



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Angles Road

**11 Angles Road
London
SW16 2UU**

Lead Inspector
Lynne Field

Unannounced Inspection
8th April 2009 10:00

The Commission for Social Care Inspection aims to:

- 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

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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 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

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SERVICE INFORMATION

Name of service	Angles Road
Address	11 Angles Road London SW16 2UU
Telephone number	020 8971 0060
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	229 Mitcham Lane Ltd
Name of registered manager (if applicable)	Mr George Asante
Type of registration	Care Home
No. of places registered (if applicable)	6
Category(ies) of registration, with number of places	Mental disorder, excluding learning disability or dementia (6)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

The registered person may provide the following category of service only:

Care Home with Personal care - Code PC

To service users of the following gender:

Either

Whose primary care needs on admission are within the following category:-

Mental Disorder - Code MD

The maximum number of service users who may be accommodated is:

6

Date of last inspection

Brief Description of the Service:

The home in Angles Road is owned by a private company, which specialises in mental health provision for black males of African descent. It is a large six-bedded terraced house set out over four floors, It is located in a residential area within five minutes walk of a main shopping centre, which has full community facilities, including good bus and rail transport links. There is street parking at the front of the house. It was fully refurbished before it opened in August 2008 to comply with registration standards.

The communal areas are on the ground floor that consists of a large lounge to the front of the house with a kitchen-diner overlooking a terraced garden, which is secure and spacious. There is a bathroom with a toilet on the lower ground floor as well as on the first floor, a toilet on the ground floor and in addition there is a shower and a separate toilet on the top floor, which all residents can use. There is no staff sleep-in room as night staff does "waking nights". The home is not suitable for people with mobility problems.

The charge is between £1150-00 to £2800-00 per week. This does not include toiletries, newspapers, personal effects or the cost of a holiday.

SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

The unannounced inspection was carried out over one day in April 2009. The manager facilitated the inspection and the registered provider spent time in the home during the inspection. The inspection included a tour of the home and examination of records on care plans, medication records and the complaints book. The home has two vacancies at the time of the inspection. We met four residents and spoke to three staff during the course of the inspection and all were very positive. The new staff told us about their experience of recruitment and working for the service. We checked relevant policies and procedures as well as the resident's files, the care plans and building maintenance records. During the visit we were able to observe how staff interacted with residents and how residents responded to staff.

The manager returned a standard form, the Annual Quality Assurance Assessment (AQAA), to CSCI. This was taken into consideration and used as part of the inspection process.

There was an excellent level of commitment displayed by the registered provider, manager and staff to ensure they were meeting the needs of the resident and complying with the standards.

What the service does well:

The manager is committed, enthusiastic and hard working and motivates the staff team.

The service promotes independence for residents who have mental health issues and offers good individualised specialist care for residents who need high levels of support.

The manager and care staff manages the challenging behaviour of the residents professionally and have a good understanding of how to defuse potentially volatile situations while treating the residents with respect and dignity.

Residents are encouraged to participate in the running of the home and are consulted on issues that are relevant to them through residents meetings.

The culture and diversity of the residents by the home employing only black male management and support staff which reflects the cultural and gender of the residents and ensures residents have their needs met.

What has improved since the last inspection?

This is the first inspection of the service.

What they could do better:

It would be good practice to produce it in an "easy read" format to make it clearer for those who may not be able to read well.

It would be good practice and could benefit the residents if staff were able to take meals with them.

A training matrix would enable the training needs of the staff to be clearly tracked.

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 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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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

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

Quality in this outcome area is **good**.

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

The information in the statement of purpose and resident guide is clear and well written to produce it in an "easy read" format to make it clearer for those who may not be able to read well.

Residents have their needs assessed by senior staff before they move to the home and know that staff has decided that the home can meet their needs before they move there.

Prospective residents and their relatives can come and look around the home and meet staff before they decide to move there.

