



Making Social Care  
Better for People

# inspection report

**CARE HOME ADULTS 18-65**

**Hall Farm Cottage**

**Church Road  
Bacton  
Norwich  
Norfolk  
NR12 0JP**

*Lead Inspector*  
Mrs Judith Last

*Unannounced Inspection*  
3rd July 2008      03:00

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

<b>Reader Information</b>	
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# SERVICE INFORMATION

<b>Name of service</b>	Hall Farm Cottage
<b>Address</b>	Church Road Bacton Norwich Norfolk NR12 0JP
<b>Telephone number</b>	01692 650707
<b>Fax number</b>	01692 650330
<b>Email address</b>	admin@janithhomes.org
<b>Provider Web address</b>	www.janithhomes.org
<b>Name of registered provider(s)/company (if applicable)</b>	Janith Homes Limited
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	3
<b>Category(ies) of registration, with number of places</b>	Learning disability (3)

# SERVICE INFORMATION

## Conditions of registration:

1. 3 People, of either sex, who have a learning disability may be accommodated

**Date of last inspection** 19th July 2006

## Brief Description of the Service:

Hall Farm Cottage is a care home providing personal care and accommodation to 3 adults with a learning disability. The home is owned and run by Janith Homes Limited. It stands on the outskirts of the Norfolk seaside village of Bacton.

The home is a country cottage and everyone has their own bedroom. There are enclosed rear gardens with geese and chickens, a patio, lawns, flowerbeds and a vegetable garden.

People living there attend day services at the company's main home - The Rookery. The home has its own transport. .

Fees are from £780 to £2000 per week according to need, with extra charges for transport and personal spending.

The manager says that residents are made aware that the Reports regarding Hall Farm Cottage can be looked at any time. Other parties are made aware that the reports can be viewed when they visit and they are also made aware of the CSCI website facility should anyone request the report in a different format.

# 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.

Before making our visit we reviewed all the information we have about the home and looked at detailed information that the manager was asked to send to us. We also wrote to people before we visited to ask what they think about the service. We had written comments from three staff members, two people living at the home and one visitor.

We spent just over three and a half hours doing this visit. Some of the time was spent at the head office, looking at records. Most of it as spent in the home.

During our visit the main method of inspection used was called "case tracking". This system is used to see what records say about people's needs, and to find out from observation and discussion what happens in the daily lives of people living at the home and the outcomes they experience. We also looked around a part of the home, talked to the people living and working there. We also looked at and listened to what was going on so we could see how people were being supported.

We used this information and the rules we have, to see how well people were being supported in their daily lives.

## What the service does well:

Hall Farm Cottage gives people a very homely environment where they can take some part in the day to day running of their home. This includes housework, shopping and cooking. They also say, "*we share feeding the geese and chickens*". "*We water the plants*".

People like living there and have a good quality lifestyle. One person told us "*I'm too busy to get bored*". One says, "*I go swimming on Saturday*". Another says, "*I don't. I don't like water. I go and have coffee instead.*"

The staff member on duty communicated very well with people living there, ensuring that they were involved in discussions. Staff also support people with appointments to see health professionals who can help to keep them well.

People living there tell us that the staff treat them well and that they are happy living at the home.

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

There has been some more redecoration, and the people who live at the home have chosen new, comfortable furniture for their lounge.

There is a vegetable garden and a rockery now, which people who live at the home have helped to make and keep tidy.

A new system of recording people's decisions and choices shows how people do this in their daily lives and also any advice that staff have given them that they may have decided to ignore.

The management team have looked in more detail at how people are able to manage their money safely.

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

The management team have told us about some of the things they intend to improve, so we will look at these the next time we review the service.

There is one thing that needs to happen by law. The meetings that each staff member has with their manager to talk about their work need to happen more often so that staff are monitored and supported in more formally and more often.

There are some other things that could happen to improve things even more. Some of these things the manager has already told us about – like making sure people's goals are recorded and followed up better. They could also do some more work to make information easier to understand for people.

The report contains some more information about these things.

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

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

# **DETAILS OF INSPECTOR FINDINGS**

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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 and 2

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

People have some information and visits to enable them to make an informed decision about whether the home is suitable to meet their assessed needs.

#### EVIDENCE:

People, or more likely, their representatives, can get information about the service from the company website. This sets out everything they would need to know and has recently been updated to reflect changes in management. People living at the home at the moment can understand information that is explained to them.

