



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Chase (The)
<b>Address:</b>	165 Capel Road Forest Gate London E7 0JT

The quality rating for this care home is:

one star adequate 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.

<b>Lead inspector:</b>	<b>Date:</b>
Anne Chamberlain	1   6   0   4   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](http://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](http://www.tso.co.uk/bookshop)

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- 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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## Information about the care home

Name of care home:	Chase (The)
Address:	165 Capel Road Forest Gate London E7 0JT
Telephone number:	02084787702
Fax number:	
Email address:	tom@roselock.com
Provider web address:	

Name of registered provider(s):	Alpam Homes
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Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0

Additional conditions:	
The maximum number of service users who can be accommodated is: 8	
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: Learning disability - Code LD	

Date of last inspection	2	7	0	1	2	0	0	8
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Brief description of the care home	
The Chase is a residential home, which is registered for up to eight service users, with a learning disability. The home is situated within a short walking distance of Manor Park over ground station, and some local shops and amenities. The home is comprised of an older end of terrace house with a new double story extension at the rear. The	

### Brief description of the care home

home is owned by Alpam Homes, a local provider of care services. Fees at the home range from #1,250 - #2,000.

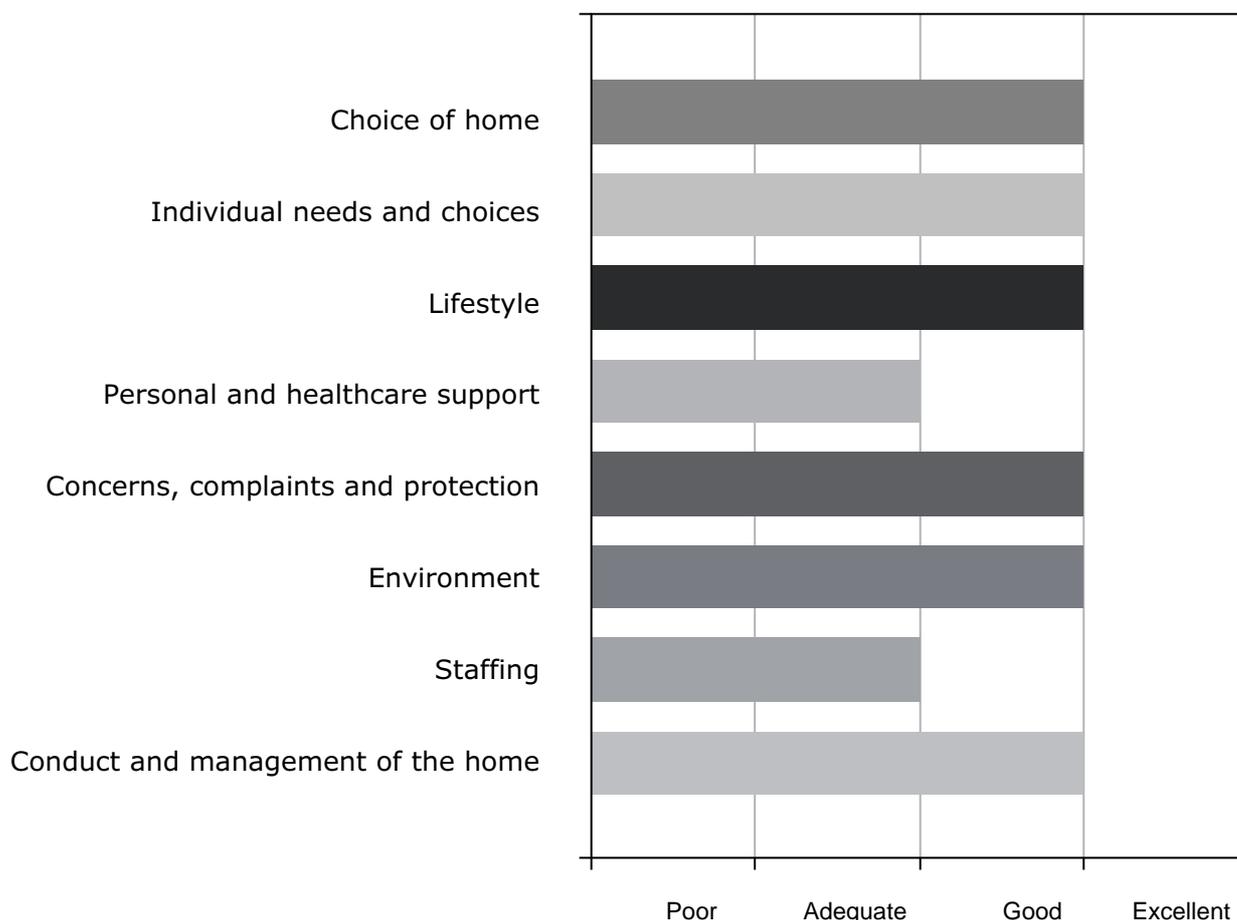
## Summary

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

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

The inspection was key and unannounced and took place over an afternoon and the following morning. We met with service users and spoke with two relatives. We viewed two service user files, two staff files and key documentation and recording. We inspected the arrangements for the administration of medication and toured the premises excluding service users bedrooms. We were assisted by the manager and staff at the home.

We would like to take this opportunity to thank all who contributed to the inspection for their co-operation and assistance.

### **What the care home does well:**

The service provides safe, structured 24 hour care and emotional support, tailored to the needs of the service users. There are a range of activities supported, and service users get out and about and enjoy variety and change.

The two parents spoken to both expressed their satisfaction with the home and the way their young people were cared for.

The staff group are consistent and committed. The manager is focussed and keen to bring about improved standards in every aspect of the home.

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

