

Key inspection report

Care homes for adults (18-65 years)

Name:	Outreach Community & Residential Services 1 Newtown Mews
Address:	1 Newtown Mews Prestwich Manchester M25 1HE

The quality rating for this care home is:	two star good service
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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 6 0 6 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Outreach Community & Residential Services 1 Newtown Mews
Address:	1 Newtown Mews Prestwich Manchester M25 1HE
Telephone number:	01617731062
Fax number:	01617405678
Email address:	akila@outreach.co.uk
Provider web address:	

Name of registered provider(s):	Outreach Community & Residential Services
Name of registered manager (if applicable)	
Scott Roy Ellis	
Type of registration:	care home
Number of places registered:	4

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	4	0

Additional conditions:

The home is registered for a maximum of 4 service users, to include: up to 4 service users in the category of MD (Mental Disorder 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

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Brief description of the care home

1 Newtown Mews is one of a group of homes managed by Outreach Community and Residential Services. Outreach is a charity that provides care and support predominantly to Jewish people with learning disabilities or mental health needs. This home is registered to provide care and accommodation for up to 4 people who have mental health needs. The house is situated in a residential area of Prestwich, close to

Brief description of the care home

bus and tram routes, local shops, synagogues, and other local amenities. The house is similar to other houses in the area and it is not distinguishable as a care home. It has a lounge, and a loungedining room. All bedrooms are single. Outside, there is car parking space at the front, and an enclosed garden at the back. The philosophy of care, as described in the Statement of Purpose, promotes values such as independence, dignity, rights, fulfilment, and choice. Cultural needs are supported. Additional charges are made for hairdressing, toiletries, activities, holidays, transport, magazines and papers.