Two people told us in their comments that they were asked if they wanted to live at the home and that they had enough information to decide if they wanted to live there. One person went on to say, *"I came up and had a look round with [x] manager. Also had lunch while I was here."*

This shows that people have the opportunity to visit the home rather than just rely on the information they have been given.

The manager has plans for improvement in developing information in other forms, like using sign language and video. Plans for developing a DVD have

been suggested in the past. The manager says that this work has now started in one of the other homes in the group and if it is successful, Hall Farm will have one as well. This means that efforts would be made to ensure information can be understood, at least in part, by people whose communication and learning difficulties, make it hard for them at present.

At present there are no vacancies at the home.

People's care records show that their needs are assessed. This confirms what the manager told us before we went – that they would gather information about people's needs before they moved in and would develop the support plan from the information. This means that people find their needs are taken into account in any decision about whether the home is suitable for them.

## Individual Needs and Choices

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

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

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

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

#### **6, 7 and 9**

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

People are involved in decisions about their lives and the support they receive.

#### **EVIDENCE:**

People have individual plans that include assessments of their strengths and needs in a range of areas. During our visit these were at the main office of the company for some updating and this is happening more regularly than it was the last time we visited. We saw that support plans contain risk assessments reflecting activities people take part in so that there are efforts to minimise risk and promote people's safety. At present, information is not easily accessible to people themselves without explanation by staff.

The recent update includes information about financial vulnerability for each person and how this is to be minimised. These show where people are able to hold keys for locking away their personal allowances and what support people will need.

We saw records at the main office of what is received in benefits by the appointee where this is needed. These records show payments by standing order to people's individual bank accounts, of the allowances to which they are entitled.

The manager says that there could be an improvement in regular recording of meetings with people to show how people would like to progress and what their individual goals are. The management team told us that they would like to develop support planning that is more focussed on the individual needs of people, and more holistic in its approach (called person centred planning). This would help show support and progress towards personal goals for each person in a wider range of areas and would be a welcome development in showing better how people are encouraged to develop and reach their full potential.

There have been some changes but the manager sent us information that shows the staff who work there have been together as a team for a year. The staff who cover most of the shifts at the home have worked with the people who live there for a long time. They have had a lot of time to get to understand people's needs and difficulties. This means that people who live at Hall Farm Cottage have got to know the staff as well. They say that they feel well cared for and well treated by staff.

Staff are recording on a daily basis, the decisions and choices that people make about their day to day activities and routines, such as for clothing, when and what they want to cook, where they would like to go. They also record where staff have tried to explain the implications of people's decisions and the advice they have been given – for example in one case, to wear sun cream because of the weather and the person had refused this. People sign their own records with staff. These things show that people are involved in what goes into their support plans and in making decisions about their daily lives.

# Lifestyle

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

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

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

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

#### 12, 13, 15, 16 and 17

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

People have a busy and fulfilling lifestyle in and outside the home and agree activities that they do together as a group.

#### EVIDENCE:

People appeared very relaxed with the staff member on duty, cracking jokes and chatting through dinner.

People are able to attend day services that are provided by the organisation. This includes classes, art work, and work on the farm. Everyone says they have lots of things to do and keep busy. One person told us "I'm too busy to get bored."

A staff member says that people had expressed an interest in trying a new social club and an outing was planned to that, for the first time on the day we visited. This shows that people's ideas and suggestions about what they would like to do, are taken up.

Generally, people all go out together as there is only one staff member on duty. This means that activities need to be agreed by all parties or compromises arrived at. People told us that they like it there and they are not bored so it would seem that this suits their preferences. However, as they also share the same "day off" from their day services, there are limited opportunities for people to have time away from the people they live with, to forward individual goals, aims and interests.

When we arrived at the home one person was busy talking about a proposed holiday to America. The staff member was explaining parts of the various brochures the person was looking at. They told us "*staff have been helping me save up*". One person does not like to go abroad and can holiday with family, and one person is planning to go to Clacton.

One person said, "*I go swimming on Saturday*". Another said, "*I don't. I don't like water. I go and have coffee instead.*"

People were encouraged to join in tasks to do with the evening meal, like setting the table and washing up. We saw this happen. One person had been weeding in the garden and told us about the vegetables they were growing. We were told, "*we share feeding the geese and chickens*". "*We water the plants*". There is a cat living at the home too.

