

# PLACEMENTS NORTHWEST.org.uk



St. Helens Council

## North West Minimum Standards for Leaving Care Provision

<b>NAME OF ORGANISATION:</b>	CASI CARE (HAZELCOURT SUPPORTED LIVING)
<b>ADDRESS:</b>	39 Hazelbottom Road, Manchester
<b>POSTCODE:</b>	M8 0GQ
<b>DATE OF VISIT:</b>	02/08/11
<b>DATE OF LAST VISIT:</b>	N/A
<b>UNDERTAKEN BY:</b>	
<b>FROM: (Local Authority)</b>	

## CHECK LIST – Files / documentation needed

### 1. Safer Recruitment

- + Staffing files (Staffing check list)
- + Qualification matrix
- + Staff induction
- + Supervision recording and policy
- + Training matrix
  
- + Staff meeting minutes

See staffing checklist

Included as part of overall staffing matrix provided at time of visit

Copy of staff induction questionnaire provided. Signed sheets by staff noted for policies and procedures.

Hard copy of blank record of supervision and monthly supervision record provided.

Hard copy noted at time of visit – comprehensive coverage. Also a comprehensive In House Training questionnaire to test understanding of policies and procedures was provided.

Copy of staff meeting for 13/7/11 provided

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### 2. Delivered Support To Young People

- + Incident reporting sheet / tracking workers hours
- + Social work visit recording
- + Allowance recording (policies)
- + Personal allowance recording – what happens in an emergency?
- + Work around promoting independence
- + Confirmation of delivery of hours to each YP

Template of incident reporting form noted at time of visit.

Policy on Handling Service User's money noted at time of visit.

Copy of programme of working towards independence provided (Living Independently preparation Skills – LIPS)

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### 3. Health & Safety

- + Health and Safety policy

Hard copy provided.

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#### 4. Safeguarding

- + Safeguarding policy and training delivery
- + Anti bullying policy
- + Whistle blowing policy
- + Child Protection Log
- + Child Protection Trainer details

Hard copy of policy noted at time of visit.

Hard copy noted at time of visit.

Hard copy noted at time of visit.

Hard copy noted at time of visit.

Details provided at time of visit.

### CHECK LIST – Files / documentation needed

#### 5. Fire Safety Risk Assessment

- + Fire risk assessments and Fire equipment policy

Hard copy of both noted at time of visit.

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#### 6. Young Person Missing From Home

- + Missing from Care
- + Out of Hours procedure (for both staff and YP)

Lancashire Police Protocol arrangements adopted

24 hours staff in place.

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#### 7. Up To Date Risk Assessments for Young People

- + YP's risk assessment format

Copy of RA for first YP noted who has just been referred to Company and will start placement on 08/08/11

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#### 8. Behaviour Management

- + Physical intervention policy (if applicable)

Hard copy noted at time of visit.

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**9. Health**

- + Medication policy**

Hard copy noted at time of visit.

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**10. Quality Assurance & Monitoring**

- + Complaint log**
- + YP's guides and licence agreement**

Copy of complaints log for YP noted at time of visit.

Copy of YP guide noted at time of visit. This includes a signed statement by YP to adhere to rules and understands consequences of actions.

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**11. General Establishment Facilities**

Nothing required.