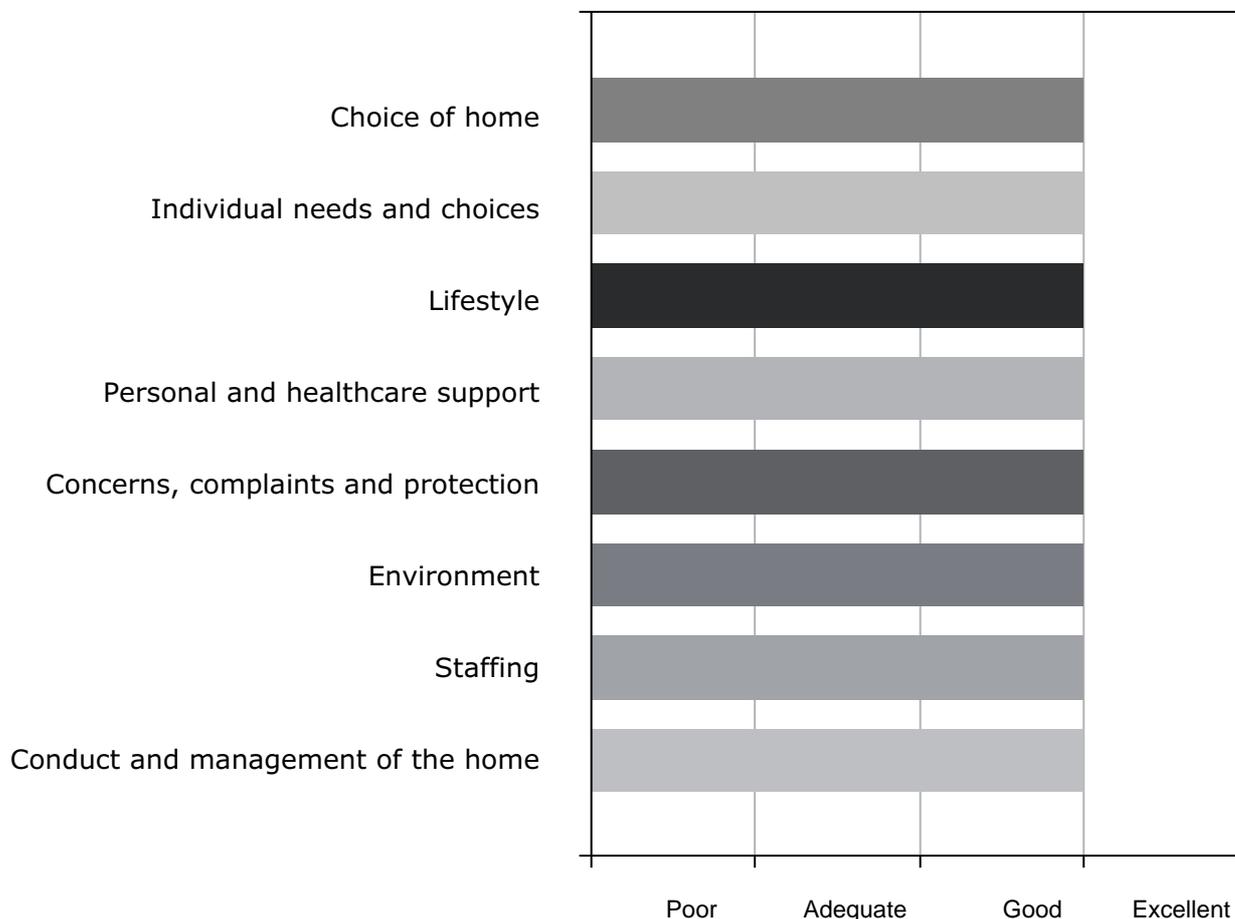
Summary

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:

The inspection visit took place over a total of four hours. The home had not been told that we (the commission) would visit. During our visit we talked with the registered manager, a support worker and briefly with a person living at the home. There had been no changes in the people living at the home or within the staff team. We therefore concentrated on the areas of non-compliance at our last key inspection visit to check that these issues had been addressed. We looked at some paperwork and at health and safety around parts of the property.

This visit was just one part of the inspection. Before the inspection, we asked the registered manager of the home to complete a form called an Annual Quality Assurance Assessment (AQAA) to tell us what they felt they did well and what they needed to do better. We also received surveys from one person living at the home and three support workers.

What the care home does well:

People had their needs fully assessed before admission to help ensure the suitability of the placement and their needs were kept under review.

People were encouraged to take part in community activities of their choice, such as leisure activities, with support if needed.

People made their own choices and decisions about daily routines, like what time they got up or went to bed, what activities they wanted to take part in or what they had to eat.

People's cultural needs were met by making sure that only kosher food is brought into the house and celebrating religious festivals.

What has improved since the last inspection?

There were clear directions as to how prescribed medication was to be administered to ensure that people's health was not put at risk. Clear and accurate records about medication were maintained

To ensure the health and safety of people in the event of a fire most of the outstanding shortfalls in fire safety, identified by us at the home, had been addressed.

Work had been undertaken to refurbish the downstairs shower room and toilet and a new kitchen had been fitted to good effect.

Support workers were receiving regular formal supervision from the manager.

The manager is now registered with us to manage the home.

What they could do better:

The self closures that have been ordered must be fitted to the fire doors as soon as possible. This must be done to ensure that people are protected from smoke inhalation in the event of a fire for the required amount of time.

The staff team must undertake all the planned outstanding mandatory health and safety training they need to help enable them to support people effectively and safely.

A representative of the organisation needs to visit the home more regularly to ensure that people are receiving a service that is in their best interests.

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.

Detailed assessments are carried out before a person moves into the home to help ensure their needs can be met.

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.

There have been no changes in the people living at the home since our last visit. Both people living at the home were said to get on well together. They had both had a review recently with their placing authority, who were satisfied that people's needs were being met.

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.

People had person centred support plans, which they were involved in developing so that they reflected their individual support needs and wishes.

Evidence:

At our last visit one person's care records were examined. They contained personalised and detailed information about the person's health and social care needs. The plan covered all the areas of the organisation's 8 accomplishments, which include individuality, independence, continuity, community presence, choice, status and dignity, respect, religion and culture and relationships and sexuality.

The records showed that agreement had been reached with the person about what their support needs were. There were also person centred plans in place. These were reviewed monthly with the person concerned to see if they wanted changes to be made. One person had written on their plan that, "I would rather not fill this in." People had set goals. These included, completing domestic routines independently and without prompt, accepting daily support, to continue studying and gaining deeper

Evidence:

understanding of their faith and to try and become involved in the wider community.