One visitor told us that they felt welcome when they came to visit the home. People told us that they keep in touch with their families. Two people have phone calls and visits to family. Records for one person showed they had chosen a birthday card and present for a relative.

The organisation that owns the home has a good record of supporting people with relationships and sexuality and this is incorporated into support plans where appropriate.

We talked about shopping and everyone says that they help with this. One person likes to sort out what they need to buy and says that when they buy food they "*like to make sure it comes from round here*". The staff member told us that they help another with understanding labels so that they can make choices about healthy eating.

Meals are taken together with the staff on duty, in the kitchen diner. The atmosphere is homely and relaxed and no one was rushed to eat their meal. It was very much a family atmosphere and one person joked that, "*she's very good, she's like a mum*".

The evening meal was a casserole with vegetables and we heard people discussing whether it was meat that came from the farm they worked on, or

from the shop. People were offered a choice of dessert – fruit, yoghurt or rice pudding. They told us that the food is good.

Menus are planned in informal discussions according to staff. Records of choices made show when people have decided they would like to do some cooking. The staff member says that the menus they plan and write down can often be changed at the last minute if people decide they want something different, and they agreed with this.

## **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 and 20**

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

People have their personal and health care needs met and systems for managing their medicines help to protect them.

#### **EVIDENCE:**

People need limited support with personal care and support plans set out what encouragement or prompting is needed. The people living at the home are all men, and there is one male staff member on the team.

Staff say routines are flexible and can be changed at the last minute – for example in relation to mealtimes. On the day of our visit it had been timed to allow for people to go to a social club.

Records show where appointments are needed with health professionals and the outcomes of these. Information from the manager also shows that people can go to the "well man" clinic run by a local surgery. Other professionals such as psychiatrists or members of the community learning disabilities team also have links with the organisation. This means that staff are supporting people to stay well.

Medication records were complete. Records of medicines that were only needed from time to time were kept showing the balance that remained in stock.

We asked about a dispersible aspirin that is included in the blister pack with another tablet and should be dissolved and the staff member told us this happened. The person concerned nodded their agreement. Blister packs do not have a description of the medicines included in the bubbles so that staff who may be new to the home can be sure that they have separated the right one for dissolving (both are white, but of different sizes and slightly different shape).

While we were there we saw medicines being given. This process provided for checking and recording, and people were offered a drink so that they could swallow their tablets easily.

The medication cupboard is not of a type that would confirm to regulations covering safe storage in the event residents needed any "controlled" medication.

## 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 and 23**

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

There are measures place to ensure people’s concerns would be taken seriously and addressed, and to help protect them from abuse.

### **EVIDENCE:**

Observation on the day we visited shows that people are comfortable with the senior staff member who oversees the day to day running of the home and people told us the staff were good. We concluded from the jokes that people made with staff, and the discussion and laughter that was going on, that people would be able to talk about the things that bothered them and to raise any concerns they might have. People told us that they didn’t have any complaints and like living at the home.

They told us in their written comments that they knew how to make a complaint and who to talk to if they had concerns. They have access to staff outside the home who could support them with this if they needed to. The person doing visits on behalf of the provider also speaks to people about their care.

All of the staff who wrote to us say that they know what to do if someone has a concern about care.

Staff have training to help them recognise concerns and know how to respond to them appropriately. The company has also started to renew checks on staff to make sure they remain suitable to work with vulnerable people and that

nothing has happened to change this, that the organisation has not been told about.

Risk assessments and guidance for how people are to be supported with managing their money have been updated since we last visited. The person who carries out visits on behalf of the owners of the home also checks monies to make sure there is no mishandling.

# 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 and 30**

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

People live in a homely, comfortable and safe environment that meets their needs and where they are able to have a say in how it looks.

### **EVIDENCE:**

One person showed us their room and says that they are very happy with it. People say they chose the living room furniture and the staff member said that they'd been to a lot of places to find something everyone liked. One visitor told us that they felt the home did well in offering a "nice homely environment".

People told us that they got to choose how their rooms are decorated.

People take part in helping to keep their home clean. They also join in things like doing the garden and taking care of the animals. One person did some weeding.

People who live at the home are able to move around it independently. There is one ground floor bedroom, as well as bathroom and toilet, which allows for someone to be accommodated who might have difficulties with stairs.

We heard people being given the choice about where they would like to eat, because sometimes they like to use the furniture on the patio.

There are programmes of maintenance and testing to make sure that the home is safe.

