

Key inspection report

Care homes for adults (18-65 years)

Name:	Outreach Community & Residential Services
Address:	86 Meade Hill Road Prestwich Manchester M25 0DJ

The quality rating for this care home is:	two star good service
--	-----------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Julie Bodell	1 9 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Outreach Community & Residential Services
Address:	86 Meade Hill Road Prestwich Manchester M25 0DJ
Telephone number:	01617403256
Fax number:	01617405678
Email address:	stuart@outreach.co.uk
Provider web address:	

Name of registered provider(s):	Outreach Community & Residential Services
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		
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).		
The service should employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.		
Date of last inspection		
Brief description of the care home		
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. The home provides care and accommodation for up to five people with learning disabilities. The remaining bedroom is used as an 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. The weekly charge for accommodation and services is between 518.00 pounds and 875.00 pounds a week with an additional charge being made for hairdressing, chiropody, toiletries, some outside activities and holidays.		

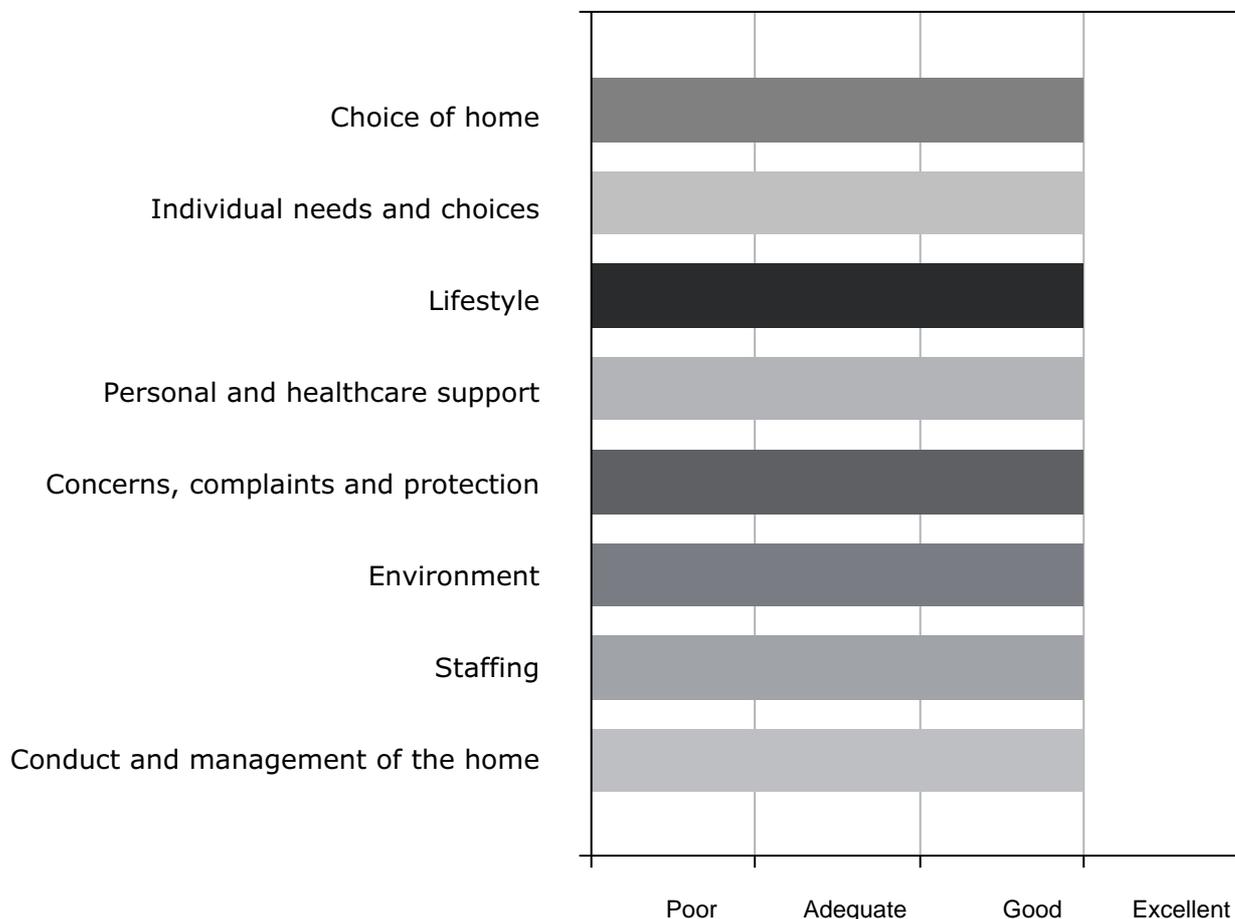
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection visit took place over four hours. 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 with the registered manager. Some people who live at the home had profound learning disabilities with complex needs and were unable to communicate verbally with us.

The visit was just one part of the inspection. Before the visit the manager was asked to complete an annual self assessment form (AQAA) to provide us with up to date information about the service. Surveys were also made available to people living at the home and support workers to find out their views. We received two surveys from people and four from support workers, which gave us positive feedback about the home.

