



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Outreach Community & Residential Services**

**86 Meade Hill Road  
Prestwich  
Manchester  
M25 0DJ**

*Lead Inspector*  
Julie Bodell

*Unannounced Inspection*  
10th February 2009      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

<b>Reader Information</b>	
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# SERVICE INFORMATION

<b>Name of service</b>	Outreach Community & Residential Services
<b>Address</b>	86 Meade Hill Road Prestwich Manchester M25 0DJ
<b>Telephone number</b>	0161 740 3256
<b>Fax number</b>	0161 740 5678
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Outreach Community & Residential Services
<b>Name of registered manager (if applicable)</b>	Lesley Ann Smith
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	5
<b>Category(ies) of registration, with number of places</b>	Learning disability (5)

# SERVICE INFORMATION

## Conditions of registration:

1. The home is registered for a maximum of 5 service users, to include:  
Up to 5 service users in the category of LD (Learning Disabilities under 65 years of age).
2. The service should employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.

## Date of last inspection

9th September 2008

## Brief Description of the Service:

86 Meade Hill Road is one of a number of care homes managed by Outreach Care Services. Outreach is a charitable organisation offering 24-hour care, mainly to Jewish people with a learning disability or mental health problems. 86 Meade Hill Road is a six bed roomed detached house owned by Greater Manchester Jewish Housing Association. The home provides care and accommodation for up to five service users with learning disabilities. The remaining bedroom is used as an office. The house is located close to local shops, pubs and Post Office. Buses to and from Prestwich and Manchester pass nearby and a metrolink station is within walking distance. A ramped path is provided to the front door and the house is accessed by one step both at the front and back entrances. A drive provides parking space and on street parking is available outside the house. A safe enclosed lawned and patio area is provided to the rear of the property.

The weekly charge for accommodation and services is between £518.00 and £875.00 with an additional charge being made for hairdressing, chiropody, toiletries, some outside activities and holidays.

# SUMMARY

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

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

Following our last inspection visit the overall rating achieved by the service was poor. We (the commission) met with the registered provider and we also required them to complete an improvement plan to tell us what action they were going to take to improve the service. We undertook a random inspection in December 2008 to check that action identified on the improvement plan had been completed. We were not satisfied that enough progress had been made at that time.

This inspection visit took place over six hours, starting at 8am. The home had not been told that we would visit. We looked around the house, checked some paperwork about the running of the home and observed the care and support that people were given. We also talked to the acting manager and a senior support worker. An external manager came to the home and listened to feedback. People who live at the home have profound learning disabilities with complex needs and were unable to communicate verbally with us.

Overall the organisation has made enough progress or has plans in place to make continued improvements. We will be carrying out a further random inspection to check that improvements continue to be made and are sustained.

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

The house is a large attractive detached home, similar to other properties in the area and is not identifiable as a care home.

There are high staffing levels in place to support people.

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

People's records had been brought up to date. New recording systems were being introduced throughout the organisation that will enable people to be more involved in person centred planning by, for example, using easy read language and pictures.

All staff members had undertaken safeguarding training so that they know what action to take in the event of an allegation or suspicion of abuse as well as to be more aware of their support practice.

The standards of safety, decoration, hygiene and cleanliness had improved to enable people to live in a safe and comfortable home. Some work was still in progress.

Support workers were receiving formal supervision from the acting manager.

There was a full time acting manager in post who had been registered with us previously. There was also a senior support worker at the home on a full time basis. These arrangements had improved the day-to-day management at the home.

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

People's opportunities to take part in activities both outside and within the home continued to be limited and needed to improve.

Attention was needed to ensure that people's healthcare needs are fully met.

Shortfalls in the medication system needed to be addressed so that the health and safety of people is not put at risk.

The staff team needed to undertake training in some areas of health and safety to enable them to support people safely, for example food hygiene and moving and handling.

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](mailto: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

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# 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):

2

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

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

Prospective service users would have their needs fully assessed before admission to ensure the suitability of the placement.

### EVIDENCE:

The procedure followed by the organisation for new referrals includes a full initial assessment and visits to the home by the prospective person. Compatibility with people already living at the home would be considered.

The two people living at the home have done so for a long time and they know each other well. There were plans in place for three people from another house within the organisation to move in. This had been agreed following a consultation exercise with people using the service, their families and social workers. The people involved all know each other and share the same faith and cultural background.