The home is domestic in nature and we saw no immediate concerns about either food safety, safety of the home, or for infection control. Staff have training to help make sure they understand how to minimise the risks of any infection.

# Staffing

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

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

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

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

#### 32, 34, 35 and 36

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

People are supported by an effective staff team who have training to help them meet people's needs competently. However, staff do not yet have supervision as expected so the management team can show they are monitoring and discussing staff practice formally.

#### EVIDENCE:

The staff team have been working together for around a year. We looked at the recruitment records and training records for people living there. These show that appropriate checks are made on staff before they start work. Staff also confirmed this in their comment cards. This shows there are measures in place to help protect people from prospective staff who might be unsuitable to work with vulnerable adults.

Two out of three staff say their induction mostly covered what they needed to do, to do the job. One says this was covered very well. There is a core of experienced staff. All three staff who wrote to us say that they are given training that is relevant to their work and helps them understand and meet people's needs.

Two of the four staff have qualifications (National Vocational Qualifications) to provide them with the underpinning knowledge to support people properly. There is a range of mandatory training and the way this is monitored to make sure it is up to date, has improved. One staff wrote to us that there is:

*"ongoing training. If you want to go on a course to find out more about something that's relevant to your service user or the job, they will get you a course."*

This means that there are efforts to make sure that people are supported by an effective staff team who are competent to meet people's needs. However, one staff member who is part time and predominantly works at weekends has not accessed the same training opportunities as other staff.

People we spoke to told us that the staff are good. Interactions we saw showed that people living at the home were comfortable with the staff member on duty.

The information the manager sent recognises that supervision of staff could be improved. The dates recorded on the supervision schedule confirm that this does not yet happen with the frequency set out in standards. For example, two staff had supervision in June but there are no others listed.

# Conduct and Management of the Home

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

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

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

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

## **37, 39 and 42**

People who use the 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 effectively run by the management team, with day-to-day input from an experienced senior carer. The way it is run takes into account people's views, health, safety and welfare.

## **EVIDENCE:**

There have been changes in the management team since we last assessed this service. There has been an acting manager since January and very recently, a new manager has been appointed who will apply to be registered. The management team have continued to monitor the service and the information was asked for was completed well in telling us what was going on in the home.

There are checks and surveys to find out what people living at the home think. It also takes into account the views of people's families, but not yet of other interested parties such as care managers or health professionals. The formal

process takes place once a year, and records show that suggestions or queries are taken up and addressed. The organisation has also introduced a questionnaire for staff to express their views and suggestions, and records we saw show that suggestions and comments are taken up with explanation to staff if necessary.

One of the company directors also visits the home once every month. These visits provide for consultation with staff and people living at the home, to find out what they think about the quality of the service. This means there are systems in place to make sure that the views of people living in the service are taken into account when considering how it might develop or improve.

The management team says that the inspection report is available to existing and new service users. The staff are familiar with the process and understand what inspectors are there to see.

Records show the safety of the premises is checked and monitored, including fire and electrical safety. This includes formal servicing arrangements and follow ups by the person carrying out the monthly visits to make sure there are no immediate concerns and that the home is well and safely maintained.

The monitoring of training for staff, for example in first aid and health and safety, has improved to make sure that this is kept up to date. This means there are measures in place to help promote people's safety and welfare.

# SCORING OF OUTCOMES

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

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

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

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

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

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

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

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

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

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

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	3
<b>36</b>	2

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	2
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection? N/A

**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
1.	YA36	18.2.a	Staff must be supervised with the agenda and frequency set out in national minimum standards. This is so staff receive adequate supervision and support to ensure they understand their roles fully and can support people in line with the home's philosophy and aims of individuals. It is also so that any initial problems with staff performance can be addressed.	30/09/08

**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.	YA6	Work on support plans should be progressed as the manager suggests, to focus more on individual goals and aims for people.  The changes should provide for support plans to be easier for people who live at the home to understand their own.
2.	YA13	Opportunities for more flexible day care routines should be

		looked at, to reflect increased opportunities for people and allow for more keyworker or 1:1 activities in the local community (such as use of the library or clubs and classes people might be interested in).
3.	YA20	There should be descriptions of the appearance of medicines on charts or packs so that staff can more easily identify them where they need to select any to dissolve them for someone to take properly, or where there might be a problem.
4.	YA20	Consideration should be given to medication storage so that medicines needing additional security could be stored safely and legally if they were prescribed.

## **Commission for Social Care Inspection**

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