. The provider's own quality assurance process includes surveys to next of kin and care managers but as yet no surveys have been devised for residents themselves. Instead the home relies upon feedback from keyworker meetings and resident meetings. It is suggested that the advice of a speech and language therapist is sought on whether an appropriate survey format could be devised to enable residents to contribute their views as part of the quality assurance process. There is also no summary report currently produced of the feedback from quality assurance surveys. Making a summary report available to survey participants is good practice, and is evidence that the provider is likely to be responsive to any points raised.

As yet no annual development plan had been prepared, setting out the priorities for the service over the ensuing year. Such a plan is evidence of cycle of ongoing review and planning for a service and should be in place. It is understood that a plan was being drafted.

Examination of a sample of health and safety-related service certification indicated that appropriate servicing and checks were in place.

Fire drills were held periodically, and logged, though some additional detail could be included as discussed.

A weekly fire safety audit check is also undertaken and recorded.

However, there was no overall fire risk assessment for the service. The manager must ensure that a fire risk assessment is drawn up in accordance with fire safety legislation and is reviewed annually.

A collective record of any accident to residents is maintained, and incident forms are completed regarding each event for filing on the resident's file.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	20	The manager should seek pharmacist advice on the identified aspects of the medication management and recording system, in order to ensure best practice and optimal protection for residents.
2	39	The manager/provider should ensure that a comprehensive quality assurance process is put into place to evidence appropriate consultation with interested parties, appropriate action on any issues identified, and openness with participants. A cycle of periodic review and annual development planning should also be established.
3	42	The manager/provider should ensure that a comprehensive fire risk assessment is prepared for the service, and is subject to regular review, in order to help maximise fire safety.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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