People moving in will be able to visit the house and there will be a gradual introduction before agreement is finally reached for them to move permanently to ensure compatibility.

## 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 and 9

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

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

Plans of care and support were up-to-date and daily records gave more detail to show that support workers were following identified areas of need and risk.

### EVIDENCE:

People living at the home had diverse and complex needs and require full support with most aspects of their personal care and daily living tasks. They were unable to verbally communicate easily with others and therefore support workers use their knowledge and recognition of non-verbal behaviour to promote choice and independence. The acting manager was working with support workers to improve their recognition of non-verbal behaviour and interact with people accordingly.

Since our last visit people's records have been brought up to date and gave detailed information about people's individual needs. Daily records had also started to improve but the acting manager said that there was more work to

be done around record keeping. This needs to include how people are supported to make decisions and their involvement in all daily aspects at the home.

The organisation is in the process of developing more user-friendly formats to help people become more involved in the person centred planning process, for example by using easy read language and pictures. Unfortunately the computer at the home was not working and we were unable to access work that had been started. Plans were in place for the staff team to receive training in person centred planning.

We did see lots of photographs that had been taken of people involved in various activities and the acting manager was developing large display boards to use the photographs to encourage support workers to get to know and understand people better so that they could support them more effectively. We commented that care would need to be taken to ensure people's confidentiality was maintained when displaying the boards. We will be looking at the progress made in this area at our next random visit.

Risk assessments were in place for people. These were seen to be very detailed and were kept under review. We did however highlight one area where the use of PRN medication had not been identified within the person's risk assessment.

# 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):**

12 13 14 15 and 17

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

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

The opportunity for people to take part in activities both outside and within the home continues to be limited.

## **EVIDENCE:**

At our last visit we identified that other than going to day centres for short periods and occasional walks people appeared not to be involved in many activities. One person was supported to go to the day centre during our visit.

We spent time observing what went on. We acknowledge that there were decorators in painting and that some areas of the house were not accessible. However, during a period of one hour, one of the two support workers on duty did not interact with people at all and spent her time cleaning. There was no attempt to involve people in household tasks. The second support worker did interact with people frequently and in a friendly and gentle manner.

One person spent their time wandering around the house and the other was given musical instruments and fuzzy felts to occupy them until it was time to go to out. The person did not appear to be interested in the items and the organisation need to look at ways to develop more age appropriate activities. We did see a mug that had been hand painted by one person recently.

It was agreed at the feedback session that now most of the immediate health and safety and physical standards had been addressed that positive interaction and more activities was the main area of focus for improvement. It was accepted that it would take time to change the culture at the home and ensure that the value base of the organisation and person centred thinking and actions were evident at all times. There were full management hours in place and the staff team was being more closely supervised to ensure that positive engagement happened.

Relatives were welcome to visit the home at any time.

There was plenty of food in stock and it was noted that a home cooked main meal that included meat and fresh vegetables was being prepared during our visit. A menu had also been produced using pictures to help people to make choices and to show them what meals they were having each day over the week. There was a kosher kitchen. The kitchen was being painted during our visit.

## 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 and 20

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

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

More attention is needed to ensure that people's healthcare needs are fully met and shortfalls in the medication system need to be addressed so that health and safety of people is not put at risk.

### EVIDENCE:

People were fully dependent upon support workers for all personal care tasks. We were able to evidence how regularly people were having their health checked by GP's, dentists, opticians, chiropodists etc. People appeared smartly dressed but both were in need of a haircut. We were informed that a support worker cut people's hair. We requested that the appropriateness of this be reviewed and that someone qualified and competent to do so should undertake this task. This could also be an opportunity for people to visit a local hairdresser's.

At our last key inspection we had some concerns about the specific health needs of one person who had epilepsy. Although there was a plan and risk assessment in place it was not clear who had developed it and when. Detail

about what action support workers should take in the event of a seizure was vague, particularly what to do if an emergency situation developed. At the random inspection we were told that new epilepsy plan and risk assessments had been developed but it was at the doctor's surgery waiting to be signed off and therefore could not be viewed. At this visit the epilepsy plan and risk assessment were still at the doctor's. Staff did act immediately to get the information signed off but were not able to get it to the home before our visit was completed and we have received no further communication from the home to say that it had arrived at the time of writing this report.

