

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**The Stan Bell Centre**

**74, William Street  
Loughborough  
Leicestershire  
LE11 3BZ**

*Lead Inspector*  
Ruth Wood

*Unannounced Inspection*  
22nd April 2009      11:50

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 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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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	The Stan Bell Centre
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<b>Telephone number</b>	01509 631300
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Royal National Institute of The Blind
<b>Name of registered manager (if applicable)</b>	Miss Linda Bartlett
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	35
<b>Category(ies) of registration, with number of places</b>	Learning disability (35), Physical disability (35), Sensory impairment (35)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following categories 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:  
  
Sensory Impairment - Code SI  
Learning Disability - Code LD  
Physical Disability - Code PD
2. The maximum number of service users who can be accommodated is: 35

## Date of last inspection

12th November 2008

## Brief Description of the Service:

The Stan Bell Centre, Provides accommodation and varying degrees of care and support for students attending the RNIB college, Loughborough. The facility was previously inspected as a Further Education College, however it was registered as a Care Home in March 2006.

The college does not provide long-term care, but rather individual care and support to enable students to access courses. Some students will have individual support programmes, which may involve one to one staffing to enable them to access the college facilities and experience a group living environment in a college setting. The average stay in the Stan Bell Centre is from one to three years.

The Stan Bell Centre consists of fifty-nine single en-suite bedrooms, divided into nine flats of six and one of five. One flat is exclusively for the use of older learners (over 25). The service is registered for thirty-five people and these people live throughout the home in the remaining nine flats. Each flat has its own kitchen/dining area and there are a variety of communal lounges that can be accessed by all the students. The registered facility at the Stan Bell Centre currently accommodates students between 16 and 25 years of age, although it is registered to provide a service for people up to 65 years of age.

An electronic key system ensures that learners can only access their own room and flat and certain communal areas. Most students take their main meals at the restaurant in the main college block but prepare their own breakfasts and some main meals in their flats' kitchens.

# 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.

This inspection visit took place on a weekday between 11:50 and 17:50. During the visit we focused on the support received by two people living in the residential service, looking at their support plans and risk assessments, speaking to staff about how they deliver that support and speaking to the two people about their experiences living at Stan Bell. We also spoke to four other people about their experiences of using the service, one relative and to staff members about the training they receive so they can do their jobs.

We looked at the management arrangements in the home, how the quality of the service is maintained and improved and how good communication is promoted between the educational and residential parts of the service. In exploring this we spoke to the Principal and Assistant Principal of the College, the Quality Improvement Manager and the Registered Manager. We also looked at the systems in place to ensure that people can raise concerns or complaints about any aspect of the service.

In addition to the inspection visit, this report is also informed by the following:

- A random inspection of the service on 15/12/08 where we looked at how the service had responded to requirements and recommendations made at the key inspection on 12/11/08. During this visit we looked at nine people's support plans and the revised assessment procedures for admitting new people to the service.
- Information sent to us as part of the home's registration application to increase the numbers and categories of people it can provide a service for.
- A visit to the service made on 09/02/09 with the registration team to assess the suitability of the service to increase the numbers and categories of people it can provide a service for.

The Annual Quality Assurance Assessment completed by the service, a self-assessment that focuses on how well outcomes are being met for people using the service. It also gives us some numerical information about the service.

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

Good formal and informal systems are in place to consult with the people who live at Stan Bell. Everyone has regular meetings with their key worker and tutor and people living at the service said that they found staff easy to talk to and helpful. Formal learners' meetings are also held and there is a clear, accessible complaints procedure in place, which learners are aware of. People are actively encouraged to develop their independent living skills whether this is developing independent mobility, learning to do laundry or to cook. People said that they had opportunities to make decisions about their lives and to do the kinds of things that they wanted to do.

There is a very wide range of activities that people can take part in and people at Stan Bell spoke about some of their favourites such as singing, dancing and drama. People also have the opportunity to go out regularly to shopping and leisure centres and parks. Several people we spoke to had been on holiday to the Lake District and taken part in outdoor activities supported by staff.

Good arrangements are in place to support people to manage their own medication (or aspects of it) where appropriate and this again helps to maintain and promote people's independence. People are also given the opportunity to learn about their medication, why they take it and the possible side effects they may experience. This helps people to take an active interest in their own care.

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

The service has worked hard to meet the requirements made at the previous key inspection within the timescales given.

It submitted a new registration application and is now registered to meet the needs of people with a learning or physical disability, as well as people with a sensory impairment.

Each person living in the registered service now has a detailed support plan, which also outlines areas of particular risk and how these are managed.

How people are assessed before they move in has also been improved to make sure that the service can meet people's needs.