EVIDENCE:

We were given a copy of the statement of purpose and resident guide. The residents guide includes the complaints procedure as well as the home's policies on smoking, alcohol and drugs. This home recently opened so all the residents have moved in during the past five months. Each resident has been given a copy of the Statement of Purpose and Service User Guide. These were clear and well written. Although residents have signed and dated the service user guide to show that they have read and understood it, it would be good

practice to produce it in an “easy read” format to make it clearer for those who may not be able to read well.

We looked at two residents files. One was for the most recently admitted resident, who we met during the inspection. We noted the files contained a community care assessment and the relevant assessments and summary of needs that were completed by the home before the resident came to live there were seen on file. We were told the registered manager and proprietor visits the prospective resident several times to be assessed. All relevant information from medical, psychiatric and social professionals is obtained, a full and thorough pre-admission assessment form is completed registered manager and a referral form from the social worker had been obtained and was held on the residents file. The home encouraged the prospective resident to visit the home on a number of occasions, accompanied by his social worker and/ or his family, where he met the staff and other residents and was able to see the bedroom he was being offered. This enabled him to make an informed choice as well as giving the home a chance to assess where they could meet his needs.

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):

6,7,8,9

Quality in this outcome area is **good**.

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

Families and other professionals are involved when reviews are held.

Residents are consulted and supported to make decisions about their lives by staff and appropriate independent professionals.

Care plans are thorough and reflect residents' needs and goals and are reviewed within the allotted time scale or before if needed.

EVIDENCE:

We looked at two resident files and noted that the care plans gave a thorough description of resident behaviours, reactions and preferences and how the resident was to be treated. The residents care plans and risk assessments are individualized that are developed with the resident participating fully and in consultation with the residents family, care co-ordinator and other professionals. Care plans are reviewed regularly within the allotted time scale

or sooner if things have changed or there have been developments in the residents' behaviour and life. We saw copies of these on the resident's files we checked. There were records of monthly care plan reviews. Risk assessments from the previous placements would be checked and then the home would develop their own risk assessments to suit the residents changing needs. Risk assessments were seen in care files and were comprehensive and thorough. A full range of risk categories are assessed, including aggression/violence, self-harm and self-neglect. Factors suggesting risk are detailed, a statement of anticipated risk is made and an action plan developed. Risk assessments are reviewed every three months or sooner if appropriate. Key worker sessions are held every two weeks and these are recorded. There were copies of the ten-week placement review on file. The resident, manager and care manager signed these.

The aim of the home is for residents to develop social and independent living skills. The organisation aims to have as few rules and regulations as possible. Residents are encouraged and supported by staff to develop and make as many independent choices and decisions about their daily lives as possible.

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):

11,12,13,14,15,16,17

Quality in this outcome area is **good**.

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

Residents are encouraged to develop independent skills and interests as well as access the community with the support of staff when required.

Residents engage in appropriate, enjoyable and fulfilling activities and mix with the general community.

A healthy diet is provided, which the residents enjoy. It would be good practice and beneficial to the residents if staff could eat meals they have helped residents prepare.

EVIDENCE:

We met all four residents who came and went to a variety of activities throughout the day during the inspection. Residents said they had a choice of what they did. The manager said residents have a number of structured activities

and are encouraged to choose what they do each day with the support of their key worker. This is recorded in their personal files.

The home has adopted the "Rehabilitation Recovery Model of social inclusion" where they ensure that the residents use the community amenities like anybody else. The resident's activities programme is designed to meet each resident's individual needs. The home provides residents with a range of opportunities to maintain and develop social, emotional, communication and independent living skills. We noted that some of the weekly activities were related to independent living skills, such as cooking, cleaning their rooms, laundry, shopping they are able to access all community facilities, such as shops, libraries, cinema, cafes and restaurants, which are all available locally. They can choose to do this individually, or with each other or with staff support as part of the planned activities at the home. Residents are also encouraged to take part in activities commissioned by outside specialists such as reflexology, aromatherapy and healthy eating. In this way resident's are supported and encouraged to take part in activities that are enjoyable, beneficial to their mental and physical health and which give them the opportunity to develop skills within their abilities.