There are sound systems and structures in place. Appropriate policies have been produced and recording is much improved. The arrangements for medication are sound. Service users files are accessible and provide all necessary information. Risks are properly assessed and key documents are signed. Staff files are accessible and provide all necessary information including an up to date picture of staff training. Quality assurance is addressed with checking and auditing by the manager built into the systems.

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

The service has a respite service user who has been at the home for five months. Outcomes for him are generally good but his needs must be properly assessed and a plan agreed for his future. His medication arrangements must be as safe as those for other residents and the issue of his access to his own monies must be explored.

There are some minor shortfalls in safe practice at the home which need to be addressed.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line -0870 240 7535.

## Details of our findings

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## 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.

Assessment at the home is generally good but there has been a failing with one individual.

Evidence:

The new manager has completed new assessments on all the service users except the service user who is having respite care. The assessments are comprehensive, covering a wide range of topics, but brief in content. The manager said he felt this was because the service users are already established at the home and he is getting to know them. We felt that the staff knowledge of the service user was sufficient for his basic needs to be met.

The respite placement service user appears to have been accepted with no assessment made by the previous manager. He has now been at the home for five months and unless he is moving immediately, this omission must be rectified. We have advised the manager that he should contact the social worker of the service user and ask her to organise a review of the placement meeting, where future plans for the service user can be discussed.

Evidence:

## 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.

Care is well planned, independence is encouraged and risktaking is supported by assessment.

Evidence:

All service users have service user plans. We inspected the files for two service users and were satisfied that these plans are individualised and appropriately detailed.

Service users are encouraged to sign their key documents. However some of them are not able to do this. Keyworkers have signed in their stead to say that the document has been shared with them. However we recommend that families are requested to sign documents for their service user if this is possible.

The home has a policy on decision making. They promote choice as a right and support independence as a goal.

The service has general risk assessments for the environment, equipment etc. Service

Evidence:

users have individualised appropriate well completed risk assessments. We viewed these.

## 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.

Service users enjoy a wide range of educational and social activities inside and outside of the home. Contact with friends and relatives is supported. Meals are nutritious and mealtimes are pleasant.