Information about the service in the Statement of Purpose outlines the range of need that the home is registered to meet.

Staff have received additional training to help them meet people's needs.

The service has a special cabinet to store controlled medication in.

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

All staff that work in the registered service should have training to help them support people who may have challenging behaviour.

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 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 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.

This is what people staying in this care home experience:

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

#### **1, 2**

People using 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 access to accurate information about the service in a variety of formats, to enable them to make an informed decision.

Thorough assessment procedures should ensure that the service is able to meet people's needs.

#### **EVIDENCE:**

The service have made several modifications to the Service User Guide and Statement of Purpose and it is now gives clear and accurate information about the registered service and the categories of registration for which it is registered. Both documents are available in a variety of formats, including Braille and large print.

The assessment procedures for the service have been updated, as required at the key inspection. New documents have been produced, which request a greater breadth and depth of information about people's health and social care support needs. If the registered manager feels that more detailed information is required about a certain aspect of care, then a request will be made for an appropriate professional to provide this. If the person is currently receiving support from another provider then the registered manager will also request a copy of any ongoing care or support plan. Once this information has been

gathered, people will be invited to attend an assessment visit, during which one member of the senior support staff will assess their needs and compile an initial support plan.

## 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.

This is what people staying in this care home experience:

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

#### 6, 7, 9

People using 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.

Support plans accurately reflect people's needs and how they should be met. People are supported to make choices about their lives and to develop their independent living skills.

#### EVIDENCE:

We spoke to six of the sixteen people currently living in the registered service. They told us that they were able to make decisions about many aspects of their day-to-day lives such as the kinds of activities they took part in, the kind of education courses they did, the food that they ate and the people that they socialised with. There are also formal systems in place to enable people to make decisions about their lives, such as flat meetings and the 'learners conference', which involves people from other colleges in the Region.

At the random inspection on 15/12/08 we looked at nine people's support plans and at this inspection we looked at two people's plans. All people living in the residential service now have a support plan in place, which clearly

outlines their needs and how they should be met. This includes information for staff on how to manage any aspects of the person's needs that may be challenging. For example, following requirements made at the previous key inspection, staff have received training in how to respond to learners who self-harm and details of this are included in people's support plans. Plans are written with learners and a consultant is working with the service to ensure that they are written from the perspective of the person and follow the principles of person-centred planning. This is part of the service's approach to facilitate learners to develop skills in managing their own care, as it is recognised that some people will continue to need some degree of support when they leave the service.

Plans contain clearly written risk assessments, which outline action to minimise risk while still maximising the learners' independence. Assessments are updated to reflect people's changing needs. Each person has an Independent Living Plan and tutors from the college setting and keyworkers from the residential setting work together with the learner to ensure that opportunities for developing skills are maximised.

During the Random Inspection we discussed how the service could improve the arrangements for review of people's placements and a formal review is now to take place within the first term of a learner's placement. As the Learning and Skills Council rather than the Local Authority funds placements, most learners do not have an allocated social worker.

# 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):

This is what people staying in this care home experience:

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

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

People can choose to take part in a wide range of educational, social and leisure activities and receive good support to develop their independent living skills.

#### **EVIDENCE:**

Considerable work has been done since the previous key inspection to group people more appropriately within the residential service, according to their needs and abilities. As part of this a much more differentiated approach to activities takes place to meet people's different interests and abilities and the different levels of support required. This is balanced however with opportunities to socialise with the wider social group.

We spoke with six people about the kinds of things that they did during the day and in the evenings and observed the staff handover; this gave us information about the range of activities taking place that evening.

All learners have a full educational programme, attending the RNIB's College, with some attending additional provision at Loughborough College, with appropriate support. There is a study room in the Stan Bell Centre, equipped with computers, where learners can do coursework and receive support with this if required. The people that we spoke to said that they did courses in computers, drama, cooking, singing and drama. One person, whose support we looked at in detail has also done work experience in various settings as part of their college course.

All learners prepare their own evening meal on Wednesdays, working with the people in their flat and staff support. We observed two groups of students preparing their evening meal, which they had chosen and shopped for at local supermarkets. Learners also shop for and prepare their own breakfasts, with support, in their own flats. Other meals are taken in the College Restaurant. Some people living in the registered service receive support from staff to make sure that their particular dietary needs are met.

The people that we spoke to said that there was "lots to do" in the evenings and at weekends. On the evening of the inspection people could choose to take part in making salt dough figures, learning the Salsa, a drama session focusing on stand up comedy or taking part in a ball game. Some people also said that they planned to watch some television. One person said that they particularly enjoyed the karaoke sessions and 'Dancing with the Stars' where they could learn how to do various dances. Several people had been on a holiday to the Lake District, supported by staff during the Easter break. Everyone was very positive about the trip "It was really nice".