Residents regularly attends the church or spiritual services of their choice, undertake paid employment and attend projects where they are able to socialise and play indoor games. Work experience is encouraged and residents use drop-in centres, visit friends, go out for meals and visit the cinema.

Food is very important and we were invited to join one resident for lunch. Residents are encouraged to cook their own meals. Because of the residents ethnic background this tends to be food from their culture. The food was well presented and tasty to eat. The manager said they are encouraging healthy eating menu and there are discussions on healthy eating and food residents would like to put on the menu. The home employs one domestic staff who visits the home two days each week, undertaking some communal cleaning and providing culturally appropriate meals. For the other days although staff support residents to cook their meals, the homes policy was staff did not eat with residents. This is a missed social opportunity when residents might feel relaxed and able to talk about concerns they may have and staff may be able to address issues without being confrontational.

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

Quality in this outcome area is **good**.

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

Residents receive personal support, in the way they prefer and their physical and emotional needs are met.

Residents are protected by the homes policies and procedures for dealing with medicines.

Medication administration was found to be properly documented and is handled safely.

EVIDENCE:

From the two residents personal files we checked we could see the home has developed individualised care plans to ensure that the residents needs are thoroughly assessed with their participation, and the appropriate care and support given. These contained all the information staff need to support the residents in their preferred personal routines and details of how much help an individual requires if any, with different personal care tasks.

Residents are registered by the local GP and have the initial baseline medical check appointment. There is good records that residents show residents are supported to access the full range of healthcare professionals and facilities as necessary, such as occupational therapist, consultant psychiatrist, general practitioner, psychologist as well as routine checks to the dentist and optician. Emergency appointments are made with the GP, if the need arises. All the appointments are entered in the diary, so that they will not be missed. The record of health appointments attended indicated that staff supports each resident to attend an appropriate range of healthcare appointments in line with their individual healthcare needs. Records include the outcome of the appointment. One resident is diabetic and self medicates. We were told the diabetic nurse visited the home regularly and was able to give the resident advice about how to administer his injections in a less painful way. He has had the condition for many years and is well aware of how to control it. This has been risk assessed. Staff have had some information about diabetic but we discussed with the manager the benefits to staff having more in depth diabetic training from the community diabetic nurse to give staff more knowledge of the condition. The manager said he would try to arrange this for the staff as part of their professional development training.

The storage, administration and recording of medication was checked and found to be in good order. Staff have undertaken external training in the administration of medication as part of their induction training. On the day of the inspection the CD medication cabinet was delivered. This had been identified as needed during the registration process. The manager said they were changing to the Boots Monitored Dosage System for dispensing medication on the Monday following the inspection. We were shown the work book staff which are given that staff to support further training needs staff may have and this is part of the overall training staff are given. The manager said that resident's medication was discussed at individual residents reviews. All the records viewed contained photographs of the residents. All records stated whether or not a resident had any allergies. The manager said he did a weekly audit of all medication and this is signed.

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.

There are safeguards in place to protect the resident from abuse, neglect and self-harm.

EVIDENCE:

There is a complaints policy and this is kept in a folder that is accessible to residents and their relatives. We were shown the complaints book. There were no complaints recorded. The manager said if they had any complaints he would follow the homes complaints policy and would deal with all complaints and treat them all with the same seriousness.

The manager said residents are encouraged to speak up in the residents meetings about issues that concern them and this is helped them be more confident about speaking up for themselves. The manager said they would address any concerns in the one to one key worker sessions. One resident who spoke to we said he would speak to the manager if he was unhappy with anything and felt he was able to do this. The home said they would use advocates to help residents speak out about any concerns and if appropriate or necessary have best interest meetings.

We was shown a copy of the home's Adult Protection and Whistle Blowing policy, which has been developed in line with the Local Authority requirements and the governments "No Secrets" legislation. The home would refer staff to

POVA as appropriate. None of the staff in the home have been referred for inclusion on the POVA list.