Evidence:

The home has an Education and Occupation policy. It states that they support personal social and intellectual development. Service users attend the organisation's day services and a range of other recreational and leisure activities including swimming, bowling, trampolining, boot sales etc. There was a planner pinned up in the home which showed the weekly programme for each service user. Also keyworkers note in the daily logs what people have done during the day. The manager stated that there had been an outing the previous weekend to the seaside and he was hoping to access a couple of new clubs where service users from the other homes in the group attend, which organise trips.

## Evidence:

Most of the service users have families and their contact with them is supported and encouraged by the home. One service user goes home for visits. Two sets of relatives were spoken to as part of the inspection. One family said that their visits are welcomed. They said that they find the staff pleasant and caring and their son gets out and about and has a good quality of life. Another family said that they were very happy with the home and the staff were "lovely girls" and they could "talk to them about anything".

The home has a dignity policy which states that service users must be consulted and their dignity protected during activities like dressing, bathing, incontinence and other needs. It states that they are entitled to have their cultural needs met. The manager stated that staff always knock on the doors of service users and ensure that toilet doors are closed and people are properly dressed. Service users who can read have their mail handed over and those who cannot are assisted by staff to understand their mail. Notifications of appointments are shared.

Residents choose what they would like to eat, in their residents meetings. The manager stated that he plans to introduce pictures of different dishes to support these discussions. He stated that lunch and dinner are usually taken together at the table but people breakfast separately.

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

Personal support is offered in an individualised and sensitive manner. Healthcare is well supported. The home's procedures for the safe administration of medication are sound. However everyone in the home must be included in these procedures.

#### Evidence:

The care plans inspected showed that service users receive personal support in the way in which they prefer and which meets their needs. Service users have health action plans where all appointments with professionals are recorded. Accounts of appointments are written up by key workers. Service users access a range of professionals including chiropodists, dentists, and opticians.

We inspected the arrangements for the administration of medication. The home records medication received on the Medication Administration Record (MAR) sheets. Most medications are dispensed in Monitored Dosage Systems (blister packs). The manager audits the MAR sheets between the end of the cycle and the beginning of the next cycle. He stated that if there were any medication over he would at that point return it to the pharmacy. We saw a book where medication disposed of is recorded and there were several entries signed by the pharmacist.

## Evidence:

We balanced a randomly chosen sample of two medications. One medication had two tablets more than indicated by the MAR sheet. The manager thought this was because they had been brought forward from a previous cycle without being entered on the sheet as such.

There was an exception to the above arrangements with the handling of the medication for the respite service user. His medications were stored appropriately along with the others in the locked cabinet and he did have a sheet for the recording of his medications. However the service user is partially self medicating, needing some prompting and supervision. He takes his own medication and the keyworker records that they have observed this. This is clearly stated on the records. The service user was prescribed seven medication as well as creams, and had considerable quantities of some of them with unopened packs. The medication had been brought in by his sister and had not been recorded as coming into the home. One preparation the service user had been prescribed had run out. A worker stated that the sister usually brings new supplies of medication. However in this instance she did not and during the course of the inspection the service user missed at least two doses of this medication.

The manager stated that in addition to the medication inspected the service user had Hibiscrub in his room as he uses this in his bath. We advised that manager that this is too risky in a home for learning disabled people. He immediately arranged for the Hibiscrub to be locked away in the medication cabinet.

We advised the manager that the home's procedures for the safe administration of medication are satisfactory but that all service users must be included in them. Self medication is to be encouraged but supported by proper assessment and written protocol.

## 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.

The arrangements for complaints are satisfactory. The policy and procedure for safeguarding need to be adjusted.

