inspection report

RESIDENTIAL FAMILY CENTRE

Tadpole Cottage

Tadpole Lane
Blunsdon
Swindon
Wiltshire
SN25 2DZ

Lead Inspector
Wendy Anderson

Announced Inspection
18th January 2007 09:30
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

Reader Information

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<th>Document Purpose</th>
<th>Inspection Report</th>
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<td>Author</td>
<td>CSCI</td>
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for Residential Family Centres. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

Every Child Matters, outlined the government’s vision for children’s services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children’s services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children’s services under the five outcomes, for reporting purposes. A further section has been created under ‘Management’ to cover those issues that will potentially impact on all the outcomes above.

Copies of Every Child Matters and The Children Act 2004 are available from The Stationery Office as above.

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<tr>
<td><strong>Name of service</strong></td>
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| **Address**             | Tadpole Lane  
                        | Blunsdon       
                        | Swindon        
                        | Wiltshire       
                        | SN25 2DZ        |
| **Telephone number**    | 01793 771911   |
| **Fax number**          | 01793 770203   |
| **Email address**       | george.hibbert@assessments-in-care.co.uk |
| **Provider Web address**| Assessment in Care Limited |
| **Name of registered provider(s)/company (if applicable)** | Assessment in Care Limited |
| **Name of registered manager (if applicable)** | Dr George Andrew Hibbert |
| **Type of registration**| Residential Family Centre |
| **No. of places registered (if applicable)** | 4 |
| **Category(ies) of registration, with number of places** | |
SERVICE INFORMATION

Conditions of registration:

1. No more than 4 families can be accommodated at any one time.
2. No more than 6 adults can be accommodated at any one time.
3. No more than 6 children can be accommodated at any one time.

Date of last inspection 23rd January 2006

Brief Description of the Service:

Tadpole Cottage is a privately owned residential family centre operated by Assessment in Care. The facility has been operating since August 2001 and was first registered under the Care Standards Act 2000 in November 2003.

The centre provides assessment of behaviour and personality problems as they affect parenting. Basic parenting skills and the physical and emotional care of children are assessed. The prime focus is the assessment of long-term risks to dependent children arising from aspects of behaviour and personality in the carer(s). Single parents, couples and extended families may be assessed, with or without their children. It is expected that families would be resident for a minimum of six weeks whilst an assessment is undertaken. The majority of assessments are completed within a 3 months. The majority of referrals are made through the court system.

Dr George Hibbert, a consultant psychiatrist and an honorary senior lecturer at Oxford University, leads the service. Dr Hibbert specialises in the assessment and treatment of personality disorders, substance misuse and related problems. Dr Hibbert is the Responsible Individual and Registered Manager for both Tadpole Cottage and a second residential family centre Windmill House.

The Centre occupies a detached property, which has been adapted for its purpose. In the main house four bedrooms are available for residents, who also have the use of a sitting room, conservatory, bathrooms and kitchen. There is a large fully enclosed garden to the rear of the main building. The centre has two self contained flats, these can be used to accommodate a resident families in a more independent setting as part of the assessment process, or for staff meetings, contact and direct work sessions when unoccupied. Tadpole Cottage is situated on the edge of Swindon, with a new housing estate on one side and open countryside on the other.

As the area adjacent to Tadpole Cottage has been developed, facilities are...
becoming available, such as bus services and a primary school. Staff currently provide transport for residents to appointments, shops and recreational activities.
SUMMARY
This is an overview of what the inspector found during the inspection.

The nature and extent of the inspection was limited. There are ongoing discussions between legal advisors for the Commission and Assessment-in-Care. The matter to be resolved relates to the extent to which the centre is able to allow inspectors access to service users case records, including referral documentation and placement plans. The provider believes that by virtue of the Family Proceedings Rules 1991 because of the obligation of confidentiality imposed by Rule 4.23 that he is unable to disclose placement plans or the referral documentation to the Commission. It was agreed therefore that until this matter is resolved inspection activity would focus upon standards where access to this information was not required.

The judgements contained in this report have been made from evidence gathered before and during the inspection. This included a visit to the service and takes into account the views and experiences of young people using the service and staff working there.

This was an announced inspection, which took place on the 18th January 2007. The inspection was completed in one day by two inspectors. The inspectors were at the centre from 9.30am to 2.10pm. Written information was provided in advance and other material was seen during the inspection including staff personnel files and the centre’s log books. The inspectors also met with residents and staff.

What the service does well:

The centre has clear policies and procedures which staff are conversant with. Staff generally receive good supervision, support and training. The centre provides the residents with a comfortably furnished environment, which has a homely atmosphere.

What has improved since the last inspection?

The centre has implemented the requirement and recommendation from the last report. These were that the centre ensure that the staff register contain all the required information and that there is greater consistency in the recording of supervision sessions. Dr Hibbert has made arrangements to receive annual appraisals of his own performance via a consultant colleague.
What they could do better:

There are no requirements or recommendations made at this inspection.