The registered manager said they had all received POVA training and the training records seen by us confirmed this.

The home has a policy regarding the protection of the resident's finances. All residents control their own money through their individual accounts. If petty cash is spent a receipt must be obtained for all purchases and the amount spent recorded in the petty cash accounts book. The manager does weekly financial checks and this is monitored during the providers monthly registered persons visit.

The manager has a good knowledge of Protection of Vulnerable Adult procedures. We were told all staff have abuse training as part of the induction programme at the home. In addition, all staff have recently undertaken external abuse training, including POVA training. We found the two support workers we spoke to were fully aware of the many different types of abuse, of what to do if abuse was suspected and the procedures that would be followed should abuse be alleged. Staff also demonstrated a thorough understanding of possible physical and verbal abuse by residents and what practices and procedures should be followed. All staff have been trained in de-escalation techniques.

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):

24,25,27,28,30

Quality in this outcome area is **good**.

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

The home is safe and comfortable with adequate private and shared space, toilets and bathrooms. The home is well maintained and furnished.

Resident's bedrooms are comfortable and are decorated to reflect their personalities.

EVIDENCE:

The home in Angles Road is a large six-bedded terraced house that is reached by a small flight of stone steps to the front door. There are steps throughout the house including one to the office. There is no lift and therefore the home is not suited to people with mobility problems. Its in a residential area and was fully refurbished before it opened to comply with registration standards. It is located within five minutes walk of a main shopping centre, which has full community facilities, including good bus and rail transport links. The home is in keeping with the local community and not identifiable as a care home.

The whole house is clean and well kept. The communal areas are on the ground floor and consist of a large lounge to the front of the house with a kitchen-diner overlooking a terraced garden, which is secure and spacious. The home is bright and well decorated with appropriate comfortable furniture. The staff office is also on this floor at the back of the house. Two of the bedrooms are down a flight of stairs on the lower ground floor and one opens on to the garden. There are bathrooms with a toilet on the lower ground floor and first floor, which all residents can use. There is one toilet on the ground floor. Two of the bedrooms are on the first floor and two more bedrooms are on the top floor. In addition there is a shower and a separate toilet on the top floor. All bedrooms are clean, bright, well decorated and furnished. All bedrooms are of a similar standard. All bedrooms meet standards in terms of furnishing and fittings. Two residents were pleased to show us their bedrooms. They both said they were very happy with them and had brought personal items when they moved in to make their rooms more homely. The residents said they kept their bedrooms clean with the support of staff. The registered provider and the manager said they were trying to encourage residents to buy pictures they would like in the communal areas. They said they wanted the residents to choose as it was their home and it should reflect their taste. They would be reimbursed any money they spent.

The laundry area on the lower contains a washing machine and dryer with locked storage facility for cleaning products. Residents are encouraged to do their laundry as part of their development of daily living skills plan. The laundry area opens onto the garden with access to a washing line. The garden is secure and spacious. There is a small covered area where the residents and others can go out to smoke. We were told that they planned to develop the garden and have a barbeque and seating area.

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):

32,33,34,35,36

Quality in this outcome area is **good**.

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

Training needs for all staff has been identified and is formally planned, including NVQ training for all staff, to ensure that 50% of the homes staff achieved NVQ level 2 or 3.

The recruitment procedures followed are safe, thorough and comply with legal requirements.

Appropriately supervised staff meets the residents' individual needs.

EVIDENCE:

We checked the staff rotas, which showed that the ratio of care staff to residents is determined by the assessed needs of residents. We were told there are usually two staff on duty for day shifts but when it is known that all residents will need to be supported to go out the staffing levels will reflect this. There is always one waking staff at night.