We spoke to the staff member at the Stan Bell Centre responsible for mobility training for visually impaired students. Learners receive specific training to enable them to get around safely and confidently and this is part of the overall education that they receive at Stan Bell. The trainer emphasised the importance of encouraging learners to go out on the various trips that the service offers, to places such as shopping centres, theme parks and football matches. This enables them to transfer their mobility skills to other settings and increases their confidence.

People who live in the residential service will do so for between one and three years and the service tries to ensure that their families are actively involved and aware of what takes place at Stan Bell. We spoke to one relative who confirmed this took place and that their feedback and concerns had been acted on appropriately.

## 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.

This is what people staying in this care home experience:

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

#### 18, 19, 20

People using 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's health and personal care needs are met.

### EVIDENCE:

People's support plans outline their personal care needs and staff's role in meeting these. The service tries to ensure that a limited number of staff support people who have direct personal care needs, to ensure consistency of care as well as maintaining the dignity of the person receiving the care.

Learners can and do retain access to GP, dental and optical services in their home areas but arrangements are made for them to register and receive treatment with local practitioners during term time. Looking at people's records and discussion with the registered manager demonstrate that appropriate specialist support has been obtained for people with particular health needs. Guidance and training had also been sought for staff in how to deal with specific health conditions, such as diabetes and staff are due to receive training in pressure area care within the next two months.

A recommendation made at the Random Inspection to put a specific assessment in place for people with specific pressure area care needs has been implemented and the service has also sought appropriate input from outside professionals in this area.

The service has access to its own Physiotherapist and Speech and Language Therapist (SALT) and both therapists have assessed and produced guidance for staff for certain learners. Additional equipment for one learner has also been recommended as a result of a change in their needs.

Additional storage, which meets the latest requirements, has been obtained for controlled medication and a suitable register is in place for recording this medication. All staff that administer medication have received appropriate training and one staff member confirmed that their competence is regularly assessed through direct supervision of their practice. Protocols outlining the circumstances in which 'as required' medication should be taken are now in place.

Some learners administer their own medication and all learners who take medication complete a booklet with staff support, which informs them about the medication they take, what it is for and any possible side effects. This is in an accessible, easy to understand format and helps people to be more actively informed about the treatment they receive.

## 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.**

This is what people staying in this care home experience:

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

### **22, 23**

People using 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.

Good systems are in place to listen to and act on people's concerns

### **EVIDENCE:**

The complaints procedure is available in a variety of different formats, such as audiotape, large print and Braille and a version can be produced to meet an individual's needs. Students have various avenues that they can use to make a complaint, directly to staff, by e-mail, or people can give anonymous feedback via the Intranet. There are also boxes where people can post, complaints, concerns, or just feedback in print or Braille. They can also give feedback/complaints to the Quality Improvement Manager. People we spoke to were very clear that they could speak to staff members at any time and tell them if they were not happy with anything.

All staff have received training in recognising abuse and in safeguarding and staff spoken with had a good understanding of their responsibilities to protect people and report concerns. Some staff have received formal training in how to deal with challenging behaviour from the Accredited Trainers in the Centre. It is recommended that all staff working in the residential service receive this training. Following the last key inspection we made safeguarding referrals for seven people living in the service, who had needs that the service was not yet registered to meet. We referred two more people who had needs in addition to their visual impairment. A further safeguarding referral was also made arising from this investigation. All investigations have been concluded and there are no outstanding safeguarding concerns. Appropriate support plans have been

put in place to ensure that learners' individual support needs are met and staff have received additional training in the area of self-harm to meet some learners' specific needs. The service applied for and has been granted registration to cover the categories of care that it currently provides.

Since the previous key inspection, additional consideration has been given to the distribution of learners in the registered service, to ensure that consideration is made for people's needs and potential vulnerability when allocating which flat they will live in.

Good systems are in place for supporting people with their finances and full records are kept of all transactions where staff support learners in managing their monies.

## 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.

This is what people staying in this care home experience:

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

#### 24, 30

People using 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.

Accommodation is clean and comfortable and appropriate adaptations are in place.

#### EVIDENCE:

The accommodation is situated over three floors and consists of nine flats with six rooms and one block with five. Learners attending the RNIB College, who are not part of the registered service, also live in these flats. There is no specific designated area for the registered service but since the previous key inspection additional consideration has been given to the distribution of learners to ensure that people's needs and potential vulnerability are taken into account when deciding who they will live with. Younger learners (16-17 yrs) are not accommodated with anyone who is more than 4 years older. Flats also only offer single sex accommodation.