**STAFFING CHECKLIST**

<u>Name</u>	<u>DOB</u>	<u>Role: Ops/ Mgt</u>	<u>Applicati on form</u>	<u>Start Date</u>	<u>CRB Date</u>	<u>CRB No (00 prefix)</u>	<u>CRB Co</u>	<u>CRB comment</u>	<u>2 written refs</u>	<u>Why did prev. employment end recorded</u>	<u>Evidenc e of Quals</u>	<u>Full employe nt history</u>	<u>Right to Work in UK</u>	<u>ID</u>	<u>Interview</u>	<u>Comments</u>
			12/11/07	26/11/07	28/2/11 Renewed	13141 46597		None  Yes – completed Casi Care Ref questionnai re.	Yes – recorded on application form	Yes – recorded on application form	Copies of quals in file plus training complete d record.	Yes – in years only	Recr uited prior to requir emen t introd uced.	Yes – pass port and resid ent permi t	Yes – and recorded.	Transferred over from other Casi Care employment.
			14/4/09		22/3/11	13168 03687		Disclosure discussed and reasons for disregardin g recorded.	Only 1 reference.	Yes – recorded on application form	Copies of quals in file.	Yes – though gaps from leaving college and between jobs not covered.	Yes		Yes – and recorded.	Transferred over from other Casi care employment
			16/3/11	1/08/11*	30/3/11	128468 7314		None	Yes and both verified by phone call.	Not recorded	Quals not yet stored – new employe e.	Yes	Yes	Yes - pass port	Notes to be completed.	* Was employed in another part of organisation until first YP placed.
				04/01/11	16/12/10	130599 8560		None	Yes – and both verified by phone	Not recorded	Copies of quals in file	Yes – in years only	? No app form.		Informal interview undertaken and interviewed by owner and manager.	Manager worked with staff member previously. App form at main Head Office - Asquith House that includes right to work in UK.

Background information

Attending:	Manager and Deputy Manager
Company History:	Overarching Company Casi Care runs several adult Nursing Homes cross North of England. Recently has branched into 16+ provision through purchase of Hazelwood Court in Manchester. SP joined the Company in November 2010 to set up provision for Leaving Care and oversee refurbishment of premises.
No and type of staff in leaving Care Provision:	9 staff (including Mgr and deputy manager) in place with another 10 staff part way through the recruitment process.
No of Care Leavers can accommodate	13 Young People can be accommodated (including facilities for parent and child and young couples)
No of care leavers currently accommodated at time of visit	1 <sup>st</sup> referral commencing placement on Monday 8 <sup>th</sup> August
Type of provision	24 hour supported independent living, for challenging YP with complex health and personal care needs.
Number of properties	1 property with 13 in dependent flats within the property along with office premises and staff bedroom, activity room and large training kitchen.
Office arrangements	See above
Shift/rota arrangements	24 hour staff cover

Section 1 SAFER RECRUITMENT (Critical Standards) and STAFFING (Minimum Standards)				
	SUBJECT AREA	YES	NO	COMMENTS
CS 1	<p>All staff have in place as part of the recruitment process the following (these need to be observed – use separate document to collate)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of identity</li> <li><input type="checkbox"/> CRB enhanced disclosure reference number</li> <li><input type="checkbox"/> Date of CRB disclosure</li> <li><input type="checkbox"/> Name of company who completed the CRB disclosure</li> <li><input type="checkbox"/> Outcome of the disclosure</li> </ul>	Y		<p>Company Staffing Policy provided. (Adapted from original Casi Care company). This covers key aspects of safer recruitment. 4 staff files were examined (3 ops staff and 1 mgt staff). Although some initial discrepancies (see staffing file) these were adequately explained/justified at time of visit.</p> <p>Yes</p> <p>Yes</p> <p>Yes (discrepancies explained – staff employed in other part of the company until YP in place – CRB obtained before employment.)</p> <p>Yes</p> <p>Yes – record kept of discussion over disclosure and decision to disregard.</p>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Qualifications check</li> <li><input type="checkbox"/> At least 2 written references – one of which should be most recent employer</li> <li><input type="checkbox"/> Confirmation of the member of staff right to work in the UK</li> <li><input type="checkbox"/> Application forms, which include full employment histories. Any gaps in employment history must be queried.</li> <li><input type="checkbox"/> Record of interview</li> </ul>			<p>Yes</p> <p>Yes – and evidence of verification.</p> <p>Yes (for those recruited since requirement in place)</p> <p>Yes</p> <p>Yes</p>
MS 1	<p>Copy of the current full staffing list to include</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualifications</li> <li><input type="checkbox"/> Supervision, including details of delivered supervision.</li> </ul>	<p>Y</p> <p>Y</p>		<p>Staff matrix details qualifications for each staff member.</p> <p>Supervision record templates noted at time of visit.</p> <p>Copy of supervision matrix provided up to June 2011.</p> <p>Signed supervision contracts were noted in staff files.</p> <p>Staffing policy states monthly supervision to take place and fortnightly for new staff whilst on probation (6 months).</p> <p>Observer assessments on staff activity with YP are made – blank templates provided - no YP placed yet.</p> <p>Induction – mentors are in place to support new staff during probation.</p>
MS 2	A staff development plan matched to individual staff need	Y		Commitment to staff development included in staffing policy. Training plan in place.
MS 3	There is a forum for staff to discuss good practice, learning and items of concern.	Y		<p>Monthly staff meetings already taking place. Minutes detail</p> <ul style="list-style-type: none"> <li>-Those present and absent,</li> <li>- Set agenda that are mainly staff related as no YP being accommodated yet.</li> </ul>
<b>ACTION SUMMARY</b>				