The home employs only black male management and support staff, in keeping with the stated aims and objectives of the home. This reflects the cultural and gender of the residents and ensures residents have their needs met by staff of the same gender. The homes recruitment procedure is based on equal opportunities and operates a good recruitment process. This includes formal interview, taking up two references, CRB checks and POVA checks prior to appointment. We were told they make sure that during the induction programme, which follows the Skill for Care Induction standard, new staff understand the principle of care and relate that to the experiences and the needs of the residents. The registered provider said the staff turnover rate of the organisation is low, and they do not use agency staff. This ensures continuity of care. We checked two staff files during the course of the inspection. Staff records are kept in a locked cabinet in the staff room and are only accessible by the management of the home so confidentiality is not breached. The staff files we saw had detailed records of recruitment with all the required checks having been made. Copies of training records and supervision records were held on file. Two of the four current support workers have NVQ Level 2 Promoting Independence and both other support workers are enrolled to start working towards NVQ Level 2 Promoting Independence in May. The manager said they looked at training and development in supervision sessions. We discussed the possibility of the home developing a staff training matrix. This would help the manager keep track of staff training and training needs.

We spoke to two support workers who were on duty on the day of the inspection. They both demonstrated a good understanding of the mental health issues, behavioural characteristics and needs of the residents of the home. We saw how staff interacted with residents and this was both supportive and respectful.

There were copies of the minutes of staff meetings that are held every month. We saw a copy of the staff meeting agenda that was planned for the next day.

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):

37,38,39,42,43

Quality in this outcome area is **excellent**.

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

The manager is a qualified RMN, experienced and runs the home well.

The calibre of the provider and manager ensures that the aims and objectives of the home are achieved. They are open and supportive in their management approach.

Residents know the home is well managed and planned.

Working practices and associated records ensure that the health and safety of residents is promoted.

EVIDENCE:

The manager is an experienced registered mental nurse who has been a ward and unit manager in psychiatric hospitals. They have recently been appointed as manager and are in the process of applying to become the registered manager. He is open and shared his philosophy about how he saw the home developing by supporting the residents with to become more independent, developing daily living and social skills as well as making informed choices in their lives. The registered provider owns three other homes and has many years experience working with residents who have mental health issues. Both the manager and the registered provider showed they were committed to running the home for the benefit of the residents. The home is well run and they make sure that residents are well looked after and supported.

The records we checked indicated that all fire and electrical systems and equipment in the home are serviced and inspected appropriately and that all internal checks are conducted at appropriate intervals. There is regular weekly health and safety checks are conducted in the home each week by staff on duty on the date they are due. We saw copies of the records that are kept and the manager said he does a monthly audit of the checks. These indicated the home's health and safety services and equipment have been checked, serviced and maintained at the appropriate intervals. The registered manager ensures that all the staff has attended the relevant mandatory training on health and safety and that is kept up to date. We suggested a training matrix may be helpful and he said he would consider this.

The registered provider visits the home at least once each week, speaking to residents, staff and the manager at each visit. He also completes monthly Regulation 26 reports.

There was a copy of the fire certificate and fire risk assessment on file. Records indicated the break alarms are being tested weekly and fire-fighting equipment has been checked regularly. Fire drills have been carried out with all the residents at various times of day on different days, ensuring all staff will have taken part in fire drills over the course of six months and there is a record of the date and time drills have been carried out.

As in the other three homes owned by provider there are what is known as community meetings, which take place monthly in the form of two meetings. Residents and staff attend the first meeting. The second meeting follows immediately after and is attended by staff only. At the first meeting residents express any problems, concerns or needs. At the second meeting the manager and staff discuss how the issues raised can be developed or resolved. In this way the provider and manager continually seek the views of residents in order to monitor, review and develop the home. Because the home has only recently opened it has not yet developed a formal residents survey and so has not yet summarised and published residents views.

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

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

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

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	x

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

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

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

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	4
39	3
40	3
41	x
42	3
43	4

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

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

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	YA1	It would be good practice to produce the statement of purpose and resident guide in an "easy read" format to make it clearer for those who may not be able to read well.
2	YA17	It would be good practice and could benefit the residents if staff were able to take meals with them.

Commission for Social Care Inspection

London Regional Office

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