



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Haven
Address:	218 Worcester Road Droitwich Spa Worcestershire WR9 8AY

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

Lead inspector:	Date:
Martin George	0 4 1 2 2 0 0 8

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 Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

Reader Information

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Information about the care home

Name of care home:	The Haven
Address:	218 Worcester Road Droitwich Spa Worcestershire WR9 8AY
Telephone number:	01905772240
Fax number:	
Email address:	simon@havenresthme.demon.co.uk
Provider web address:	

Name of registered provider(s):	Mr Simon Greaves
Name of registered manager (if applicable)	
Mr Simon Greaves	
Type of registration:	care home
Number of places registered:	16

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	16
old age, not falling within any other category	0	16
physical disability	0	16

Additional conditions:

Date of last inspection

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Brief description of the care home

The Haven is an adapted care home located on a main road in a residential area close to the centre of Droitwich. The home provides personal care for a total of sixteen people over the age of 65 years. The home does not provide nursing care. People living in the home who require nursing attention receive this from the community nursing service, as they would in their own home. The home is able to provide long term and short-term care for older people who are physically disabled and older people who have a dementia illness. The home is owned and managed by an experienced registered provider. The home's purpose is to provide a high standard of personal care in a homely environment. Bedroom accommodation is situated on both the ground and first floor. A stair lift is in place to assist people to gain access to both levels.

Brief description of the care home

Communal areas consist of a large lounge with a smaller one leading from it. The dining room is in a conservatory leading from the large lounge. Access to the rear garden can be reached via the dining area. Limited car parking is available at the front of the home. The home is located on a bus route between Worcester and Birmingham. The fees range between four hundred and four hundred and thirty pounds per week. Fees include services such as hairdressing, chiropody and toiletries such as soap and razors. Fees do not include clothing, international telephone charges and items of a luxury nature.

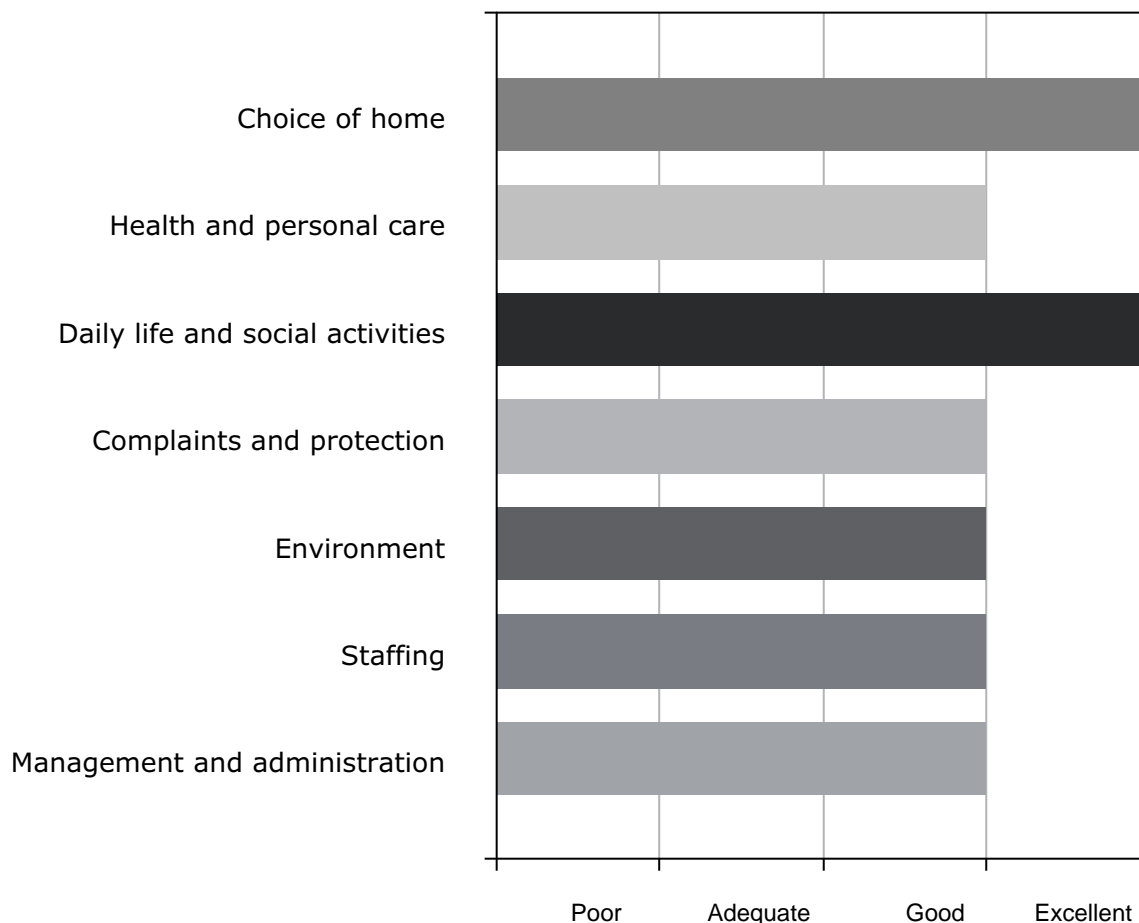
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was carried out by a single inspector between 09:55 and 16:50. As part of the inspection all National Minimum Standards defined as "key" by the Commission for Social Care Inspection were considered.