Individual risk assessments were in place such as a behavioural risk assessment, a fire risk assessment and a general risk assessment for the environment.

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.

People are supported to lead meaningful lives within the community, maintain contact with family and friends and their religious beliefs are promoted.

Evidence:

We received one survey from a person living at the home. They indicated that they were generally satisfied with the support that they received from the home. People take part in community activities with staff support where necessary. On the day of our visit one person was going out shopping with a support worker. At home people enjoyed watching television and reading, including talking books and newspapers. We looked at the activities undertaken by one person. They had been swimming, out to the library, attended a hospital appointment, had a walk in Heaton Park, cleaned their room and done some work in the garden. The other person was interested in furthering their religious studies and this was promoted. They attend Shull on a regular basis.

Evidence:

The support worker was observed to respect the person they were supporting's privacy when entering bedroom. Nobody was allowed to enter a person's room without their permission. People could choose what time they got up or went to bed and how they spent their time. Interactions between the support worker and the person living at the home were observed to be frequent and friendly. The atmosphere was relaxed.

People were encouraged to be as independent as possible and were responsible for keeping their rooms clean and tidy, doing their laundry and going shopping.

People kept in regular contact with family and friends and either spent time with family members at their homes or by writing to them. Relatives and friends were welcome to visit the home at any time.

Cultural and religious needs were respected. For example, there was an expectation that only kosher food would be brought into the house. Jewish festivals were celebrated. People had a choice about what they had to eat. They shopped individually and had individual cupboards in which to store their food. On Friday evenings for Shabbas, staff cooked for everyone and people sat down together to eat a communal meal and prayers were said.

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.

Personal support and healthcare needs were met.

Evidence:

One of the aims of the service is to assist people to be as independent as possible. It was clear from observation and discussion that people had a choice about their daily routines, for example what time they got up, daily routine and meals. The pace was very relaxed and a person was getting up when we arrived. The support worker was observed to encourage a person to do as much as they could for themselves. The person had no hesitation in approaching the support worker for assistance and said that they were happy with the support they were receiving.

Each person had a health file and a "traffic light passport" to take with them if they needed to go into hospital. The registered manager said that both people living at the home had access to a doctor and a dentist. Where appropriate people had access to a psychiatrist. There had been some concerns about a person's mental health recently. The registered manager had taken action to address the concerns with the appropriate health care professionals and maintained clear records.

Evidence:

Improvements were noted in medication practices. There was clear direction on the MAR (Medicine Administration Record) about how to administer eye drops and eye ointment. Medication was being audited by the registered manager on a weekly basis to ensure that stocks were correct and being properly administered. The home was no longer overstocked with medication. The support worker on duty was able to explain how the medication system operated. The home was using the Bury MBC medication policy and procedure. One person is subject to a Community Treatment Order.

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.

Safeguarding policies and procedures were in place and support workers had received the training they needed to help them take the right action to take to safeguard people from abuse or harm.

Evidence:

We had received no formal complaints since the last inspection. There were three internal complaints logged at the home. Records showed what action had been taken to address these matters and the complainant had signed to say that they were happy with the outcomes. An audio complaints procedure had been made available to a person who is unable to read the written procedure.

A copy of the local authority safeguarding policy and procedures was available to support workers. The registered manager had undertaken the 2 day safeguarding investigating officer's course and all the support workers had undertaken local authority safeguarding training so they knew what action to take in the event of an incident of abuse or harm. They had also received Mental Capacity Act training, which included deprivation of liberty.

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 comfortable and clean home.

Evidence:

The home is owned by the organisation and is situated in a residential area of Prestwich, close to bus and tram routes, local shops, synagogues, and other amenities such as Heaton Park. The house is similar to other properties in the area. It is not identifiable as a care home.

People had the use of two lounges one of which was also used as a dining room, a kitchen, a first floor bathroom and separate toilet. The ground floor shower and toilet had recently been refurbished so that it could be used by the person who had a bedroom on the ground floor. The toilet to this room was not working on the day of our visit but the registered manager told us that arrangements had been made for a plumber to come and fix it. We did not look at people's bedrooms at this visit.