At the time of the key inspection people in the registered service were primarily living in three flats. Each flat is only accessible by keypad to people

living there and to staff members. Each flat has a kitchen/diner and these are used to prepare and eat breakfast and for some lunches and evening meals. Kitchen cupboards have signs on them identifying what is stored there. Eight rooms are adapted for wheelchair use. In addition one flat has been adapted to meet the physical needs of the person currently living there. At the registration visit the service assured us that additional equipment or adaptations would be made to meet people's specific physical needs, should they wish to use the service

There is a large communal area on the ground floor known as 'The Messy Room', which is used for activities, and a large communal lounge with a large wide screen television. There are also smaller communal lounges on the other floors.

The fire alarm system includes flashing lights and facilities for vibrating alerts to be added for people with a hearing impairment. The system is linked directly to the fire station.

There are lifts to all floors and each person's room has a shower or bath, toilet and basin en-suite and there is an accessible communal toilet on each floor.

On the day of the inspection all areas of the building were clean and tidy and fresh smelling. Staff have received training in infection control.

## 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.**

This is what people staying in this care home experience:

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

**32, 34, 35, 36**

People using 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 well supported by competent staff

**EVIDENCE:**

Two recently employed staff's recruitment records were sampled; all necessary information, including Criminal Records Bureau checks and written references had been obtained before staff started work. Staff names had also been checked against the Protection of Vulnerable Adults Register. Such checks make sure that only suitable people work at the Stan Bell Centre.

We spoke with three staff members during the visit and observed the formal staff handover. At this, some staff were allocated to work in specific flats and some staff were allocated to work on specific activities or tasks with learners. In the two flats where we observed dinner being prepared, two staff were working with either three or four learners. People living at Stan Bell that we spoke with said that there were always staff around if they needed help or support.

Staff receive a structured induction based on the Skills for Care 'First Steps Common Induction' programme and work alongside another staff member for their first two weeks. Staff receive training to enable them to meet the range of needs that the service is registered to provide for. This includes specific training in working with people with visual impairment, learning disabilities, Asperger's Syndrome and Cerebral Palsy. Following a requirement made at the last key inspection, staff have received specific training in understanding and working with people who self-harm. Staff also have the opportunity to gain National Vocational Qualifications in care and support.

We spoke to three staff members who confirmed that they receive one to one supervision with either the registered manager or a senior staff member on a half-termly basis and said that aspects of their practice were also regularly supervised.

# 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.**

This is what people staying in this care home experience:

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

**37, 39, 42**

People using 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's views inform how the service is run and their health, safety and welfare is promoted.

**EVIDENCE:**

At the previous key inspection seven people living in the registered service did not have a visual impairment and had needs, which the service was not registered to meet. The service has worked hard to remedy this situation by re-submitting their registration application, meeting with the Commission, submitting revisions to documentation when required and meeting all requirements made at the previous key inspection within given timescales. The service is now registered to accommodate people with: a visual impairment, or a learning disability, or a physical disability or with a combination of these disabilities.

As part of this process the service has re-evaluated the management arrangements at Stan Bell and is currently recruiting another manager for the service, who they will put forward for registration. The current registered manager has agreed to continue in the post until the new person is appointed when she will take over a new post as Assistant Head of Care. The service is keen that the service provided in the registered service will be more fully integrated into the wider work of the college and that there are much closer links between the two aspects of the service. Arrangements have been made for the new registered manager to liaise more closely with wider college management and to be part of the senior management team.

Good systems are in place to ensure communication about people's needs between staff members in the registered service and the college setting. Each learner has a keyworker based in the registered service and a tutor based in the college and information between the two is passed on a daily basis. A formal handover is held on a daily basis to update residential staff on people's needs.

Established systems are in place to monitor people's satisfaction with the service. There are learners' focus groups and surveys. 'Flat meetings' are held at least once per month and wider learners' meetings are held once per term and these are recorded; there is also a yearly learners' conference including people from other colleges in the Region. Learners' parents are also formally surveyed on an annual basis to ascertain their satisfaction with the service. At the beginning of term, the Quality Improvement Manager for the college and the Registered Manager meet with learners to negotiate the 'Ten Golden Rules'; these are displayed on notice boards and address issues of respect and dignity.

Staff have received training in moving and handling, fire safety, first aid and in food hygiene. Fire systems and equipment are appropriately serviced and tested.

# 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>	4
<b>12</b>	4
<b>13</b>	3
<b>14</b>	4
<b>15</b>	3
<b>16</b>	4
<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>	3

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

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.	YA23	All staff working in the registered service should receive training in how to manage behaviour that may challenge.



## **Care Quality Commission**

Eastern Region

Care Quality Commission

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