Section 2 DELIVERED SUPPORT TO YOUNG PEOPLE (Critical Standards)

<p>CS 1</p>	<p>Is there a clear process for recording and monitoring delivered support to Young People?</p>	<p>Y</p>	<p><b>Process for recording delivered support</b></p> <p>Key worker allocated to each YP at start of their placement with the Company.</p> <p>Placement plan as part of referral Assessment Framework Plan will be completed for each YP. This is a live document that will be completed daily.</p> <p>Daily routine sheets will be drawn up for each YP, which includes appointments and other activities through the week.</p> <p>YP will be encouraged to work through a Programme of Working Towards Independence (Living Independently preparation Skills – LIPS). This covers a range of activities e.g. personal hygiene, housekeeping skills, shopping and budgeting, staying safe, home maintenance, decorating and gardening.</p> <p>Copy of this programme was provided at time of visit.</p> <p><b>Monitoring arrangements</b></p> <p>There will be a hardback book to record daily activities of YP completed by staff on duty – the manager will review this.</p> <p>Key worker session notes, managers will read all incident reports before sending off to the relevant placing authority.</p> <p>Handover sheets will reflect issues/appointments and be read by managers.</p> <p>Staff will be required to provide an update on YP at staff meetings</p> <p>There is a template for the manager/deputy manager to complete as part of monthly monitoring of staff in relation to the support provided to YP. Copy of a completed monitoring report was noted at time of visit.</p> <p><b>Shifts/out of hours/tracking workers hours</b></p> <p>On call arrangements are shared between Manager, deputy manager and senior practitioner- one senior manager will be on call for 1 week at a time on duty out of office hours for staff.</p> <p>Time sheets are completed, staff will sign handover notes at beginning and end of shift. All activities will be signed in and out. All staff times monitored to assist in calculating end of month pay.</p>
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**ACTION SUMMARY**

Section 3 HEALTH AND SAFETY (Critical and Minimum Standards)

CS1.	There a clear health and Safety Policy	Y		Comprehensive policy in place (though some aspects appear to relate more to Residential Home provision)
CS2.	Inductions for new staff must include Health and Safety.	Y		Comprehensive H&S induction pack is available for all staff. All staff have to sign off that policies have been read and understood.
CS3.	All staff must be aware of their roles and responsibility in relation to the policy	Y		Covered in induction and clear responsibilities outlined in policy.
CS4.	Advice received from outside agencies must be recorded	Y		Advice received via Casi Care by Croner H&S Consultancy, via annual H&S reports.
CS 5	Policies must indicate what to do in an emergency	Y		This is covered by separate instructions – details noted at time of visit.
MS1	Young People to be given details of who to contact in an emergency and in non-critical situations.	Y		Staff on duty 24 hours, so all incidents, emergencies etc will be reported to duty staff who are on premises at all times.
MS2	To undertake and maintain health and safety risk assessments	Y		Weekly Flat check and of communal areas. Template provided – both weekly and monthly checks were noted at time of visit.  Templates in place to risk assess activities.
MS3	An up to date log of health and safety breaches must be kept	Y		Maintenance book is in place and record is taken following any breaches or repairs identified through the weekly checks.
MS4	Properties to have smoke alarms and carbon monoxide alarms. If this equipment is not fitted the fire risk assessment must be explicit with the reasons as to why they are not fitted	Y		Smoke alarms in place. No gas on the premises (including flats) so no carbon Monoxide detectors. Gas point for the boiler/water is located in a separate building within the grounds of the premises.
MS5	Each Young Person has an up to date Risk Assessment, which offers guidance to staff.			See section 7
MS 6	Young People have contact details for emergency and routine repairs.	Y		Staff on duty 24 hours, so all incidents, emergencies etc will be reported to duty staff who are on premises at all times.