The recording around seizures had improved and all but one support worker had received epilepsy awareness training. Because of changes in the staff team not all support workers had received training in administering rectal diazepam from a person qualified to do so. The senior support worker took action to arrange this training during our visit. It was also suggested that a medication review be requested to check if a newer and more dignified method of medication might be suitable to use.

Neither of the people living at the home has been assessed as being able to safely administer their own medication. The previous manager had signed the consent to medication sheets on their behalf, which is not best practice and needs to be addressed. Medication for people is kept in a lockable cabinet in the office. Not all the staff team had received medication training. Overall medication practices have improved. However, we did find that old PRN medication was still in place for one person to be used for agitation. The box did not indicate PRN and was not identified on the MAR sheet or on the person's risk assessment. The acting manager said she would sort this situation out with the person's GP and pharmacist. Care also needs to be taken when handling the blister packs as one tablet was missing from a torn blister.

## 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 and 23

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

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

All staff members have undertaken safeguarding training so that they know what action to take in the event of an allegation or suspicion of abuse.

### **EVIDENCE:**

People living at the home are unable to communicate verbally with us. No complaints have been received by either the organisation or CSCI since the last key inspection. A new complaints log has been introduced to the house. The organisation also has the complaint procedure available in CD form for people that are not able to read the written policy.

A copy of the new local authority safeguarding policy and procedures was available to support workers at the home. All the staff team had undertaken updated internal safeguarding training and plans were in place for support workers to attend training provided by the local authority training partnership.

The acting manager had attended the two-day Investigating Officers course that was run by the local authority training partnership.



## 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 and 30

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

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

Standards of safety, decoration, hygiene and cleanliness continue to improve to ensure people live in a safe, clean and comfortable home.

### EVIDENCE:

The home is situated in a residential area and is close to bus routes, the Metrolink and Heaton Park. The house is a large attractive detached home, similar to other properties in the area and is not identifiable as a care home. Ramps are provided to both the front and rear doors and there is a pleasant garden at the back of the building.

The décor and furnishings were domestic in style. People had use of a lounge and a dining room on the ground floor. There was a new dining table and chairs in the dining room. Some items of furniture were old and worn and in need of replacement. The overall appearance of the inside of the house had improved as most of the house has been redecorated. The house appeared

brighter and cleaner. Decorators were at the home at the time of our visit completing the work.

We still had concerns about fire safety arrangements at the home. Many of the fire doors still did not close to the rebate and would not give people the required protection from smoke inhalation in the event of a fire. The reason we were given to why this had not been addressed was that new carpets were to be fitted. It was agreed that this situation had prevailed for sometime and needed to be addressed quickly. Two members of staff still need to undertake fire safety training.

There is an office and a staff sleep-in room. All bedrooms are single and two have en suite showers and toilets. Both the people living at the home had moved into the bedrooms with en suite facilities that have recently been redecorated. Both bedrooms were seen to be clean and tidy and no malodours were detected.

At our last inspection visit we asked for a number of inappropriate locks to be removed. Some had still not been removed but this was dealt with during our visit. A window restrictor has been put in place to the wide opening window in the bathroom and a lock had been fitted to the bathroom door to ensure privacy though this is Yale lock rather than a lock that will give easy access in cases of an emergency.

We checked the bathrooms and toilet areas throughout the house. These had been decorated. Despite the floor covering being replaced there was still a heavy malodour in the upstairs toilet and more attention is needed to address this problem. Control of infection practice has improved with liquid soap and paper towels now available in this toilet.

The home was clean and tidy throughout and all but one person on the staff team had received training in control of infection.

## 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 34 and 35

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

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

To ensure that people are supported effectively the staff team needs to undertake training that supports their specific needs and reflects the values of the organisation.

### **EVIDENCE:**

There have been a number of changes in the staff team. An acting manager, a senior support worker and six support workers, including waking night workers, supports people. An identified bank worker also works at the home on a regular basis. Staffing levels were high. On-call arrangements are in place out of office hours.

The senior support worker and four support staff working at the home have achieved NVQ (National Vocational Qualification) Level 2 and one support worker also holds NVQ Level 3. The senior support worker and two support workers have recently commenced NVQ Level 3 Promoting Independence.

