



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Connect Community

**19-21 Park Road
Moseley
Birmingham
West Midlands
B13 8AB**

Lead Inspector
Gerard Hammond

Key Unannounced Inspection
28th February 2008 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

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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 *Care Homes for Adults 18-65*. 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

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SERVICE INFORMATION

Name of service	Connect Community
Address	19-21 Park Road Moseley Birmingham West Midlands B13 8AB
Telephone number	0121 449 2204
Fax number	0121 449 6124
Email address	admin@connecttc.org
Provider Web address	
Name of registered provider(s)/company (if applicable)	Connect Therapeutic Community Limited
Name of registered manager (if applicable)	Ms Carol Ann Gordon
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Mental disorder, excluding learning disability or dementia (10)

SERVICE INFORMATION

Conditions of registration:

1. That the home can provide care and accommodation for up to 10 service users of either gender between the ages of 18-65 years of age suffering with a mental health problem (MD).
2. That the manager completes the Registered Managers Award by December 2006.

Date of last inspection

22nd February 2007

Brief Description of the Service:

The home is situated south of the city centre and lies close to a frequent bus service into Birmingham. The property is part of a large Victorian terrace, and is similar in appearance to others on the road. The building has been adapted throughout its history and has several corridors, stairways and changes of level inside. There are two front doors, only one of which is in general use, and this is accessed via a walled and gated front. There is a garden to the rear of the property, which contains a greenhouse, some lawned and flower areas and a laundry. Office spaces, lounges, therapy rooms, a kitchen and dining room are found on the ground floor. There is a mixture of double and single rooms on the first and second floor. Toilet and bathing facilities are communal.

Connect provides care and support for up to ten people with mental health issues. The mission statement for Connect states. 'We are a therapeutic community providing high quality residential and non-residential psychotherapy for clients and support services to professionals working with them. Using Transactional Analysis as our main framework, we provide therapy for psychological, emotional or behavioural problems in order to promote life long, sustainable improvement to that individual's quality of life.'

The service should be contacted directly for current information about charges and fees

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 was the home's key inspection for the current year 2007-8. Information was gathered from a range of sources to inform the judgements made in this report. The Manager completed an Annual Quality Assurance Assessment and sent it to us. Previous inspection reports and notifications that the service has sent us during the year were reviewed. We visited the home and spoke with the residents: at Connect Community they use the term "peers", so that is how we refer to them throughout this report. We also spoke with the Manager and members of staff. We looked at records including personal files, care plans, staff files, safety records and other documents. A tour of the building was also completed.

Thanks are due to the all the members of the Community, peers, Manager and staff, for their co-operation and support throughout the inspection process.

What the service does well:

Connect Therapeutic Community provides a safe, caring environment to support people with significant emotional and mental health needs. People get good information, and the chance to see at first hand what the Community has to offer before moving in. This helps to make an informed decision about whether or not the service is right for them.

People are treated with warmth and respect. Through very structured therapy and intensive support, they are helped to understand and face up to their personal difficulties. Taking part in the life of the Community helps them to gain control over their lives, feel well again, and prepare them to live independently.

Staff are well trained and motivated, and work hard to support people to achieve their goals. The home is well run, and good work has been done to find out what people think about the quality of the service provided.

What has improved since the last inspection?

Clear efforts have been made to meet requirements made at the time of the last inspection. Appropriate care plans and risk assessments are in place, so that people can be supported to get the care they need and to stay safe. House rules have been reviewed so that peers continue to have a direct say in how these work. Some work has been done redecorating parts of the house. Good research has been done to find out what people think about the quality of the service provided. Peers now get more support so that they can do things they like at the weekend. They now have responsibility for menus and cooking in the home, so that they can have the food they want and enjoy their meals more.

What they could do better:

Maintenance and redecoration of some parts of the house needs to continue, so that it is made more homely and comfortable for the people living there. The staff training and development plan could be improved so that it becomes a better tool for managing and planning staff training in future. Records of staff supervision meetings need to be kept, to show that people are getting the support they need to do their jobs well. A lot of good work has been done to find out what people think about the quality of the service provided. An action plan is needed to show how the information that has been gained will be used to develop the service.

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

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

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

1,2,4 & 5

Quality in this outcome area is **good**.