Information about the performance of the home was sought and collated in a number of ways. Prior to inspection we were provided with written information and data about the home through their annual quality assurance assessment (AQAA). Information from the last key inspection report was analysed prior to inspection to help us formulate a plan for the visit and to help us in determining a judgement about the quality of care provided by the home.

On the day of the inspection we spoke to the manager, deputy manager, staff, people living at the home and their relatives. We had the opportunity to speak to a district nurse who visits the home several times a week. We also undertook a tour of the premises and observed practice, which provided evidence in support of the records we checked on the day. This approach allowed us to assess how well outcomes are being met for those receiving a service.

What the care home does well:

Pre-admission assessments and care plans are comprehensive and clearly show how the home intends to meet outcomes for those receiving a service. Medication practice protects people from the risk of medication administration errors. Activities recognise the needs and abilities of those living at the home. The living environment is clean and well maintained.

What has improved since the last inspection?

The garden area has been improved to make the area fully accessible to all those living at the home. Person centred care plans have been developed and show how outcomes will be met. The home has responded well to the requirements made at the last key inspection showing the commitment it has to improving outcomes for those living at the home.

What they could do better:

The introduction of body maps would help to show injuries associated with falls. Quality assurance processes should show how the home improves outcomes for people through environment and practice developments. The home needs to be more vigilant in recording all concerns (no matter how minor) to show how it responds to these with a view to improving outcomes and service delivery. The home should ensure the in-house adult protection policy is compliant with Worcestershire's.

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.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information provided to prospective admissions and their relatives gives a clear picture of what can be expected and managers and staff are very responsive to any queries.

Evidence:

The statement of purpose was updated on the 1st November 2008 and the manager feels it is an accurate reflection of what people living at the home can expect. Observation throughout the day supports the manager's view. The welcome guide informs people living at the home what things are included within the standard fee and what is extra. Relatives who we spoke to said they were made aware of the information in the welcome guide before agreeing the admission. The Annual Quality Assurance Assessment, submitted by the home prior to the inspection, states that people living at the home are given a copy of the welcome guide upon admission. One person living at the home was able to confirm he had a copy.

Evidence:

We saw a comprehensive "contract of residence", which all people living at the home and their relatives are given. Within the welcome guide there is a blank "Service User satisfaction" questionnaire, which everyone is encouraged to complete, with the support of relatives if necessary. This helps the home to assess how well they are meeting outcomes and expectations of those they provide a service to. Some completed questionnaires were seen and discussion with the deputy satisfied us that where concerns were raised by those completing the questionnaires the home responded as necessary.

The Annual Quality Assurance Assessment confirms that all admissions are on a four week trial to ensure that people are happy being at the home and that the home can meet their needs.

Assessments are always carried out prior to admission and include a comprehensive range of information necessary to ensure safe care can be provided from the start.