Evidence:

We looked at the arrangements for complaints. There is a complaints information sheet which has a user friendly version on one side and a more detailed version on the other. There is a complaints policy which includes stages and timescales. There is a form to facilitate written complaints and if a service user wanted to express their complaint verbally it would be written down for them on this form. These forms are readily available in the home. The home has had no complaints but does have a good tracking procedure to ensure they are pursued to resolution. We were satisfied with the arrangements for dealing with complaints.

We discussed with the manager his understanding of safeguarding of adults and the actions he would take if an allegation or suspicion of abuse arose. He said he would ensure that the alleged victim was safe and reassured and listed a number of appropriate agencies he would contact, starting with the police. We advised that the correct procedure is to contact the local authority safeguarding officers in the first instance. They will involve the police if appropriate and a decision will be taken as to who will be the lead agency. We advised that should there be difficulties in contacting the safeguarding officers, a common sense approach should be taken as to how to proceed, also that the home's policy must be followed in conjunction with the local

Evidence:

authority policy. The home's safeguarding policy needs to be revised to reflect the procedure outlined above. The home did not have a copy of the local authority policy and must obtain one.

We asked the manager about the arrangements for dealing with monies in the home. He stated that the service users keep some cash in the home and staff assist them to purchase items. The staff then account for the money spent in an individualised account for the person. This is a satisfactory system. However the individual who is on respite at the home has not been included in the system. His sister produces money for items he needs or buys them herself. The service user has no access to cash. The home has not undertaken an assessment to ascertain whether the individual is able to use cash or wants to. As the individual has now been at the home for five months a discussion needs to take place with him and his family regarding this issue.

## 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 is generally clean, hygienic, homely and safe.

Evidence:

We undertook a tour of the environment excluding bedrooms as none of the service users were home to give us permission to enter their rooms. The environment of the home is generally very good. There are a few decor issues but the manager stated that these have been reported and he is expecting these areas to be repainted soon. On speaking with a parent of a service user he advised that his son's room needs redecorating and he has raised this with the manager. The parent feels that the redecoration is overdue and should be done promptly. Another parent spoken to said that her daughter had a lovely bedroom.

The home is clean and hygienic with no unpleasant odours. The home has a cleaner which is a great benefit. There are some incontinence issues in the home and the manager stated that incontinence laundry is washed separately and there is no need to go through the kitchen to access the washing machine.

There is a shed in the garden which contains cans of paint and which was not locked. The shed must be kept locked.

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

The staff are experienced and competent. However their training and supervision has not been adequately provided.

Evidence:

There are five full time carers at the home and two who do alternating overnight shifts. The staff working at the home have generally been there for some time and are experienced and competent. They know the service users needs well. A parent spoken to was very positive about staff saying they are nice, caring people. Another parent spoken to said the staff were lovely girls and she could talk to them about anything.

We viewed two staff files. We looked at the recruitment process for staff which appears quite robust. However we believe that in the past staff recruited may not have always had two professional references with the dates they worked confirmed. The new manager however said that this will be the future practice.

The manager advised that all workers undergo induction training and showed me a folder which details this. It also included a staff handbook.

We looked at the staff training records. The manager has put in place a good system for recording training. This showed that staff have had various appropriate training but

Evidence:

that the core basics of, fire, manual handling, first aid, health and safety, food hygiene and safeguarding adults, had not been renewed up to date. We would expect these core basics to be renewed annually or within two years. Both the records viewed showed the workers to be overdue for safeguarding adults training. The new manager has arranged fire training and plans to meet all the gaps in staff training as soon as possible.

We looked at the records for supervision. The manager had supervised both the workers in March 2009. Previous to this there was little recording of supervision. The manager stated that he plans to supervise staff every two months. The agenda for supervision which he described was appropriate.

## 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 on a firm footing with structures and systems, good policies and recording. The good practice of the home must however be extended to everyone who lives there and placements must be appropriate. Some shortfalls in safe working were identified.