Staff recruitment records are kept at the Outreach Head Office. A sample of recruitment files across Outreach homes was looked at during a visit to the office on 30<sup>th</sup> July 2008. In the main recruitment records indicated that all necessary recruitment checks had been undertaken. Employment checks that had been done included obtaining a photograph, employment histories, written references, medical declarations and a CRB (Criminal Records Bureau) disclosure. Records showed that in the main gaps in their employment records had been looked into. However more attention was needed to verifying references to confirm that the previous employer exists and where appropriate ensure that the registered manager or responsible individual and not a member of staff gives the reference. All legal working documentation must also be in place.

An up-to-date training list for the staff team identifies that there are still gaps in health and safety mandatory training including food hygiene, moving and handling, challenging behaviour and there still appears to be no training available to support workers around the core values of the organisation or that promotes awareness of the Jewish faith and culture. There was no evidence to support that Equality and Diversity or Mental Capacity Act training had been undertaken by support workers. Regular bank workers should also undertake this training.

We were informed that all the staff had recently received formal supervision from the new manager. We looked at two records and they were seen to be detailed and show that any issues arising were being addressed.

## 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 39 and 42

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

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

The day-to-day management arrangements had improved but to ensure that the health and safety of people is promoted staff training is still needed in some areas.

### **EVIDENCE:**

Since our last visit the organisation had ensured that there was a full time manager in place at the home. The acting manager had many years experience working in social care and holds the Registered Manager's Award and NVQ Level 3 and Level 4 and has undertaken most mandatory health and safety training. The acting manager receives regular supervision from the director of operations of the organisation. There was also a fulltime senior support worker based at the home. We spoke with both the acting manager

and the senior support worker. They said that they worked well together but were clear that there was more work still to do ensure that planned improvements were completed and sustained. We must receive an application for the acting manager to become registered with us.

Internal quality assurance systems are in place, which include an unannounced monitoring visit by the quality assurance manager for the service. The last visit was undertaken in January 2009 and a detailed report was in place that identified what action was needed.

Maintenance checks had been carried out for the homes portable electrical appliances, the homes electrical fitments and fittings and gas safety. Regular checks to fire safety equipment had been carried out.

Shortfalls in health and safety training and practice were identified during the course of the site visit including food hygiene and moving and handling, as well as other training identified throughout this report including medication training.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	2
<b>8</b>	X
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	2
<b>13</b>	2
<b>14</b>	2
<b>15</b>	3
<b>16</b>	2
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	2
<b>19</b>	1
<b>20</b>	2
<b>21</b>	X

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

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

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	3
<b>34</b>	2
<b>35</b>	1
<b>36</b>	3

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

Are there any outstanding requirements from the last inspection? YES

**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
1.	YA19	13	That an epilepsy support plan and risk assessment is developed for the identified person by someone qualified to do so and support workers receive epilepsy training. This must be done to ensure the health and safety of the person. (Outstanding 31/10/08)	28/02/09
2.	YA20	13	That the issues relating to medication, including staff training identified in this report are addressed to improve the safety of the medication system.	28/02/09
3.	YA24	23	To ensure the health and safety of people in the event of a fire. All fire doors must close to the rebate to give people the required protection from smoke inhalation. (Outstanding 31/10/08)	28/02/09
4.	YA24	23	The outstanding work identified as part of the renewal and redecoration programme must be completed.	28/02/09
5.	YA27	16	Attention must be given to the floor in the upstairs toilet to reduce the significant presence of malodour.	28/02/09
6.	YA34	19	Verification of references to	31/03/09



			confirm the existence of previous employer's and complete legal working documentation must be in place to ensure the protection of vulnerable people.	
7.	YA35 YA42	18	An ongoing programme of staff training must continue so that all staff members have received up to date training in all the mandatory topics including food hygiene, moving and handling, challenging behaviour and the values of the organisation. (Outstanding 31/10/08)	31/03/09
8.	YA37	Section 11 Care Standards Act 2000	To ensure that the home is well run and complies with the law, we must receive an application from a competent and suitably qualified person to become the registered manager for the agency.	31/03/09

## 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.	YA7	Records need to be maintained that evidence e how people are supported to make decisions and are their involvement in all daily aspects at the home.
2.	YA12 YA13 YA14	The opportunity for people to take part in activities both outside and within the home continues to be limited. Ways of improving this situation need to be considered, including the need for activities to be age appropriate.

## **Commission for Social Care Inspection**

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