Relatives spoken to on the day of inspection said the home is always very responsive and one relative said that they show a "genuine caring attitude". Another relative said they were pleased that on the day of arrival the cook had met with them and asked about any preferences or dietary needs their mother had. They felt this was "a nice personal touch" and helped them decide that the home was right for their mother.

Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

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

This is what people staying in this care home experience:

Judgement:

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

People living at the home are provided with a standard of care that is carefully assessed and reviewed through an effective care planning process. Medication practice is robust and satisfactorily safeguards people.

Evidence:

In the files of the people living at the home we noted that assessments for social and emotional care cross reference well with the care plan. On one of the files we looked at there is consent for use of cot sides alongside guidelines for staff on their proper use. This shows the commitment of the home to ensuring that staff know how to care safely for those living there. Assessments for physical care include information about nutritional needs.

Significant event sheets have detail about all visits from health professionals. On one of the files we looked at the last weight recorded was on the 17th January 2008, but this is due to the person having been bedridden since that time. There is a chiropodist log sheet, record of falls sheet and medication log. On another person's file we saw a

Evidence:

"care assessment summary (pre care plan)" showing a commitment to transferring information from pre-admission assessment to the planning process. This shows how the home uses initial information about people to inform their practice and ensure they are able to meet outcomes. It was a little disappointing that the social history for one person was not completed, especially as the pre-admission assessment was completed in August 2008. There was a post it note on the person's social history form saying "need to speak to social worker". The deputy manager explained that all of this person's family are in Australia and that hopefully the required information will be acquired when the nephew visits the UK, which is apparently imminent. We did notice a letter from the nephew on file which contained an e-mail address. We mentioned this to the managers and they were unable to explain why they had not sought social history information by this method. We also noted that the culture and faith sheet for this person had nothing entered under assessment of need. These minor shortfalls should be addressed to ensure outcomes are being fully met.

On one person's file the records show that the person has increased weight by 10 kilograms between August 2008 and November 2008. This was discussed with the manager and deputy, who said he had not gained anywhere near that amount of weight and they felt there were a combination of reasons for this apparent increase. There had been a change of scales and weight recorded differently depending on the type of surface the person is weighed on. Even if the increase is inaccurate by a few kilograms it is still likely that there has been a significant weight increase in a relatively short space of time. The home needs to sort out problems with getting inconsistent weight readings to ensure nutrition outcomes are consistently monitored and met.

The home is consistently recording falls but it would be useful to introduce body maps to show any injuries sustained by the person.

During the visit we spoke to a district nurse who visits the home every day. In her opinion the standard of general healthcare is good. She feels the staff are good at notifying about any health issues and respond well to all advice given to them. She said they deal with pressure sore issues well. She is keen to deliver some training to staff to further enhance their skills and has raised this previously with the manager, who agreed it was a good idea. A subsequent discussion with the manager confirmed that he is pursuing this. Any training of this sort will improve general health outcomes for people living at the home.

The receipt, recording, administration, storage and disposal procedures for medication are good. The deputy explained the process used to ensure medication is administered correctly and safely. We also observed the lunchtime medication run.

Evidence:

Both the explanation and our observation confirmed that people living at the home are safeguarded from the risks associated with medication. Medication that needs to be kept in a fridge is currently stored in a separate container in the main fridge. Once the limited space issue has been resolved it would be good to get a separate medication fridge. Robust procedures for controlled drugs are in place to ensure people are properly safeguarded from the risk of medication errors.

Observation on the day of inspection satisfied us that dignity of those living at the home was maintained in all aspects of care.

Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 living at the home enjoy a stimulating range of activities suited to their needs. Food is wholesome and special dietary needs and food preferences are met.

Evidence:

We had a discussion with the manager and the deputy about how they find out about people's preferences. They said they always ask about preferences but due to the level of dementia of some of the people the response they get is variable. Our observation on the day showed that there is significant effort made by staff to try and find out what people want.