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

People have the information they need to help them make a decision about whether or not the service is right for them. They get the chance to come and visit so that they can see what the Community offers. People have copies of written agreements, so that everyone knows their rights and responsibilities.

EVIDENCE:

The service has a Statement of Purpose in place, as required. People who may be coming to the home are given a "Welcome Pack" that contains detailed information about how the Community operates. There is a thorough process for assessment and admission. On receipt of a referral, background information is obtained from a range of sources, including relevant health and social care professionals. Prospective residents are invited to come and stay for a three-day trial visit. During this time they stay at the home as guests and can get first-hand insights about what life in the Community is like. This time is also used by Community staff to do a detailed assessment, so that all parties can be satisfied that offering a placement will be appropriate.

People spoken to confirmed that they had been given the opportunity to visit and had stayed for three days as described above.

Sampling of personal files showed that detailed agreements were in place. Written contracts specified the cost of placement, separately showing fees payable for boarding, and for therapy.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

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

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

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

6,7,8, & 9

Quality in this outcome area is **good**.

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

People have an individual plan, so that staff know how to give them support in ways that suit them and helps them achieve their goals. People get asked their opinions and are supported to make decisions so that they can play a full part in the life of the Community. Staff work hard supporting people to make sure that they can stay safe.

EVIDENCE:

None of the current group of peers requires personal care. Two individuals' personal files were sampled. Both had "Therapeutic Care Plans" in place. Areas of support covered included safety, sense of security, managing food & eating, managing money and taking responsibility for one's self. Plans included short and long-term goals and had been kept under regular review. Staff also hold clinical meetings, where people are risk assessed and therapy goals are set. Individual support needs are actively considered each day during the handover meetings between shifts. Peers' mental health support needs also mean that

they are subject to Care Programme Approach requirements. Consultant Psychiatrists and Community Psychiatric Nurses are actively involved in reviewing peers' care on a regular basis. At the time of the last inspection a requirement was made that each person should have a mental health relapse plan. The Manager explained that arrangements are in place with local Psychiatric services to provide support, including emergency admissions for treatment, in the event of this being required.

Two of the main focuses of support given in the Community are ensuring peers' personal safety and encouraging them to take individual responsibility for their lives. People who come to live with the Community may well have long histories of serious mental ill health and self-harm, in many different forms. Sampled files had risk assessments in place covering hazards including overdosing, substance and alcohol abuse, poisoning, self-harm, violence to others, problem behaviour and suicide. Plans included clear agreements about what the person would do throughout the day to keep herself safe, and the support available. The individuals concerned and members of staff signed these. Sampled files also contained documents giving medical clearance to participate in activity programmes, supported by a Physical Activity Readiness Questionnaire (PARQ).

Peers play an active role in the day-to-day running of the house. Each day they have responsibility for tasks around the home. People were observed preparing food, washing up and tidying the dining room and kitchen. They may do these things independently; depending on what stage they have reached in their therapy. Staff share tasks and work alongside the peers, offering support as required. An integral part of the therapeutic process is the daily peer meeting, when decisions are made about the jobs that need doing each day and people are consulted about how they are and what they want. Helping people to be aware of and to own how they are feeling, and to express this, is an essential part of this process.

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):

11,12,13,14,15,16 & 17

Quality in this outcome area is **good**.

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

People have opportunities for personal development, to help them get well and live independently. They are able to do things they want and go to places they like, so that they are part of the local community. They are supported to take responsibility for what they do, so that they can gain control over their own lives.

EVIDENCE:

Daily life in the Community is very structured. Much of what goes on is governed by a set of house rules. "The Rules" are clearly written and given to people as part of the Welcome Pack referred to earlier in this report. It is clear from the outset that the house rules form an integral part of the therapy process, and that by agreeing to a placement with the Community, people "sign up" to them. Taken out of context, some of the rules may seem to be unnecessarily or even excessively restrictive. The primary focus of the rules is to ensure that vulnerable people living in the Community can be supported to stay safe at all times. Controls may be necessary (for example) to ensure that

individuals will not harm themselves or make sure that their eating disorders can be effectively managed. A requirement was made at the time of the last inspection that they be reviewed and revised as appropriate. The Manager advised that this had been done, and the peers confirmed this. Rules governing personal safety are not negotiable, but others are, and staff and peers both said that these were the subjects of regular and lively debate. The structure provided by the rules is an integral part of the therapeutic process and provides an essential framework within which to support people to gain control over their lives. One of the peers said, "The rules are good, they helped keep me safe, gave me structure". She said that peers contributed to their content and had the opportunity to challenge them.