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

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.
DETAILS OF INSPECTOR FINDINGS

CONTENTS

Being Healthy
Staying Safe

Enjoying and Achieving - There are no NMS that map to this outcome

Making a Positive Contribution
Achieving Economic Wellbeing

Management

Scoring of Outcomes

Statutory Requirements Identified During the Inspection
Being Healthy

The intended outcomes for these standards are:

- Families have access to health care, education, employment and leisure activities which promote their good health and well being, including their mental health, in a safe environment. (NMS 4)

The Commission considers Standard 4 the key standard to be inspected.

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

As outlined in the summary of this report is was not possible for inspectors to have access to service users case records, including referral documentation and placement plans because of the ongoing legal discussions as outlined in the summary of this report. As a result judgements are not made in relation to Being Healthy.

4

EVIDENCE:

The centre arranges for temporary registration for services users at the local GP practice. Staff at the centre support resident to attend medical appointments and developmental checks for their children.
**Staying Safe**

The intended outcomes for these standards are:

- Parents and children enjoy a level of comfort and security within the centre based on mutual respect and an understanding of what may have an adverse effect on other residents. (NMS 8)
- The privacy of parents and children is respected and information about them is handled with appropriate confidentiality. (NMS 9)
- Parents and children are able to complain if they are unhappy with any aspect of the centre. They are confident that any complaint will be taken seriously, investigated and addressed without delay and they will be kept informed of the progress. (NMS 10)
- The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse. (NMS 11)
- Families are protected from abuse, neglect and self-harm. (NMS 12)
- All significant events relating to the protection of children or vulnerable adults within the centre are notified by the registered person to the appropriate authorities. (NMS 13)
- There is careful selection and vetting of all staff and anyone else resident on the premises. (NMS 15)
- Parents and children stay in accommodation that provides physical safety and security. (NMS 22)

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

Quality rating in this outcome area is good based on the standards inspected in this area.

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

The centre’s child protection procedures and rigorous recruitment and selection process helps to ensure that service users are protected. Service users health and safety is protected.

10, 11, 15, 22.

**EVIDENCE:**
The centre has a comprehensive complaint procedure. All the staff interviewed had a good working knowledge of this procedure and training on this subject was part of their rolling training programme. Residents interviewed said they were told about the complaint procedure when they were admitted and would feel able to make a complaint if they so wished. They felt that the staff at the centre were approachable and felt that any concerns they had would be taken seriously by staff and would be looked into.

The centre has an appropriate child protection policy and procedure. Staff receive regular training in this area. Staff interviewed were able to demonstrate a clear knowledge of child protection issues. They told the inspectors that the child protection policy was regularly discussed at team meeting and there was also annual refresher training provided by the centre. Prior to inspection the inspectors were informed by the Local Authority that there have been no child protection issues within the last twelve months.

Inspectors had access to staff personnel files and supervision notes. There is a set recruitment process, which is followed for new staff. Written applications are received. Applicants are invited to the centre and staff and residents are asked to observe and comment on their impressions of the applicant. Following an interview, references and Criminal Record Bureau checks are obtained. Applicants have the opportunity to visit the centre as part of the recruitment process and feedback is sought from other staff and residents. Upon inspection of the staff files inspectors found that all the required checks had been carried out. Where staff had worked with children in the past the centre had made contact with the previous employer and taken a verbal reference. This process was in place at the last inspection and continues to work well.

Where staff had worked with children in the past the centre would make contact with the employer and ask for a verbal reference. This was noted as an area of good practice.

No agency workers are used. Additional support can be provided from staff at Windmill House and a small bank of sessional workers who are all ex-employees can be used although have rarely been required.

All staff have been given copies of the General Social Care Council Code of Conduct and Practice to compliment the in-house practice guidelines currently available.

The centre has robust fire recording systems as found at previous inspections. Fire drills are held at the appropriate intervals. Staff receive training on fire issues on a regular basis and there is a nominated fire officer. The centre’s risk assessments are thorough and comprehensive. These are regularly reviewed.
and updated. All the electrical appliances are PAT tested. These are also visually checked by staff on a monthly basis.
Making a Positive Contribution

The intended outcomes for these standards are:

- Parents and children are admitted to and leave the centre in a planned and sensitive manner.(NMS 2)
- Children and their parents have their needs assessed and written plans outline how the assessment will be undertaken.(NMS 3)
- Parents and children using the centre feel well-informed and party to decisions made.(NMS 6)
- Parents and children enjoy sound relationships with staff based on honesty and mutual respect(NMS 7)

The Commission considers Standards 3 and 6 the key standards to be inspected.