The home keeps a file that contains a week by week breakdown of activities actually undertaken, who enjoyed or did not enjoy the activity and whether anyone declined to take part. We spoke to the activities co-ordinator who told us she is developing a wide range of cognitive and physical activity options to try and meet the diverse needs of the people living at the home. There is a trip to the West Midlands safari park planned for the week after the inspection. We observed an afternoon activity, which was making Christmas decorations. This required a degree of manual dexterity, which is good for people who may have dexterity problems associated with old age. There is a

Evidence:

very informative activities board in the main corridor, with a digital photo frame showing a slide show of recent activities undertaken. This is not only good for visitors to see how people living at the home are occupied but is also a good visual memory jogger for people with dementia.

The menus we saw show a range of food options, based on good quality standard British fare, which the manager told us is the preferred choice of people living at the home. This was confirmed by some of the discussions we had with people and our observation at lunchtime. Meals are taken in the conservatory area by those people able to eat their meals at a dining table. Staff are attentive and respond well and sensitively to individual needs. The lunch we observed was unrushed. We observed one member of staff feeding a person in the sitting room as this was necessary to meet that person's particular needs. A sugar free option was provided for a person with a particular dietary need.

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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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.

There are satisfactory complaints and adult protection procedures in place to safeguard people living at the home. An ongoing commitment to developing this aspect of the service will further enhance the well being of those living there.

Evidence:

The Annual Quality Assurance Assessment completed by the home states that there have been no complaints. This was confirmed when we looked at the complaints file. We discussed with the manager and deputy the need to record all concerns raised either by people living there, family, visiting professionals or anyone visiting the home no matter how trivial it may appear to be. The home should also record how they respond to the concerns raised. This would show how the home listens to concerns (however insignificant they may appear) and how they aim to learn and/or improve the service for those living there.

There are two compliments recorded in the complaints and compliments file but discussions indicated several other occasions where the home has been complimented. Again this will provide evidence of what aspects of the service are seen as meeting the needs and outcomes of people living there.

The prevention of abuse policy states that the adult protection team should only be informed if the victim gives consent. The policy states that lack of consent can only be

Evidence:

overridden if the victim is in physical danger, is incapable of making an informed decision or is incapable of giving consent. However there is no reference to a risk assessment, which should take account of the Mental Capacity Act. The in-house policy also needs to be consistent with Worcestershire's adult protection policy, which the home does not appear to have a copy of.

There is a whistleblowing policy, which states that staff "should not hesitate to blow the whistle on suspected or actual malpractice" but it does not specify what action should be taken if a member of staff feels the need to blow the whistle on the manager. Although it says they can always go to an external source it does not recognise the additional anxiety levels when an employee is reporting on the person who employs and/or line manages them. This is a safeguarding issue that the home may wish to consider further to show their continuing commitment to the well being of people living at the home.

Both the manager and deputy showed a genuine commitment to wanting to improve safeguarding practice to ensure outcomes for people living at the home are met as well as possible.

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, 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.

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 environment is well suited to the needs of people living at the home. Infection control measures are generally very good and safeguard people from harm.

Evidence:

The home has eleven bedrooms, seven of which are single occupancy. There are formal plans for an extension to the property, which will provide space for a much needed office. Currently the office space is located in the dining area, which is where all records are kept. Although there is no concern regarding the security of records it is nonetheless an unsatisfactory situation for the longer term as it detracts from the area being primarily for people living at the home.

There has been a significant improvement to the garden area, which is now primarily decking. This creates a very safe and accessible outdoor area for people with mobility difficulties. An attractive water feature is central to this area and lighting is situated to make the area accessible in the evening too.

The environment throughout is well maintained and clean and there is a very relaxed feel to the home. All the bedrooms have a lockable cupboard so that people can keep important items safe. There was a slight odour in some of the bedrooms we looked at but the cleaner had not yet been in those rooms. There was no indication of lingering

Evidence:

odour in any other areas of the home. The interior and exterior environment is very much designed and maintained with the needs of people living at the home in mind.

The laundry is a well ordered and tidy space with two industrial washing machines, both with sluicing facilities.