Peers take part in structured therapy sessions each day. As reported above, they work alongside staff and each other in the day-to-day running of the household. This includes cooking and cleaning and food preparation. All of these tasks are part of the process, so that people acquire or develop "life skills" to help them move towards a time when they can take full control of their lives and live independently.

One of the peers said, "I do jobs around the house. I go out and visit friends, go shopping, and out for walks. I go out for coffee and for lunch when I want. I'm going to college at the moment doing computer training. I like to go to the gym and I'm in a running club that meets in the park. We also go to the cinema or bowling or to the pool for a swim." At the last inspection it was noted that opportunities for activities at the weekend were sometimes limited. Peers said that now they discussed activities they wanted to do (like the things mentioned above) and went to do them together. This was not limited by their personal resources, as these activities form part of their agreed therapy programmes. The Community places a high premium on encouraging peers to be active and take exercise as part of their therapy. During the inspection visit a personal trainer came into the home and did an activity session which staff and peers took part in together. They said that this is a valued part of the programme.

Staff complete clinical logs each day: these are detailed records of therapeutic interventions, how people are feeling and what activities they've done. Family contact is supported where this is considered appropriate, in the context of individuals' agreed therapy programme. Personal circumstances may mean that this has to be restricted, but this is dealt with on an individual basis. Again, supporting people to have appropriate relationships with their relatives and other significant people in their lives, forms an integral component of therapeutic activity. Sampling of one person's personal records showed that she had been supported to have supervised access visits with her daughter.

Peers are actively involved in menu planning, grocery shopping, food preparation and cooking. Main meals are taken together with peers and staff. Peers said, "We agree what we're going to eat and go out and buy the food

and cook it ourselves. We can have what we want". They also said that staff encourage them to eat healthily, but they enjoy a "takeaway" once a month. Food stocks were examined and were plentiful. These included fresh fruit and vegetables and salad items.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

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

18, 19 & 20

Quality in this outcome area is **good**.

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

People are well supported to help them take responsibility for their own health and wellbeing. Staff help them make sure they get their medicine at the right times and in the right amounts.

EVIDENCE:

As reported above, none of the peers requires assistance with personal care. Everyone currently living in the Community was seen throughout the course of the day. They all dressed according to their personal tastes and their individual styles. Interactions between peers and staff were directly observed. People were treated with empathy, warmth and respect. Peers and staff appeared to be comfortable in each other's company. The nature of the therapeutic process means that interactions can be confrontational. However, people are encouraged to express what they are feeling and supported in dealing with this in the immediate situation. Peers said that staff respected their rights to privacy. One said, "staff are amazing, they work very hard". Another said, "They're brilliant".

Records showed evidence of regular involvement of community psychiatric and social services, as required by statutory aftercare arrangements. Peers are encouraged to take responsibility for their own healthcare, according to their individual abilities. On the point of admission, the need for support in this area is likely to be very high. As people progress through their programmes, they are supported to make their own appointments with relevant professionals. One peer was observed making arrangements to see the dentist. Personal records contained evidence of regular monitoring of people's weights. As reported above, encouraging peers to be physically active and adopt a healthy lifestyle through good dietary habits and exercise, is very much "par for the course". Support with emotional health is a prime focus of the therapeutic process, and addressed on a daily basis.

Peers who wish to take responsibility for their medication are encouraged to do so, subject to an appropriate risk assessment. This was a requirement from the last inspection. Staff now ensure that peers receive information about what prescribed medication is for, and audit checks are carried out to ensure compliance. Where appropriate, individuals are supported to re-order their medication from the Pharmacist. The medication store was examined. Records included information about prescribed medication (including contra-indications etc.) and protocols for PRN ("as required") medicines. The Medication Administration Record (MAR) had been completed appropriately.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

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

22 & 23

Quality in this outcome area is **good**.