Other information since the last key inspection on 10th February 2009 was also

reviewed. Prior to that key inspection we had concerns about standards at the home and not enough progress had been made to complete all the improvements we had requested. We carried out a random inspection on 4th August 2009 and found that the necessary improvements had been made. A new manager had been appointed to run the home and people who had lived at another property within Outreach had moved into the home. There was also a new staff team. Our findings at this key inspection were that improvements had continued to be made and sustained.

What the care home 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.

The home promotes, respects and supports people's faith and cultural needs.

There were good staffing levels in place to support people.

What has improved since the last inspection?

People now had more opportunities to take part in activities both outside and within the home. One support worker commented that, "We help find different activities for all service users." And we, "Focus on service users needs and support them in the community."

There had been an improvement in a person's health due to changes in medication.

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.

The standards of safety, decoration, hygiene and cleanliness had continued to improve to enable people to live in a safe and comfortable home. One person who had recently moved in said that it was, "Fantastic" and a big improvement on where they used to live.

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

Support workers were receiving regular formal supervision from the manager.

There was a new manager in post who is registered with us and a new deputy manager in place who had improved the day to day management at the home.

What they could do better:

People's records were in the process of being reviewed and updated in away that will enable people to be more involved in developing them by, for example, using easy read language and pictures. These need to be completed as soon as possible.

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

Staff need to undertake Mental Capacity Act training that includes deprivation of liberty as well as equality and diversity training and this needs to be evidenced in their records.

External management from the organisation need to evidence that they make regular checks at the home to ensure that standards are being maintained and that the home is being run in the best of the people who live there.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People have their needs assessed and introductory visits take place before agreement is reached to move in to ensure compatibility with the people already living at the home.

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.

Two people living at the home had done so for a long time and they were joined by three people from another house within the organisation last year. This was agreed following a consultation exercise with people using the service, their families and social workers. The people involved all knew each other previously and share the same faith and cultural background. Before they moved in people visited the house and there was a gradual introduction before agreement was finally reached for them to move permanently to ensure compatibility. The move had been a success and everyone was getting on well.

Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Plans of care and support were being updated and people had an input in what was written in their daily records and a say in the running of the home.

Evidence:

People living at the home had diverse and complex needs and some required full support with most aspects of their personal care and daily living tasks. Some people 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.

At our last visit people's records had been brought up to date and gave detailed information about people's individual needs. At this visit we were informed that both the support plans and the risk assessments were in the process of being changed to make them more user friendly and person centred. The manager said that everything would be done to ensure that people were fully involved in this process. The manager said that people had already become more involved in the writing of the daily records

Evidence:

so that they knew what support workers were writing about them and could have their say.

A house meeting was held every week and a person living at the home generally took the minutes of these meetings. At the last meeting people discussed what food they wanted to eat in the coming week. One person talked about what they wanted to do for their birthday and about going out to have a game of snooker.

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

There were more opportunities for people to take part in activities both outside and within the home.

Evidence:

At our last key inspection 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. Our findings at this visit were that there had been a significant improvement in the activities that people were involved in.

These included going to shull, the Outreach day centre and leisure group, swimming and going to the gym, pottery class, going out on the tram or for a drive out in the car for coffee and cakes or for a burger.

There had been five day trips recently which included visiting Chester and Blackpool.

Evidence:

One person was undertaking training to help them look for work and another person goes to college.

We received returned surveys from people living at the home who confirmed that they were generally happy at the home. A support worker commented under what the home does well that, "We help find different activities for all service users." And, "Focusing on service users and supporting them in the community." But they also stated that they would like more one to one time with people. Interactions observed between people and their support workers were seen to be frequent and friendly. The atmosphere at the home was relaxed. One support worker commented that the home provided, "A nice friendly and welcoming home for service users and staff."

Relatives were welcome to visit the home at any time and some people regularly visited their families.

There was plenty of food in stock and it was noted that a home cooked main meal was being prepared during our visit. There was a kosher kitchen. Three people had their own menu and two people shared the same menu. Communal meals were held on Friday night and Saturday and what to have at these meals was agreed at the weekly house meetings. People went out shopping for food.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

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

This is what people staying in this care home experience:

Judgement:

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

People's personal support and healthcare needs are met.

Evidence:

Some 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. Traffic light systems were also in place in case so that information was readily available to hospital staff if they needed to be admitted for treatment. One person had received significant dental treatment, which was thought to have led to an improvement in their behaviour and sleep pattern. People appeared smartly dressed and were now visiting the hairdresser's to have their haircut.

At our last key inspection we had some concerns about the specific health needs of one person who had epilepsy. There was now a plan and risk assessment in place which had been developed with the person's GP and informs support workers of what to do in an emergency. This person had also had a change in the medication they received and the person had not had a seizure for sometime. There had also been a change in the emergency medication to be administered in the event of a seizure. This

Evidence:

medication was able to be administered in a more dignified way and support workers had been trained how to use the medication.