The records kept in the kitchen evidence that all required hygiene and temperature checks are done on a regular basis. The most recent Environmental Health Officer visit resulted in a four star rating, indicating that the home is good at safeguarding people from preventable harm associated with infection control measures. Screening in the kitchen was not made a recommendation following the Environmental Health Officer visit, probably because the manager has dictated that the kitchen window must be kept locked at all times. Unfortunately during our tour of the building we noticed that the window locks appeared to have been forced, indicating that it had been opened at some time. This caused the manager some level of distress and he assured us he would be investigating how this infection control measure had been ignored.

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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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.

People living at the home receive a good standard of care from a staff team that understand and respond well to their needs.

Evidence:

Our observation of staff throughout the day provided evidence of very respectful, relaxed and engaging relationships with people living at the home. One person had a hand manicure during the morning and it was good to see the member of staff showing a genuine interest in what the person was saying, even though the content of the conversation from the person was somewhat disjointed.

We had a discussion with the deputy manager, who is significantly younger than many of the staff team, and she said that although there had been some initial resentment that she had become deputy at such a young age this had now almost completely stopped. Evidence on the day showed the expected level of respect from staff on duty. Staffing levels throughout the 24 hour period are sufficient to meet the complex needs of the people living at the home. Evidence suggests that the staffing structure and levels ensure that people living at the home have their needs met.

Discussion with the deputy identified that supervision is not yet an established practice at the home, although discussions with staff indicated that they feel well supported by

Evidence:

management. Although there is no evident detrimental impact on people living at the home regular supervision will enable managers to ensure consistent practice is maintained.

There is a commitment to training staff to ensure they are able to meet outcomes for people with complex needs. Discussion with the manager satisfied us that he is aware of, and committed to addressing, further training needs to make sure people continue to receive competent care.

We did not examine staff files on this occasion as they are kept at the manager's home (due to lack of office space) but at the last key inspection staff files were found to be in satisfactory order. Discussion with the manager and the deputy assured us that all recruitment requirements are met before staff appointments are confirmed. The policy on staff recruitment explains the recruitment process used by the home and this was seen to be robust, showing a commitment to safeguarding people living at the home.

There is a three month induction programme that all new staff are required to complete although the management should confirm that it is consistent with the Skills for Care common induction standards. This will ensure that new staff acquire the nationally recognised initial skills and knowledge seen as necessary to meet outcomes for vulnerable people.

Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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.

Management practice ensures that people living at the home are kept safe from potential harm but administration in support of this needs some improvement.

Evidence:

The manager holds the Registered Manager and the NVQ4 Care awards and also has 18 years working experience in dementia care. A key development for the home in terms of business planning is the intended extension. We looked at the plans, which have been reviewed and changed to ensure the needs of people living at the home have been fully considered and responded to.

We saw evidence that the home seeks the views of people living at the home, their relatives and professionals who are involved with the home. The quality assurance process used by the home is adequate but it would be good to see further development in this area to clearly show how outcomes for people are improved by changes to the environment and practice and changes resulting from qualifications and

Evidence:

training.

Fire records show evidence of regular equipment checks to make sure people are protected from potential fire related risks. An external, suitably qualified person carried out a comprehensive fire risk assessment on behalf of the home. The manager confirmed that a new fire risk assessment will be carried out following completion of the extension work to ensure that people living at the home continue to be protected from potential harm. We were told about the "two fire door" policy, agreed by the fire agency, which takes account of the vulnerabilities of some of the people for whom it would be difficult to evacuate in the case of a fire.

Health and safety related records we examined showed that the home ensures checks and practice are carried out to properly safeguard people from a range of risks.

The home does not take on responsibility for managing money or financial matters for any of the people living at the home. It is expected that relatives will take on responsibility for those who are unable to manage their own affairs.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

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

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
1	8	The home needs to ensure that records accurately reflect people's weight
2	8	The home should introduce body maps to record any injuries sustained by people living at the home
3	18	The home should acquire Worcestershire's adult protection procedures and ensure that the in-house policy is fully compliant
4	18	The whistleblowing policy should be developed to include more information to staff about what to do, and the support provided, if it becomes necessary to whistle blow about the manager
5	26	As the Environmental Health Officer has not specified the need for a fly screen in the kitchen the manager must ensure that the kitchen window is kept locked at all times to safeguard people from infection risks. The manager must reinforce the need for this to all staff.

Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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