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

People can be confident that their concerns are listened to and taken seriously. They are protected from abuse, neglect and self-harm.

EVIDENCE:

Interviews with peers showed that they know how to make a complaint. They said that they have the opportunity in peer meetings to raise any “gripes” if they wish, and most matters tend to get dealt with in this forum. These are recorded in the notes of the meeting and brought forward to the next meeting if they remain unresolved. People also said they felt comfortable raising concerns with the Manager or other members of staff, if they wanted to deal with things more confidentially. We received one complaint from a current peer. She alleged that she was prevented from returning to her area of origin to visit friends and family. This was taken up with the Manager and with the commissioning social work team. Arrangements were in train to support her to move to where she wanted to be. On the day of the inspection visit this person was preparing to leave the Community and return to her area of origin, having come to the end of her therapy contract.

The Community has a policy in place for safeguarding vulnerable adults from abuse. Sampling of staff records showed that checks with the Criminal Records Bureau (CRB) had been done and that staff had been given adult protection training. Peers manage their own money, but there is a facility for storing valuables in the office safe if required. At present one person makes use of this: her bankers card is held there for safe keeping, but only she has access to her PIN (personal identification number).

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

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

24, 27, 28 & 30

Quality in this outcome area is **adequate**.

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

People enjoy living in a house that is generally comfortable, clean and safe. Some redecoration and maintenance is needed to make the house more homely for the benefit of the people living there.

EVIDENCE:

A tour of the building was completed. Peers asked that their bedrooms were not inspected, so their privacy was respected. Shared areas in the house include the kitchen and dining room, two living room / lounges, group rooms (used for therapy sessions, meetings etc.) and art room. This room now has a lock, as required following the last inspection. There are ample toilets and bathrooms, and these are communal facilities.

The Community's premises are two adjacent large terraced houses, with joined internal access to both "sides". The main living areas are comfortably furnished and decorated to a generally acceptable standard. Upstairs are a number of vacant rooms and some of the toilets and bathrooms need redecorating.

Woodwork around some of the windows needs replacement. Decoration in some areas is looking "tired".

The garden area to the rear of the property would benefit from a general tidy up and some routine maintenance.

The house was generally clean and tidy, and a good standard of hygiene maintained throughout.

Staffing

The intended outcomes for Standards 31 – 36 are:

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

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

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

32,33,34,35 & 36

Quality in this outcome area is **good**.

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

People can be confident that proper checks have been carried out on staff to make sure that they are fit for the job. They are well trained and supervised, to make sure that they have the knowledge, skills and support they need to do their jobs well.

EVIDENCE:

Staff working in the Community have a background in psychology or psychotherapy, and are currently in continuing psychotherapy training. Most are educated to degree/doctorate level. Information provided in the Annual Quality Assurance Assessment (AQAA) shows that four members of staff are due to complete training to NVQ level 3 In Health and Social Care in the very near future.

Two staff files were sampled. Both contained a completed application form, two written references and evidence of checks with the Criminal Records Bureau, as required. There was evidence of a structured induction, copies of terms and conditions and certificates of training completed. Staff records could

be better organised, with clearly delineated sections for records relating to recruitment, training, leave and sickness, supervision and so on.

At least two members of staff are available to peers at all times. Additional staff may be brought in for specific therapy sessions, additional support, and so on, according to the numbers in residence at any given time.

Some concerns were raised at the last inspection about the frequency of formal supervision received by members of the staff team. Discussions with the Community's Director, the Manager and other members of the staff team showed that staff supervision occurs in a number of ways. Clinical supervision is given by the Director: information provided in the Annual Quality Assurance Assessment (AQAA) shows that he is a Provisional Trainer and Supervisor in Transactional Analysis (PTSTA). Transactional Analysis is the basis of the therapeutic approaches used in the Community's programme. Staff also meet with an external clinical supervisor and an external group analyst on a monthly basis. They also get support from an external supervisor in relation to their Continuing Professional Development (CPD) and psychotherapy training. Peer supervision takes place twice daily at shift handovers. The nature of the work undertaken in the context of therapy groups is demanding, and staff rely heavily on each other for support. Conversations with staff indicate that their available options for support broadly meet their needs, and that support is given frequently and regularly enough.