Medication was kept in a lockable cabinet in the office. Support workers had received medication training. The PRN medication for one person had been discontinued because there had been a marked improvement in the behaviours previously displayed. Overall medication practices had improved. However, we did find that some important tablets could not be accounted for on the record sheets (MARs). It transpired that the person had been in hospital and returned to the home with additional medication. Although this medication had initially been booked in it was not carried forward and not been returned to the pharmacy. The person's new emergency medication which was prescribed by the hospital had not been added to the to the record sheet. All medication must be accounted for. The manager demonstrated that she understood this and took immediate action during our visit to rectify the situation with the pharmacist.

Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

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:

Some people living at the home were unable to communicate verbally with us. No complaints had been received by either the organisation or us since the last key inspection. There was a complaints log in place. The organisation also had the complaint procedure available in CD form for people that are not able to read the written policy.

We had received no safeguarding alerts about the home. A copy of the local authority safeguarding policy and procedures were available to support workers. All the staff team had undertaken updated safeguarding training and the manager had also attended the two-day Investigating Officers course that was run by the local authority training partnership. Training was also planned for the new support worker who was due to commence work at the home. The organisation need to ensure that support workers receive training in the Mental Capacity Act training including deprivation of liberty and equality and diversity training and evidence this on the staff training records.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

People 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 decor and furnishings were domestic in style. People had use of a lounge and a dining room on the ground floor. There was a new table and chairs in the dining room. Some items of furniture which were old and worn had been replaced. The house had recently been decorated throughout. One person who had recently moved to the house commented that it was, "Fantastic" and a big improvement on their previous home.

There was an office for support workers to use and to keep records safely. All bedrooms are single and two have en suite showers and toilets, which had been redecorated recently.

Evidence:

We checked the bathrooms and toilet areas throughout the house. There had been an ongoing problem with malodour in an upstairs toilet. This problem has now been rectified. The home was clean and tidy throughout.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

The staff team had received the training they needed to support people in a safe way.

Evidence:

There had been a number of changes to the staff team again recently. As well as a new registered manager and deputy manager there had been changes in support workers. There was no longer a support worker sleeping in at the home but the waking night staff was still in place to support people. This action was taken because there had been improvements in the health of two people living at the home and was therefore no longer needed. There were two bank worker's working at night on a regular basis to help ensure continuity for people. On-call arrangements were in place out of office hours. The manager had recently introduced a four week rolling rota for support workers to aid planning for activities at the home.

We received four surveys from support workers which gave generally positive responses about staffing levels, training and management at the home. However, two support workers stated in the what the home could do better section of the surveys, "Continuity of staff." There was one staff vacancy at the home and a support worker was due to take up post in the near future.

The deputy manager and three support staff had achieved NVQ (National Vocational

Evidence:

Qualification) Level 2 and the deputy manager is enrolled on NVQ Level 3 Promoting Independence.

Staff recruitment records were kept at the Outreach Head Office. A sample of recruitment files across Outreach homes was looked at on 7th July 2009 during a visit to the office. Overall recruitment records indicated that all necessary recruitment checks had been undertaken. Recruitment checks had been done and included obtaining a photograph, employment histories, written references, medical declarations as well as a CRB (Criminal Records Bureau) disclosure. Records showed that in the main gaps in their employment records had been looked into.

An up-to-date training list for the staff team identifies that staff had undertaken health and safety mandatory training including food hygiene, infection control, moving and handling, medication and emergency medication, epilepsy, first aid, etc.

We were informed that all the staff had recently received formal supervision from the manager. We looked at one record which was seen to be detailed and showed that any issues arising were being addressed.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The day-to-day management arrangements had improved and people's health and safety was promoted.

Evidence:

Since our last key visit the organisation had made changes to the management arrangements at the home and there was a new manager and deputy manager in place. Both also manage a second home run by the organisation and there were no issues raised at this visit that indicated that this caused problems for people living at either of the homes.

The manager had 20 years social care experience and holds an NVQ Level 4 and the Registered Manager's Award. She ensures her continual professional development by undertaking regular training. Training undertaken recently included autism, epilepsy, medication, deprivation of liberty and management and leadership. The manager had also undertaken the 2 day safeguarding investigating officers course and a marketing course internally. The manager said that she received regular formal supervision from the director of operations for the organisation.

Evidence:

Internal quality assurance systems were in place, which include an unannounced monitoring visit. The last visit was undertaken in October 2010 and a detailed report was in place that identified what action was needed. These visits need to be undertaken more regularly and in line with the law. We were informed that there were going to be changes in the way these visits were carried out and that they may in future be undertaken by a member of the board.

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. Support workers had undertaken health and safety training and arrangements for training were in place for new staff were necessary.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	All medication must be properly accounted for and returned to the pharmacy if not required. This must be done to ensure that medication can be properly accounted for.	26/02/2010
2	39	26	The organisation must undertake a monthly visit to the home and produce a written report to confirm their findings. They need to do this to ensure that the home is being run in the best interests of the people who live there.	26/02/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	6	The registered manager needs to complete the planned

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
		review of all people's care plans in a way that involves people in the process.
2	7	The registered manager needs to complete the planned review of all people's risk assessments in a way that involves people in the process.
3	23	The organisation need to ensure that support workers receive training in the Mental Capacity Act training including deprivation of liberty and equality and diversity training and evidence this on the staff training records.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.