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

As outlined in the summary of this report is was not possible for inspectors to have access to service users case records, including referral documentation and placement plans because of the ongoing legal discussions as outlined in the summary of this report. As a result judgements are not made in relation to Making a Positive Contribution.

2, 7.

EVIDENCE:

Residents told the inspectors that the information they received prior to admission to the centre was clearly written and understandable. However where there some residents had experience some difficulty staff had spent time with residents to help them understand the material. They also said that they clearly understood the centres expectations of them.

Residents spoke very positively about staff. Inspectors were told that staff are very helpful, approachable and kind. Residents said that there was always enough staff on duty and that they knew where staff were should they need them.
Achieving Economic Wellbeing

The intended outcomes for these standards are:

- Parents and children live in pleasant, well designed and maintained surroundings providing sufficient space and adequate facilities to meet their needs. (NMS 19)
- Parents and children enjoy homely accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use. (NMS 20)
- Shared spaces complement and supplement residents’ private rooms. (NMS 21)

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

Quality rating in this outcome area is good based on the standards inspected in this area.

This judgement has been made using available evidence including a visit to this service.
The centre provides the families placed with pleasant well furnished accommodation, which is maintained to a high standard.

The centre provides the families placed with pleasant well furnished accommodation, which is maintained to a high standard.

19, 20, 21.

EVIDENCE:

Tadpole Cottage is an older type property on the outskirts of Swindon, which provides high quality domestic facilities. With the growth of local housing developments, new facilities (such as bus routes and a school) are available. Local shops are a 20-minute walk away and the surgery is in the next village, so residents are dependent on staff for transport to some facilities.

The Cottage has four bedrooms. The use made of the bedrooms depends upon the size and number of the families present. The Centre is registered for up to three families with a maximum of six adults and six children although the registered manager said that he would not anticipate working with this number at any one time and this has not happened. Communal areas have been expanded as a result of the building work. The centre has a minor variation to registration so that the two self contained flats can be brought in to use, this
would increase the number of families that could be accommodated to four but would not affect the overall maximum number of residents. One flat will provide additional facilities for residents and staff will use the second. At the time of inspection the flat was unoccupied.

Dr Hibbert, the registered manager, has an office base at the centre; this provides appropriate facilities for private interview.

A maintenance log is kept and staff report any work required. Repairs are organised promptly by the Director. From a visual inspection the structural condition of the interior and exterior appears to be satisfactory, furniture and furnishing appear to comply with (Fire)(Safety) Regulations 1988.

The premises are not used for any functions that would compromise adults or their children.

The bedrooms seen were clean and tidy and adequately furnished. Cots were safe and sturdy and there were safety covers on electrical sockets. There were no radiator covers apparent but thermostatic valves enabled temperature to be controlled, parents were expected to take responsibility for this, with additional monitoring by staff.

Residents have keys for their rooms. They also have a lockable cabinet in their room but may choose to store valuables in the office safe.

There were two baths and two toilets upstairs, with one shower. There is an additional shower and WC downstairs which had been nominated for staff use. Sufficient hot water was available.

Two communal sitting rooms and a large conservatory are available to residents in the main house. These areas were considered to be sufficient for the maximum number of residents that may be accommodated.

The centre uses the two flats for a variety of functions. At times the flats may be used as accommodation for parents where the assessment requires a higher level of independence or as an interim arrangement whilst the responsible authority identifies permanent accommodation. The flats may also be used for contact sessions and direct work, staff training and meetings.

Service users are encouraged to use the kitchen for preparing communal meals as well as individual needs. It contains a large fridge and space for eating together. Laundry facilities are provided. The kitchen had been extended considerably providing far greater space and adequately accommodates the needs of both residents and staff.

The premises are suitably lit and heated. The maintenance log indicates that any repairs are undertaken promptly. Residents are expected to take a role in
cleaning the house and it was maintained at an adequate level of cleanliness during the inspection.

The enclosed rear garden provides ample outside space for recreation and children’s’ play. Inside the centre residents said that children often use the conservatory area, a number of toys and games are stored here.
Management

The intended outcomes for these standards are:

- Parents and children who use the centre know what they can expect, how they will be treated, how the centre operates, and have had this information in written form prior to admission. (NMS 1)
- Parents’ progress is recorded to reflect their ability to care for the children in a safe manner, promoting their welfare. (NMS 5)
- Parents and children receive the care and services they need from competent staff. (NMS 14)
- Staff are sufficient in number, experience and qualification to understand the needs of parents and children and who are able to respond appropriately when required. (NMS 16)
- Parents and children receive a service from staff who are themselves supported and guided in safeguarding and promoting the children’s welfare. (NMS 17)
- Staff are trained and enabled to carry out the role to which they are appointed. (NMS 18)
- Parents and children enjoy the stability of an efficiently run service and purchasers have confidence that they are getting value for money. (NMS 23)
- The service’s work with parents and children is continually adapted in the light of information about how it is operating. (NMS 24)
- There are adequate records of both the staff and families using the service. (NMS 25)

The Commission considers Standards 1, 14 and 24 the key standards to be inspected.