The National Minimum Standard 36.4 (Care Homes for Adults 18-65) suggests that staff have regular, recorded supervision meetings with their senior / manager in addition to regular contact on day to day practice, at least six times per year. A slight adjustment is needed to current practice; so as to ensure that supervision meetings are appropriately recorded. It should be acknowledged that the Director has already identified this as an area for improvement.

It is also recommended that the staff training and development plan should be drawn up in chart or spreadsheet format for the whole team. This should show, for each member of staff, training already completed and qualifications gained. It should highlight any gaps (including "refreshers") and show when outstanding training is to be delivered. This should provide an overview of the staff team's training and development needs, and be a useful tool for planning and scheduling future training.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

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

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

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

37, 38, 39,41 & 42

Quality in this outcome area is **good**.

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

People benefit from living in a home that is generally well run. Their views about how good the service is have been actively sought. Decisions now need to be made about how to use the information gained to make the service better. Important checks of equipment get done regularly, so that people living and working in the home can be safe.

EVIDENCE:

The Registered Manager was on leave on the day of the fieldwork visit but kindly came in and spent a half-day supporting the inspection process. The last inspection report shows that she is appropriately qualified, holding the Registered Manager's Award (RMA) and NVQ level 4. She has worked with the Community for ten years. Direct observation showed that she has a good

working relationship with the care team. Members of staff and peers said that she is approachable, and that they are comfortable talking to her about any matters of concern.

A discussion took place about how the Community monitors and reviews the quality of the service it provides. Connect Community subscribes to the Association of Therapeutic Communities (ATC). This "Community of Communities" is affiliated to the Royal College of Psychiatrists' Centre for Quality Improvement. The organisation has developed its own set of service quality standards, geared specifically to maintaining and improving the quality of provision in therapeutic communities. A full report of the findings of the last review (which included self-assessment against the ATC standards and a peer review by an independent member of the association) was made available. In addition to this, the Community commissioned an independent evaluation of the service in November 2007. The study was completed by a Senior Lecturer in Mental Health Nursing from Coventry University. It involved interviewing eight people who have experienced life at Connect Community, to find out their views and the impact their experiences has had on them. Specifically, the survey looked at what people thought about the service provided, and whether or not it had helped them (and how). It also looked at how things have been since leaving Connect, and what "tools" and skills people were using to help them cope with life in the wider community. The author of the report wrote that the evaluation "highlighted the value of caring, acceptance and belonging and demonstrated Connect's ability to give individuals with complex mental health needs hope for the future and produce life-changing experiences".

As reported above, people living at Connect play an active part and are consulted on a daily basis about the life of the Community. Both of the externally commissioned reviews of service quality make specific recommendations. It should be acknowledged that the outcomes of both reviews are generally very positive and highlight many areas of good practice. It is recommended that the quality assurance process be developed, by devising a clear action plan. This should address the reviews' recommendations specifically, and show how this excellent research is guiding the way in which the service is taken forward and improved.

A requirement was made at the time of the last inspection that the service's policies and procedures be reviewed. Information provided in the Annual Quality Assurance Assessment (AQAA) shows that this has now been done.

Safety records were sample checked. The fire alarm has been serviced. All members of the Community have received fire safety training. Certificates were available for gas and electrical appliances and the home's electrical hard wiring. Fridge and freezer temperatures had been monitored daily and a written record kept. Packages of food stored in the fridge were labelled with the date of opening.

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

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

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

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

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

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

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	2
25	X
26	X
27	3
28	3
29	X
30	3

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

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

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, 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.	YA24	Carry out repairs and redecoration so that the house is well maintained, comfortable and homely for the residents.
2.	YA35	Produce the staff training and development plan as outlined in this report, so as to monitor and meet staff training needs more effectively.
3.	YA36	Ensure that staff have formal supervision at least six times each year, and keep a written record of each meeting.
4.	YA39	Devise an action plan showing how the findings of quality assurance and monitoring activity will be used to develop the service.

Commission for Social Care Inspection

West Midlands

West Midlands Regional Contact Team

3rd Floor

77 Paradise Circus

Queensway

Birmingham, B1 2DT

National Enquiry Line:

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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