Evidence:

As previously mentioned the home has a new manager who has only been fully responsible for the home for a few weeks. He has introduced good structures and systems with built in quality assessment and audit which will ensure that the home runs smoothly in future. However the home is currently caring for an individual who does not have a proper assessment of need, or a long term plan and is not benefitting from a sound system for administering medication, or handling monies. The manager understands that it is his responsibility to liaise with the appropriate professionals to regulate the position for the benefit of the service user.

The home has a pro-active approach to quality assurance and as mentioned above many of the systems are audited on a weekly or monthly basis by the manager. Some

## Evidence:

residents have had the opportunity to complete a quality assurance survey, however they did this with their key workers. We suggested it would be more meaningful to do these with family or workers outside of the home. The manager will survey the families when he has been in post a few months. Families have not yet had a letter advising them that the new manager is appointed to the post. This was mentioned to the inspector by a relative who said he had met the manager and knew he was working at the home but not whether he was going to be permanent. We suggested the manager write to all the families clarifying his position.

The home does not have an annual development plan as such, although the manager has a firm view of what he wants to achieve over the next year. He agreed to write this down. The home does have a calendar system of what must be achieved for individual service users every month, with tasks built in. This is a good system which should prevent drift. The manager stated that the head office of the organisation undertakes an annual audit and updates the quality assurance policy every year.

The home has a policies and procedures file with a good number of appropriate policies. It is indexed and accessible and all the policies have been recently reviewed.

The record keeping at the home is now good. There are proper systems in place to support this and staff are improving their compliance with recording.

We viewed the contents of the refrigerator and freezers. We noted that none of the perishable foods had 'opened on' dates on them, examples being a tub of margarine, a bottle of mayonnaise, and a jar of peanut butter. Perishable foods must have an 'opened on' date attached to them when stored in the refrigerator.

We viewed the arrangements for the Control of Substances Hazardous to Health (COSHH). The substances kept in the house were stored appropriately under lock and key. However the manager had no data sheets for any of the products. He agreed that he will obtain these for all the products stored in the home.

We viewed other health and safety records. There was a gas safety certificate obtained in May 2008, the fire extinguishers had been inspected in January 2009, and the alarm system checked by an outside contractor in June 2008, the Portable Appliance Test (PAT) had been carried out in March 2009, the electrical installation had been checked in 2008.

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
1	20	13	<p>All medication brought into the home must be recorded, to ensue the safe administration of medication.</p> <p>Whenever medication is dispensed the MAR sheet must be signed.</p>	01/08/2008

## 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

### 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
1	2	14	The needs of the service user who is at the home for respite must be assessed.  So that his needs can be fully met.	15/05/2009
2	20	13	All service users at the home must have their medications administered safely.  To safeguard service users and ensure their wellbeing.	15/05/2009
3	23	13	The home must obtain a copy of the local authority safeguarding policy.  So that they can work in conjunction with it to safeguard people.	01/06/2009
4	23	13	The adult safeguarding policy must be amended to state the correct procedure for dealing with issues.  So that people are protected.	15/05/2009

## 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
5	24	13	The garden shed must be kept locked.  Because it contains poisonous substances.	01/05/2009
6	35	18	Staff must be given formal supervision six times per year.  To ensure they work safely.	01/12/2009
7	35	18	Staff must be given refresher training in core basics annually or within two years.  To ensure they work safely.	01/09/2009
8	42	13	All opened perishable food stored in the refrigerator must have 'opened on' dates attached.  To comply with food hygiene regulations.	15/05/2009
9	42	13	The manager must obtain data sheets for all COSHH items  For the protection and safety of service users and staff.	01/06/2009

## 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	2	We strongly recommend that the manager ask the respite service user's social worker for a review of his placement.

## 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
2	6	The families and advocates of service users should sign their documentation if they are unable to.
3	39	We recommend that the manager write to all the families informing them that he is now formally appointed.
4	39	We recommend that the manager write a development plan for the home for the coming year.

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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