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

Quality in this outcome area is good based on the standards inspected in this area.

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

The centre is well managed and has sufficient number of staff who have a range of experience and once appointed they received a high standard of training.

14, 16, 17, 18.
EVIDENCE:

There is a clear organisational structure in place. At the head of this are the two directors, Dr Hibbert takes the clinical lead and is both the responsible person and registered manager. He has appointed a manager who oversees staff in both centres but is nominally based at Windmill House, and a deputy who works from Tadpole Cottage. Both the manager and the deputy have the required level of supervisory experience.

Staff are enrolled in an NVQ training programme after they have completed their six months probationary period. The centre has developed an NVQ training programme specific to residential family centres. The centre has an extensive training plan. Staff are able to have input to this by requesting training in areas of particular interest to them. Two staff are NVQ 3 trained, one had NVQ 4 and NVQ Assessors Award, one has Diploma in Nursery Nursing One has a National Diploma in Childhood Studies- Nursery Nurse and one has a BA Post Graduate Diploma. The remaining staff team are undertaking their NVQ 3.

The centre has a minimum of two staff on duty during the day and early evening, on many occasions three staff will be working. At night one member of staff sleeps-in, back up support is currently provided by the registered manager. The member of staff who is due to sleep-in becomes the shift leader. All shift leaders had completed their probationary periods and some have substantial relevant experience. The second member of staff on duty leaves the centre at approximately 10pm. The centre has a clear minimum staffing policy that outlines the experience required of shift leaders and the lone working arrangements. The centres rotas supported this deployment of staff.

The registered manager ensures that direct work tasks are only allocated to those staff that he considered to have the requisite skills.

The centre has developed a suitable NVQ training programme which will be specific to the work they undertake. Assessment in Care ensures that all staff begin to work towards NVQ 3 following appointment and are enrolled following their six month appraisal.

Time is allocated within rota’s to enable staff to complete required tasks including handover sessions and completion of records.

There are a sufficient number of staff employed at the centre to fulfil the objectives and services outlined in the Statement of Purpose.

Inspectors had access to staff personnel files. There is a set recruitment process, which is followed for new staff. Written applications are received. Applicants are invited to the centre and staff and residents are asked to
observe and comment on their impressions of the applicant. Following an interview, references and Criminal Record Bureau checks are obtained. Applicants have the opportunity to visit the centre as part of the recruitment process and feedback is sought from other staff and residents. The staff register contains all the required information. All staff had received written job descriptions, which clearly outlined the duties expected of them.

On appointment, staff follow an induction process, which involves shadowing an experienced worker. An induction pack is provided and recording requirements are explained. Fire precautions and child protection briefings are given early on in the process. A pro-forma has been developed to record the items covered in induction, this is signed by the person providing the briefing and the person receiving information. Formal child protection training and de-escalation/restraint training had been provided for all of the staff team.

The centre has a clear agenda/programme of training to address that covers a wide range of topics both statutory training and developmental training. The inspectors acknowledge that additional staff briefings on policies and procedures are provided by the manager and the rest of the staff team through staff meetings.

Relevant books and articles are provided and staff are encouraged and given time to read and use them. The manager and staff are developing a resource bank for staff to use when planning individual work with parents.

The staff bring a wide range of experience and former training. As reported, the service is committed to providing NVQ training that is appropriate to the specific tasks undertaken in the centre.

Inspectors had access to staff supervision minutes and interviewed supervisors and supervisees. These minutes were detailed and were found to cover all the areas required, clear action plans were drawn up at the end of each session and followed up during subsequent supervision. Inspectors found appropriate supervision contracts on staff files. These were signed by supervisor and supervisee. Staff reported that they valued supervision.

Inspectors were impressed with the system of appraisal that had been developed. This incorporated an element of peer appraisal and enabled clear action and development plans to be produced. Inspectors found evidence to confirm that any shortfalls in performance are challenged and support and development systems identified.

Dr Hibbert, the registered manager receives supervision via monthly meetings at Oxford University. Dr Hibbert has arranged appropriate annual appraisals of his own performance via a consultant colleague.
Staff meetings were regularly held. These had an agenda and were minuted. The manager ensures that policies and staff guidance are reviewed at staff meetings so that consistency of practice can be achieved.

Staff meetings are used to provide learning opportunities, when existing and draft policies and procedures are discussed. Relevant books and articles are provided and staff are encouraged and given time to read and use them. The manager and staff are developing a resource bank for staff to use when planning individual work with parents.

The staff handbook includes the guidance on policy, procedure and practice as required.
SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Residential Family Centres have been met and uses the following scale.

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

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Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Residential Family Centres Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

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<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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