#### **ACTION SUMMARY**

#### Section 4 SAFEGUARDING (Critical and Minimum Standards)

CS 1	There is in place a clear Safeguarding policy and all staff must be aware of their roles and responsibility in relation to the policy.	Y		Policy in place, Policy details staff responsibility.  Separate child protection log is kept and includes a referral form. Not yet in use as no YP being accommodated at time of visit.
CS 2	Safeguarding Training should be delivered to appropriate staff as set out in 'Working Together2'	Y		Policy includes commitment to child protection training, and

				safeguarding is covered in the induction programme
CS 3	Appropriate records of Safeguarding Training should be kept	Y		Kept as part pf overall staff training matrix.
CS 4	Inductions for new staff must include Safeguarding	Y		Covered in Induction
MS 1	Whistle blowing policy is readily available for all staff and is covered as part of the induction process	Y		Policy in place – covered in induction
MS 2	The company has an anti bullying policy that is covered as part of the induction process	Y		Policy in place – covered in induction
MS 3	Safeguarding Training delivered by a suitably qualified person, advice can be sought from local Safeguarding Boards.	Y		Manchester City Council provides training and the company has obtained licence for a series of e-learning programmes by Learning Nexus.  Staff will also be able to access training offered by Barnett LA as the new YP coming in is from this LA
<b>Action Summary</b>				
Section 5 FIRE SAFETY RISK ASSESSMENT (Critical Standards)				
CS 1	Fire risk assessments to be completed by person with relevant experience, training and knowledge	Y		Fire Risk assessment for Hazel Court undertaken by Manager on 1/8/11. Document noted at time of visit.  Manager trained in Fire Risk assessment, experienced in previous roles within Residential Care (Registered Manager of a Children’s home for 15 years).  Policy states staff will attend basic fire course and that managers will receive training in risk assessing on Fire procedures.
CS 2	The policy should identify who undertakes Inspections	Y		Fire Precautions policy states manager is responsible for ensuring all relevant risk assessments are undertaken.
CS 3	Accommodation should provide fire safety equipment. The assessment must clearly identify any reasons for not providing safety equipment.	Y		Fire Risk Assessment states adequate fire extinguishers in place, regular fire drills to be undertaken, emergency lighting installed and observed, fire doors in place throughout premises (including flats for YP).  Fire blankets are provided in all communal kitchens and those flats with full kitchen facilities.
CS 4	Providers should keep records of advice received from external fire safety agencies.	Y		Fire Risk assessment will record any recommendations and action to take.

<b>ACTION SUMMARY</b>				
Section 6 YOUNG PERSON MISSING FROM HOME (Critical Standards)				
CS 1	The policy must indicate who should be contacted when a Young Person is missing from home	Y		<p>Company has adopted the Lancashire Police Joint Protocol for Children and Young People who run away or go missing from Home or Care.</p> <p>Manchester Safeguarding Children's Board Protocol was also included in evidence file. This is to cover additional specific city centre sexual exploitation issues - Safe in the City project.</p> <p>Staff are expected to complete a MfH log – copy of the template to be used was noted at time of visit.</p>
CS 2	All staff are aware of their responsibilities in relation to the policy	Y		Missing from Home procedures covered in induction
CS 3	The policy must indicate timescales for when notifications should be made	Y		<p>Timescales will vary depending on RA for YP, and agreed with placing authority following Joint Protocol procedures.</p> <p>The MSCB Protocol states 6 hours.</p>
CS 4	Any variations to published policies should be clearly identified and have been made in consultation with the Young Person and Placing Local Authority	Y		Timescales will vary depending on RA for YP, and agreed with placing authority following Joint Protocol procedures.
<b>ACTION SUMMARY</b>				
Section 7 UP TO DATE RISK ASSESSMENTS FOR YOUNG PEOPLE (Critical Standards)				
CS 1	Young People should have Risk Assessments	Y		Copy of initial RA on first YP examined at time of visit.
CS 2	Risk Assessments should link to the policy on Young People Missing from Home	Y		Risk factor includes risk of absconding
CS 3	Risk Assessments should be updated	Y		RA will be reviewed after first 4 weeks, then reviewed and updated as necessary in line with LAC review timescales (3 monthly). Also will be reviewed following major incident including Missing form Home.
CS 4	Risk Assessments should link to the Young Persons Licence agreement.	Y		Risk factors cover elements of House rules and action plan initiated to minimise risks.
<b>ACTION SUMMARY</b>				