There was a pleasant enclosed garden for people to use. Access to the garden was via patio doors. A staff office/sleep-in room was located on the ground floor.

At our last visit we had concerns about fire safety arrangements at the home. Since our visit a smoke detector had been fitted in the laundry and the cupboard under the

Evidence:

stairs had been emptied and was locked. We checked a number of fire doors. Fire doors to the highest risk areas for example the laundry and the kitchen did close to the rebate. Work still needed to be done to some of the other fire doors to ensure that they closed fully to the rebate. The registered manager was fully aware of this and had ordered self closes, which would be fitted when they arrived to the outstanding fire doors.

The home was clean and tidy. A new kitchen had been fitted to good effect, which had enabled staff to keep the kitchen hygienically clean.

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.

Appropriate staffing levels were in place and support workers had received most of the training they needed to support people effectively and safely.

Evidence:

Relationships between the support worker and the person living at the home appeared warm and caring. There had been no changes within the staff team since our last inspection visit. The staff team consist of two fulltime support workers and one part time support worker. No outside agency support workers were being used. On-call arrangements were in place out of office hours.

We received three survey responses from support workers who gave positive responses about working at the home. One support worker commented that, "The manager involves me in most things done around the home, helps raise my motivation and helps me to continuously improve."

The organisation was a member of the local training partnership. The registered manager informed us that all the support workers had completed their NVQ (National Vocational Qualification) Level 2.

We were given a copy of an up-to-date staff training record. The record showed that

Evidence:

all the staff team had received health and safety training covering medication, first aid and safeguarding. There were some gaps in relation to training in food hygiene, moving and handling, fire safety and infection control. The registered manager told us that plans were in place for support workers to undertake this training through the local partnership in the near future. The staff team had undertaken some mental health awareness training in March 2010. The registered manager was also finding suitable books and articles about mental health for support workers to read. Any issues raised were then discussed with support workers during formal supervision, as a means of increasing their knowledge.

A sample of recruitment files across Outreach homes was looked at during a visit to the office on 7th July 2009. Overall recruitment records indicated that all necessary recruitment checks had been undertaken. Recruitment checks had been made and included obtaining a photograph, employment history, 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.

Records showed that the registered manager held regular supervision sessions with support workers. No issues were raised during our visit about the competence of the staff team.

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 home was managed by a person who is registered with us and who closely monitors the running of the home.

Evidence:

Since our last inspection visit the manager had become registered with us. The registered manager had 9 years experience working in social care and holds the Registered Manager's Award. During the past 12 months the manager had undertaken mental health awareness and Mental Capacity Act training. The manager said that he was well supported by the organisation and could speak to anyone at anytime. He confirmed that he had regular supervision sessions with the director of operations.

The registered manager continues to support a senior staff member at another Outreach service in the absence of a manager. The registered manager confirmed that he was able to carry out this task without detriment to the people living at Newtown Mews.

Information in the office and seen in paperwork evidenced that the registered

Evidence:

manager monitored the staff team very closely in their day to day work.

Internal quality assurance systems were in place. The last visit to the house was undertaken by an Outreach committee member on 8th April 2010. This had been a thorough visit and a number of improvements that were needed had been identified. The registered manager told us that he had taken action to address these matters. These visits need to be undertaken on a monthly basis to meet Regulation 26.

We spoke briefly with the registered manager and later made a short visit to the headquarters of Outreach to discuss forthcoming changes within the commission, and to look at the new registration process and supporting documentation.

The annual quality assurance assessment sent to us by the registered manager declared that all the necessary maintenance checks had been undertaken.

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	24	3	All fire doors must close to the rebate. This must be done to give people protection from smoke inhalation in the event of a fire.	30/07/2010
2	35	18	The staff team must undertake all the planned outstanding mandatory health and safety training. This must be done to enable them to support people safely and effectively.	31/08/2010

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	39	A representative from the organisation needs to visit the home on a more regular basis to ensure that the home is being run in the best interests of the people who live there.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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