Section 8 BEHAVIOUR MANAGEMENT (Minimum Standards)				
MS 1	All young people should receive and sign up to a behaviour licence	Y		Each YP will be expected to sign up to House Rules as outlined in Welcome Pack and to confirm they understand consequences of any actions. YP are required to work within a RAG rated breach of licence, devised by Casi Care based on Minimum Standards/Every Child Matters.
MS 2	The behaviour licence is clear on the sanctions that inappropriate behaviour will incur	Y		Covered by a RAG rated Breaches arrangement.
MS 3	The behaviour licence indicates areas of property open to the Young Person (if applicable)	Y		Information is provided in the welcome pack.
MS 4	Providers should have a policy on physical intervention (a 'no physical intervention' policy is acceptable) which is linked to staff induction and Young Peoples risk assessments	Y		<p>Company has a Use of Restraint policy and procedures. This includes a commitment to trains staff appropriately in avoiding conflict, restraint and break away techniques</p> <p>This is a last resort/ back up policy only and staff who have not been trained are not allowed to physically intervene.</p> <p>Assessment framework will indicate if restraint is likely and agreement to use restraint, and identifies the risk and factors to minimise risk.</p> <p>Company also has a Dealing with Aggression Policy and Procedure.</p>
MS 5	If Providers do have a physical intervention policy a clear mechanism for recording and reporting should be in place.	Y		There is detailed guidance within the policy on the reporting mechanism should an incident arise.
<b>ACTION SUMMARY</b>				
Section 9 HEALTH (Minimum Standards)				
MS 1	The company operate a Medication Policy (this can include a non-dispensing policy).	Y		Company has an Administration and Storing of Medication Policy and Procedures. Main principle of the policy is that YP self-administer. However there is extensive guidance on administering medicines.
MS 2	Where medication is dispensed, staff should be suitably trained.	Y		All staff trained in safe handling of medicines (noted on training matrix)
<b>ACTION SUMMARY</b>				
Section 10 QUALITY ASSURANCE AND MONITORING (Minimum Standards)				

MS 1	The company has a complaints process which is given to Young People on admission	Y		Copy of complaints process for YP noted at time of visit.
MS 2	A complaints log detailing external complaints and actions taken	Y		A hardback complaints book kept in main office to record any external complaints. Noted at time of visit. No complaints recorded as no YP yet placed.
MS 3	All Young People receive a welcome pack/young person's guide on admission	Y		Welcome pack provided – together with a detailed information guide on amenities in the local area.
<b>ACTION SUMMARY</b>				
Section 11 GENERAL ESTABLISHMENT FACILITIES (Minimum Standards)				
MS 1	Communal areas of the property are maintained to an appropriate level of cleanliness (if applicable)	Y		Premises has recently been fully refurbished and all communal areas were maintained to a high standard of cleanliness
MS 2	The property is maintained to a suitable level of repair	Y		Premises have recently been fully refurbished and all flats were noted to be of a high standard.
MS 3	Providers should ensure that Young People have an appropriate level of furnishings and white goods. This does not necessarily imply financial liability on the provider, but that providers should work with the Young Person and the LA to suitably equip the homes.	Y		Yes – flats were seen to be fully furnished including TVs, kitchen and white goods. In addition there is a fully stocked communal kitchen kitted out to support cooking projects. There is also a kitted out communal activity room.
MS 4	Electrical Equipment supplied in the home is PAT tested	Y		Fire Risk assessment states all electrical equipment will be PAT tested yearly – all equipment is brand new, so no testing yet needed.
<b>ACTION SUMMARY</b>				